

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 08/06/2021 10:25 (SGT)
Date of Accident 06/06/2021 18:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information Jalan Kayu
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS5022E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SBS Transit LTD
Company Reg No 1XXXXXXXXXXTE01
Email Address changsp@sbstransit.com.sg
Mobile Phone No (Phone) +65-99999999
Alternative Phone No (Office) +65-65529606

VEHICLE PARTICULARS

Manufacturer Scania
Model KUB4X
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 8867

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ActLiability
Fleet Policy No
Policy Number D-20095429MFBP
Cover Note Number -

DRIVER

Name of Driver Theventharan A/L D Murugesu
Passport No/FIN GXXXX358T

Date Of Birth	17/06/1980
Occupation	Outdoor
Date Of Driving Pass	19/04/2018
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-99999999
Alt. Phone Number	-
Email Address	changsp@sbstransit.com.sg
Address	15, Ang Mo Kio St 63
Address complement	-
Postcode	569117
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	Collision - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	10
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Unknown
Gender	Male

PASSENGER 2

Name	Unknown
Gender	Male

PASSENGER 3

Name	Unknown
Gender	Male

PASSENGER 4

Name	Unknown
Gender	Male

PASSENGER 5

Name	Unknown
Gender	Female

PASSENGER 6

Name	Unknown
Gender	Female

PASSENGER 7

Name	Unknown
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Vide F/20210606/0212, on 06/06/2021 at about 6.20pm, at the junction of Jalan Kayu and Sengkang West Way, going straight towards Ang MO Kio, while I was ferrying about 10 passengers in my SBS bus, SBS5022E, with service number 86, when suddenly one red car, SMHI78A, from the opposite junction, suddenly turned right into the junction without giving way to me and causing my bus to collide head on against the left rear passenger side of the said car. The said collision caused the said car to swerved into two pedestrians, one male person and a girl toddler, that were crossing the traffic light junction. The male person sustained abrasion at both knees while the toddler sustained bleeding at the mouth area. They both were conveyed to Sengkang General Hospital by ambulance in conscious condition. None of my bus passengers were injured. I wish to state that I had the right way because the traffic light was green and I was going straight.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

+ 80420

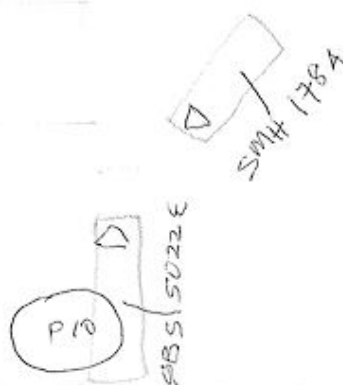
+ SUL 86

x 6/6/21

+ 6.20 pm



x m. JLN



Long low bridge



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SS1U 21680003 Vehicle Registration No: SAS 502E
Name (as shown in NRIC) : Theventharan A/L Murgesh NRIC/FIN/Passport No : G XXXX 3587
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 06/06/2021 Time of Accident : 1820
Place of Accident : Jalan Layu
Insurance Company : Ms First Capital

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) SAS 502E ✓
SAS 5200E X
- 2) claims under your own Ins Policy → Yes X
→ No-Claiming 2P

SBS TRANSIT LTD
Ang Mo Kio Depot
15 Ang Mo Kio Street 63
Singapore 569117

CHANG SU PENG
Admin Personnel
Ang Mo Kio Depot

Policyholder / Driver's Signature
Date: _____

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