

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 11/05/2021 14:44 (SGT)
Date of Accident 09/05/2021 12:21 (SGT)
Exact Location of Accident Opp Cck Polyclinic, Singapore
Additional Location Information CHOA CHU KANG DRIVE (AFTER BS:44291-OPP CCK POLYCLINIC)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMB69M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SMRT BUSES LTD
Company Reg No 1XXXXX292D
Email Address BARC@SMRT.COM.SG
Mobile Phone No (Phone) +65-68662672
Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer Mercedes
Model MBOC500
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus
Transmission Auto
CC 11967

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-21097498MFBP
Cover Note Number -

DRIVER

Name of Driver RAVICHANDRAN S/O MANICKAM

NRIC No	SXXXX285B
Date Of Birth	11/08/1964
Occupation	Outdoor
Date Of Driving Pass	28/01/2021
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	BARC@SMRT.COM.SG
Address	6 ANG MO KIO STREET 62
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20210509/2066

ON 09/05/2021 at about 1221 hrs, I was driving my SMRT bus (Service number 975/ License plate no: SMB69M) along Choa Chu Kang Avenue 1 towards Teck Whye Crescent.

2) At the X - Junction, the green light was in my favor and as such , I proceed along the left lane of the two lane road. There was a slip road on my left that allowed vehicles to join my lane.

3) As I was alongside the slip road, a silver vehicle (SW1819C) suddenly appeared on the left side of my bus. I then immediately slowed down and applied my brakes slightly.

4) However, the said car side swiped my bus from the left. The impact had caused some of my passengers to fall in the bus.

5) I immediately came to a stop and checked on my passengers. I observed briefly that 4 of my passengers (2 female elderly Chinese, 1 female elderly Indian and 1 Male elderly Malay) had fallen on the floor. I immediately notified my control room of the accident. I then alighted from my bus.

6) I observed that my bus had damages to the left headlight and signal light and left side glass panel. There were also dents and scratches. The other car had damages to the rear side passenger portion. The driver of the car (Male/ Chinese) had also alighted and no injuries. Ambulance and Traffic Police also arrived at scene. I had observed that 3 subjects had been conveyed by ambulance . I was not injured.

7) My bus is equipped with in-car camera and SMRT will arrange for the footage to be given to Traffic Police if necessary. That is all.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	PENDING DOWNLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SW1819C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	SEAN LER
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN CHINESE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMB69M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN CHINESE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMB69M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	UNKNOWN INDIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	60
Injuries Sustained	-
Injured person in which vehicle?	SMB69M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	UNKNOWN MALAY
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old	60
Injuries Sustained	-
Injured person in which vehicle?	SMB69M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	UNKNOWN MALAY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NO INJURIES. HER TROLLEY SPOIL DUE TO THE ACCIDENT.
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

SMB69 M
Bus/05/21/5010

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

WOT

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

B: SW1819C



Chou Chu Kong Drive.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

I/We declare the



lars are true in every respect.

Date & Time:

THL

Driver's Signature
(If driver is not the policyholder)
Date & Time:



NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20210509/2066

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20210509/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2021 20:01		Vide Report No.: J/20210509/0117		Station Diary No.: 70	
Informant's Particulars					
Name of Informant: RAVICHANDRAN S/O MANICKAM			Address: 760144		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office:		Mobile: :
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth:	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,3,4A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/05/2021 12:20	Type of Location: X-Junction
Location: CHOA CHU KANG AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMB69M	Bus/Coach/Mi nibus				Slightly Damaged	20
SW1819C	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210509/2066

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20210509/2066

CONTINUATION OF REPORT

Driver			
Name	RAVICHANDRAN S/O MANICKAM		ID No.
Related Vehicle	SMB69M (Bus/Coach/Minibus)		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
			Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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T/20210509/2066

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20210509/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

L /

SI LEE YAO MING, KEVIN GABRIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/05/2021 20:01

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

