

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 ability.
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 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.

A24

ACCIDENT STATEMENT

Date Of Report	06/09/2016 14:49
Date Of Accident	06/09/2016 09:20
Exact Location Of Accident	UPPER BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1462D
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64823888

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	BUS

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? No

If No, Please state action to be taken Third Party

Vehicle Category Bus

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-IIO27592MFBP
Cover Note Number	

Driver

Name of Driver	ANNBALAGAN MUNIANDY
Passport No/FIN	G7160626R
Date Of Birth	14/09/1982
Occupation	Outdoor
Date Of Driving Pass	25/05/2015
Driving Experience	1 Year And 3 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Unknown - SIDE-SWIPE

Weather Conditions Raining

Road Surface Wet

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 15

Details of Police Action

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name [Other] JURONG WEST NPC

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

Bus was approaching to the bus stop(Bs:42071- Shell Kiosk) of Upper Bt Timah Rd, a vehicle SKM8733S suddenly drove out from the slip rd without stopped at the stop line to look out for my bus thus collided onto the front left side of my bus. For the above accident nobody was injured.

Are accident photos available for attachment? Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKM8733S

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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. 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 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.
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.

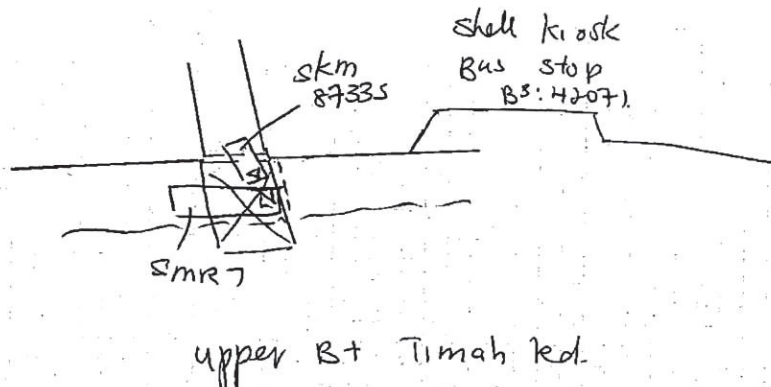
SMART Buses Ltd
6 Ang Mo Kio Street 64
Singapore 569140
Tel: 6482 3888 Fax: 6482 3844
www.smart.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

pls refer to GIB report.

Declaration

We declare the foregoing particulars are true in every respect.

SMRT Buses Ltd
6 Ang Mo Kio Street 6
Singapore 569140
Tel: 6482 3888 Fax: 6482 3888
www.smrt.com.sg

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Annex D

Jurong West NPC
700 Corporation Road
Singapore 649818
Tel: 62689999
Fax: 62672438



Traffic Police
Annex D

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865
Tel: 65470000

NOTICE OF REPORTING

Informant Name : ANNBALAGAN A/L MUNIANDY
Identity/Fin Card No : G7160626R
Sex / Age / Race : MALE/34/INDIAN
Address : 18 JALAN KEBUDAYAAN 38 TAMAN
UNIVERSITI, SKUDAI, 81300
Occupation : BUS DRIVER
Telephone No : H/P: 91029007

JURONG WEST NPC
700 Corporation Road
Singapore 649818
Tel : 2689999 Fax : 2672438

This is to confirm that the above informant, has reported to the Police a non-injury traffic accident which occurred along UPPER BUKIT TIMAH ROAD on 06/09/2016 at 0930hrs involving the following vehicles: SMB1462D and SKM8733S.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer	: SSGT T130052 ZHARIF
Date / Time	: 6/9/16 at 1305hrs
Station Diary No	: 95
Police Post	: Jurong West NPC

Signature of Informant	:	
Signature of Issuing Officer	:	887130082