

# 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 ..... 15/10/2021 15:35 (SGT)  
Date of Accident ..... 09/10/2021 12:04 (SGT)  
Exact Location of Accident ..... Opp Hillview Hts, Singapore  
Additional Location Information ..... ALONG THE MERGER LANE AT HILLVIEW AVENUE AFTER  
BS:43261 (OPP HILLVIEW HEIGHTS)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMB234C

### INSURED/POLICYHOLDER

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

### VEHICLE PARTICULARS

Manufacturer ..... Man  
Model ..... MAN NL320F(A22)  
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 ..... 10518

### 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 ..... ANANTHANVEMAL

Passport No/FIN .....	GXXXX342U
Date Of Birth .....	26/01/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	21/04/2008
Driving experience .....	13 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-68662672
Alt. Phone Number .....	-
Email Address .....	Auto-Svcs-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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20211009/2065

I was driving SMRT bus 970 going towards Bukit Panjang from Shenton way. There were about 10 passengers on board the bus. Along Hillview road, I was at the bus stop at the first lane to alight some passengers. I was about to slowly drive off and saw a pick up lorry and a car ( SKB 936J ) oncoming. I then open the side window to use my hand and signal the vehicles to slow down and to give way as I had to move off from the bus stop. The pick up lorry was behind a car. However the car, a dark grey Mercedes did not slow down and thus side swipe the driver seat's lower part area. I then noticed the driver, a male Chinese signaling me to stop at the next bus stop. I also noticed his side mirror has been damaged due to the impact of his car side swiping my bus. I then slowly drove to the next bus stop hoping that he too will come and discuss what had happened however instead of stopping, the car increased its speed and drove off. I quickly take down the number plate. My passengers wasn't injured and they don't even know this thing has happened because the impact is quite low. I then informed the control room and told them the damage is very minimal and since no one is injured I continued my bus journey. Subsequently, at the Bukit Panjang bus interchange I took some photos of the bus. There were some scratches at the front bottom driver side and other then that the bus was fine. SMRT staff and control room as updated and they advised me to lodge a police report on the matter. There is camera attached to the bus and the footage is now with the SMRT officers. I have been driving for SMRT bus for about 15 years now. I affirmed that I am not injured too and no passenger came forward to say they need any medical assistance.

#### 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 .....	SKB936J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC Income Insurance Co-operative Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

SMB 234 C  
Bus/10/21/5013

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**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:

*[Signature]*

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



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

## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

## I/We dec



3 particulars are true in every respect.

Signature



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


**SINGAPORE  
POLICE FORCE**


T/20211009/2065

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20211009/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/10/2021 18:27	Vide Report No.:	Station Diary No.: 123
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**Informant's Particulars**

Name of Informant: ANANTHANVEMAL		Address:	
ID Type / ID No.: FIN NO /		Contact No.: Home/Office:                      Mobile:	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 52	Date of Birth:	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: SMRT BUS DRIVER		Driving Licence Information: Class: 2B,3,4A                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/10/2021 12:05	Type of Location: Straight Road
Location:  HILLVIEW AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB936J	Car					0
SMB234C	Bus/Coach/Minibus				Slightly Damaged	10

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20211009/2065

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20211009/2065

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	ANANTHANVEMAL		ID No.
Related Vehicle	SMB234C (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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POLICE FORCE**



T/20211009/2065

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Tel No: 1800-8929999

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Report No. T/20211009/2065

**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  
J /  
Sgt 2 PREM S/O RENGASAMY

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
09/10/2021 18:27

Classification Of Case:



