

# 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 ..... 28/04/2022 13:51 (SGT)  
Date of Accident ..... 27/04/2022 15:12 (SGT)  
Exact Location of Accident ..... Loyang Ave & Pasir Ris Dr 1, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBS6547B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Go Ahead Singapore Pte Ltd  
Company Reg No ..... 2XXXXX900C  
Email Address ..... claimsmatter@go-aheadsingapore.com  
Mobile Phone No ..... (Phone) +65-63847169  
Alternative Phone No ..... (Office) +65-63847169

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Citaro  
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 ..... 6400

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-19094111MFB  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Wong Haw Kiong  
Work Permit No ..... GXXXX579R

Date Of Birth	13/10/1976
Occupation	Outdoor
Date Of Driving Pass	15/01/2015
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85919832
Alt. Phone Number	-
Email Address	claimsmatter@go-aheadsingapore.com
Address	183 Pasir Ris Street 11
Address complement	#11-46
Postcode	510183
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

#### 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 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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

BC Wong was driving service 3 [SBS6547B] on the above-mentioned date & time. Whilst heading towards 98019 • Opp Blk 149A along Loyang Ave via the extreme left lane of a 3-lane road along Pasir Ris Dr 1, a white Man TGS 26.320 6X4 BB [XE4092Y] that was travelling on the adjacent lane lost control & collided onto the middle right glass & body panel of SBS6547B. Due to the impact of the collision, 5 passengers were subsequently conveyed to Changi General Hospital via 2 ambulances.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4092Y
Vehicle Manufacturer	Man
Vehicle Model	TGS 26.320 6X4 BB



Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	Theng Ah Moi
Gender	Female
Phone No	(Phone) +65-97519790
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBS6547B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 2

Name of injured person	Chen Kwan Tso. Forster
Gender	Male
Phone No	(Phone) +65-81946717
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBS6547B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

### INJURED 3

Name of injured person	Mohamed Amin Kasmani
Gender	Male
Phone No	(Phone) +65-65811480
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBS6547B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 4

Name of injured person	Santhanaletchumi Munandy
Gender	Female
Phone No	(Phone) +65-84979109
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBS6547B
Were seat belts worn?	No

Was this injured conveyed to hospital by ambulance? Yes

INJURED 5

Name of injured person	Yee Kok Hua
Gender	Female
Phone No	(Phone) +65-97333965
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SBS6547B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	Sulaiman
Phone	(Phone) +65-98894087
Email	-


**SINGAPORE  
POLICE FORCE**


T/20220427/2092

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Report No. T/20220427/2092 ←

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/04/2022 18:46	Vide Report No.: G/20220427/0116	Station Diary No.: 77
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**Informant's Particulars**

Name of Informant: WONG HAW KIONG			Address:	
ID Type / ID No.: FIN NO / G2564579R			Contact No.: Home/Office: Mobile: 85919832	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 45	Date of Birth: 13/10/1976	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: BUS CAPTAIN			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/04/2022 15:00	Type of Location: T-Junction
Location:  LOYANG AVENUE				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SBS6547B	Car				Seriously Damaged	20
XE4092Y	Lorry				Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



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## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG HAW KIONG		ID No. G2564579R
Related Vehicle	SBS6547B (Car)		Contact No. 85919832
Hospital/Clinic	ONECARE CLINIC BOON LAY		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	01	Degree of Injury	NIL
<b>Driver</b>			
Name	NIGEL LIM GUAN YU		ID No. S9322843Z
Related Vehicle	XE4092Y (Lorry)		Contact No. 92473066
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/04/2022 at about 1500hrs, I was driving my bus service no. 3 (SBS 6547B) along Pasir Ris Dr 1, turning right towards Loyang Avenue. At that point of time, I was at the extreme left lane. Halfway through the turning, I heard the sound of brakes from behind and felt an impact from the back of my bus. I felt the bus shifted and I hit my head onto the right side of the window. There were about around 20 passengers at that point of time, and I checked on all of my passengers ensuring their safety. Subsequently, I noticed that it was a rubbish truck (XE 4092Y) that collided against my bus. The rubbish truck's front left bumper had bumped against the right rear of my bus. I immediately called the service controller and they assisted to call for ambulance and traffic police.

5 of them were injured due to the impact (3 of the injured ones were conveyed by the ambulance). I assisted the rest of the passengers who were not injured to board on the next bus. I also exchanged particulars with the driver of the rubbish truck. I wish to state that there was also another passenger in the truck.

What I discovered was the right body of the bus was dented, and the glass were completely shattered.

I wish to state that I went to OneCare Clinic Loyang and was issued 01 day of medical leave dated 27/04/2022 only. There was a motorcyclist (Sulaiman, 98894087) who informed that he witnessed the whole incident.

I have moved back to 20-06 Pangsapuri Seri Palma, Jalan Delima 3/1, Taman Delima, 81100 Johor Bahru.



**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20220427/2092

**CONTINUATION OF REPORT**

Particulars of the injured passengers:

Chen Kwan Tso Forster, F2667358P

Mohamed Amin Bin Kasmani, S0056266B

Santhanaletchumi Muunandy

Yee Kok Hua, S1758682C

Theng Ah Moi S1204125Z





**SINGAPORE  
POLICE FORCE**



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Report No. T/20220427/2092

Police Station Of Origin:  
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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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:  
G /  
SGT 2 LEE WAN JING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/04/2022 18:46

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

Classification Of Case:

NP168