

## 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 Actual 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 .....	24/08/2022 10:49 (SGT)
Reported by .....	Driver
Date of Accident .....	22/08/2022 15:15 (SGT)
Exact Location of Accident .....	Clementi Rd, Singapore
Additional Location Information .....	Clementi Rd (After Maju Camp)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBS7580Y
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SBS TRANSIT LTD
Company Reg No .....	199206653M
Email Address .....	simht@sbstransit.com.sg
Mobile Phone No .....	(Phone) +65-99999999
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	B9tl
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 .....	9364

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-22099137MFBP

#### DRIVER

Name of Driver .....	Satheskumar A/L Sathyaya
Passport No/FIN .....	F4504816X
Date Of Birth .....	28/05/1979
Occupation .....	Outdoor

Date Of Driving Pass .....	11/09/2012
Driving experience .....	9 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-99999999
Alt. Phone Number .....	-
Email Address .....	simht@sbstransit.com.sg
Address .....	No 4A Jln Ronggeng 20 Tmn Nesa 81300 Skudai Johor
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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	No
Number of Passengers (Including Driver) .....	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	unknown
Gender .....	Male

#### PASSENGER 2

Name .....	unknown
Gender .....	Female

#### PASSENGER 3

Name .....	unknown
Gender .....	Male

#### PASSENGER 4

Name .....	unknown
Gender .....	Female

#### PASSENGER 5

Name .....	unknown
Gender .....	Male

#### PASSENGER 6

Name .....	unknown
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

After Maju Camp, I was driving on the inner lane when suddenly a unknown car from my right cut into my front path intending to drive to a side lane on my left resulting me to e-brake. However, the car then decided to go straight. I heard some 'sound' on the upp deck & I went up to check. I found that the front w/screen was cracked and a m/Ch age 25+ claimed that he was injured on his left arm. I noted that a f/Ch was not walking normally & I checked with both but they do not required Amb service. I contacted OCC and instr to wait for IO. After IO came, I RTD to SLD.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	unknown Ch 25+
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	unknown
Injured person in which vehicle? .....	-
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

#### INJURED 2

Name of injured person .....	Unknown Ch 60+
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	unknown
Injured person in which vehicle? .....	-
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

AR-2022-1773  
015051

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

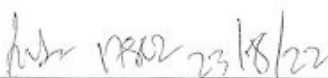


Describe Circumstances of the Accident

Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time  
 23/8/22

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

Witnessed by Reporting Centre  
 Personnel





**SINGAPORE  
POLICE FORCE**

**POLICE REPORT (NP299)**

Police Station Of Origin  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



J/20220822/2188

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Report No. J/20220822/2188

Date/Time Report Made 22/08/2022 20:27		Vide Report No.		Station Diary No. 190	
Name Of Informant SATHESKUMAR A/L SATHYYA		Address			
ID Type / ID No. FIN NO / F4504816X		Contact No. Home/Office		Mobile 97788337	
Nationality MALAYSIAN		Email Address			
Occupation SBS BUS DRIVER		Sex Male	Age 43	Date of Birth 28/05/1979	Race Indian
Institution/School Name		Language			
Date/Time Of Incident 22/08/2022 15:15		Location Of Incident CLEMENTI ROAD SINGAPORE before sim HQ			

**Brief details.**

On 22/08/2022 at about 1340hrs, I started my duty as a SBS bus driver at Boon Lay Bus Interchange. On the same day at 1440hrs, I started my first round of trip driving bus no. 154 (SBS7580Y) from Boon Lay Bus Interchange to Eunos Bus Interchange.

At 1515hrs, while driving along Clementi Road at the junction, before SIM HQ, the traffic was green and there is a private car who was seen cutting into my lane and wanting to turn into a small road. At this point, I decided to applied my brake and thereafter stop at SIM HQ bus stop. I then decided to make a

Signature Of Officer Recording The Report: J / SGT 2 ONG JIE SHEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2022 20:27
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) MUHAMMAD NASRIMAN BIN NASIR Contact No.: 67910000	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20220822/2188

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POLICE REPORT (NP299)



CONTINUATION OF REPORT

Report No. J/20220822/2188

check with the bus passenger to see if anyone is injurie. A passenger informed me that the bus upper deck windscreen cracked. However, there is two passenger claimed to be slightly injured but declined any medical assistance.

As the upper deck windscreen was cracked, the journey has to stop and all passenger alighted and waited for next bus. I also had informed my operation command centre about the incident and waited for my company IO to arrive.

I am lodging this report as instructed by my company for their follow up action.

Signature Of Officer Recording The Report: J / SGT 2 ONG JIE SHEN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2022 20:27
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) MUHAMMAD NASRIMAN BIN NASIR Contact No.: 67910000	Classification Of Case: