

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 02/11/2021 09:42 (SGT)
Date of Accident 23/10/2021 16:22 (SGT)
Exact Location of Accident Bef Kampong Bahru Ter, Singapore
Additional Location Information ALONG KAMPONG BAHRU ROAD AFTER JUNCTION WITH
NEIL ROAD BEFORE BS;10041 (BEF KAMPONG BAHRU TER)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG6121H

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 A95 EU6
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 HAMEED SULTAN BIN OSMAN ALLY

Passport No/FIN	GXXXX469P
Date Of Birth	03/08/1982
Occupation	Outdoor
Date Of Driving Pass	18/03/2014
Driving experience	7 YEARS AND 7 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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Police Report No. T/20211029/2004

On the 23/10/2021 at about 1620hrs, I was driving SMRT bus service no. 190 driving along New Bridge Road to Kampong Bahru Road. As I drove into Kampong Bahru Road, there is a small road from my left, Neil Road which merges with Kampong Bahru Road. I was driving in the middle lane and a silver coloured Mercedes car (SDY818D) banged onto my bus left near the front side. I went down to check for any injuries and damages. The driver from the Mercedes came out namely Mr Ng came out and spoke to me. We exchanged particulars after which I gave him my company's contact number for him to contact and liaise for settlement. He took down my company's particulars and left afterwards. My bus sustained slight dent and scratches at the left near the front side. On the 28/10/2021, my company informed me that they received a call from Mr Ng claiming he wants to claim from my company due to this accident not being his fault. At this, my company called me and instructed me to lodge a Police Report.

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	SDY818D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR NG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	QBE Insurance (Singapore) Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SG6121 H
Bus/10/21/5054

SKETCH PLAN

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6. The 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 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:

[Handwritten Signature]

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



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


**SINGAPORE
POLICE FORCE**


T/20211029/2004

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20211029/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2021 02:04		Vide Report No.:	Station Diary No.:
			9
Informant's Particulars			
Name of Informant: HAMEED SULTAN BIN OSMAN ALLY		Address:	
ID Type / ID No.:		Contact No.:	
FIN NO /		Home/Office:	Mobile:
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 39	Date of Birth:	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4A	Date of Expiry: 17/02/2024

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 23/10/2021 16:20	Type of Location: Bend
Location: KAMPONG BAHRU ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDY818D	Car				Slightly Damaged	1
SG6121H	Bus/Coach/Minibus				Slightly Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20211029/2004

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Report No. T/20211029/2004

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver			
Name	HAMEED SULTAN BIN OSMAN ALLY		ID No.
Related Vehicle	NIL		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date
			Class: 2B,3,4A Date of Expiry: 17/02/2024
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/20211029/2004

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20211029/2004

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 A / Sgt 2 RIZAL ISKANDAR BIN JAFFAR <i>R</i>	Signature Of Informant: <i>Handwritten signature</i>
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2021 02:04
Officer In Charge Of Case: TP / GIA / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131 <i>R</i>	Classification Of Case:
Authentication Stamp NP168	

