

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	16/06/2022 17:20 (SGT)
Date of Accident	30/05/2022 21:00 (SGT)
Exact Location of Accident	Tampines Ave 5, Singapore
Additional Location Information	Traffic junction of Tampines Ave 5 and Tampines Ave 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMB1518C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT BUSES LTD
Company Reg No	1XXXXX292D
Email Address	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	250

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-22099124MFBP
Cover Note Number	-

DRIVER

Name of Driver	Mouliswaran Jaganathan
Passport No/FIN	GXXXX241P

Date Of Birth	03/05/1982
Occupation	Outdoor
Date Of Driving Pass	11/12/2012
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	BARC@SMRT.COM.SG
Address	60 WOODLANDS IND PARK E4
Address complement	-
Postcode	757705
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	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

POLICE REPORT NO: T/20220531/2004

On 30/05/2022 at 9pm, I am driving SMB1518C, SVC 67 from Tampines Bus Interchange to CCK Bus Interchange.

I am travelling on the 2nd lane of 5 lanes traffic along Tampines Ave w.

While at the traffic light at the traffic junction of Tampines Ave 5 and Tampines Ave 2, the traffic light was red and there was one car in front of me. My bus was stationary behind the car.

While waiting for the traffic light to turn green, I heard loud siren coming from the rear and I saw Ambulance from my side mirror.

Suddenly I felt an impact coming from the rear of my bus. I put on the hand brake and step out of my bus to check. I noticed the rear left of the Ambulance had swipe against the rear right side of my bus.

I spoke to the Ambulance driver and he informed that there is a serious case and he was rushing to hospital. He then gave me his name and contact no.

The rear right light of the bus was broken and there are scratches on the bumper

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	pend download
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX2310P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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)	-

SKETCH PLAN

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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.



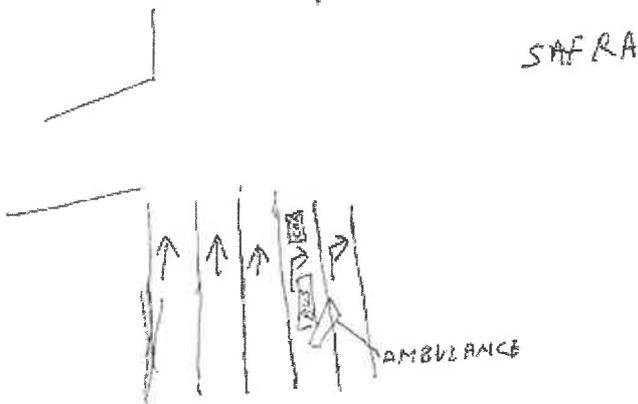
Policyholder's Signature
Date & Time:

[Signature] 27159
Driver's Signature
(If driver is not the policyholder)
Date & Time 8/6/17 (13:00pm)



[Signature]
Reporting Centre Representative's Signature
Name: SAHARA ANW
NRIC/PIN No: 8730

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines, intended for describing the circumstances of the accident.

DECLARATION

I/We declare the

facts are true to my very recollection.

Policyholder's Signature
Date & Time.

[Signature] 27159
Driver's Signature
If driver is not the policyholder
Date & Time 8/6/14 (13:00pm)

[Signature]
Reporting Officer/Inspector's Signature
Name S. H. H. H.
NIC/ID No. 5136



**SINGAPORE
POLICE FORCE**

345 Accident cas
with ambulance

27159



T/20220531/2004

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No. 1800-4849999

1 of 3
Report No. T/20220531/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2022 02:05	Video Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: MOULISWARAN JAGANATHAN		Address: MALAYSIA JH NO 73 JALAN INDAH 5/14 TAMAN BUKIT INDAH 81200 J	
ID Type / ID No.: FIN NO / G7447241P		Contact No.:	Mobile: 80126448
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 40	Date of Birth: 03/05/1982	Type of Informant: Driver
Race: Indian	Language: English		Institution / School Name:
Occupation: Bus driver	Driving Licence Information: Class: 2B,3,4A		Date of Expiry: 21/02/2023

General Information of the Accident

Type of Accident: Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 30/05/2022 21:00	Type of Location: X-Junction
Location: TAMPINES AVENUE 5			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

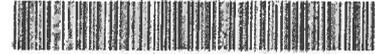
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX2310P	Ambulance					0
SMB1518C	Bus/Coach/Minibus				Slightly Damaged	10

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220531/2004

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20220531/2004

CONTINUATION OF REPORT

Driver			
Name	SOLIHIM	ID No.	NIL
Related Vehicle	QX2310P (Ambulance)	Contact No.	87483643
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
Driver			
Name	MOULISWARAN JAGANATHAN	ID No.	G7447241P
Related Vehicle	SMB1518C (Bus/Coach/Minibus)	Contact No.	80126448
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: 21/02/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/05/2022 at around 9pm, I am driving SMRT bus service number 67 from Tampines Bus Interchange to Choa Chu Kang Bus Interchange, bus registration plate SMB1518C. I traveling on the second lane of the five lanes traffic along Tampines Avenue 5. While at the traffic light junction of Tampines Avenue 5 and Tampines Avenue 1, the traffic light was red and there was one car in front of me. My bus was stationary behind the car.

While waiting for the traffic light to turn green, I heard loud siren coming from the rear and I saw an Ambulance from my side mirror. Suddenly, I felt an impact coming from the rear of my bus. I put on the hand brake and step out of my bus to check. I noticed the rear left of the Ambulance had swipe against the rear right side of my bus.

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**SINGAPORE
POLICE FORCE**



T/20220531/2004

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20220531/2004

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: F / Other TAN CHENG HEONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2022 02:05
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS212269000C Vehicle Registration No: SM1518C
 Name (as shown in NRIC): SMRT Buses Ltd NRIC/FIN/Passport No: 1982022920
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 60 Woodlands Ind. Park EA Singapore (757105)
 Contact (Tel): 88662672 Mobile No.: NA
 Email Address: BARC@SMRT.COM.SG
 Date of Accident: 30.05.2022 Time of Accident: 21:00 hrs
 Place of Accident: Traffic Junction of Tampines Ave 5 & Ave 2
 Insurance Company: MS First Capital Insurance Ltd

(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:

To amend DOA to 30.05.2022

 
 Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: KAVENCHAN
 NRIC/FIN No.:
 Date: 21.06.2022

