

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	25/11/2022 12:08 (SGT)
Reported by	Both
Date of Accident	22/11/2022 13:44 (SGT)
Exact Location of Accident	11 Canberra Rd, Singapore 759775
Additional Location Information	Canberra Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5599U
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	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	VOLVO B9TL DD
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	11967

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099124MFBP

DRIVER

Name of Driver	Zhang Kuaile
NRIC No	SXXXX088C
Date Of Birth	10/05/1966
Occupation	Outdoor

Date Of Driving Pass	25/01/1992
Driving experience	30 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	Auto-Svcs-BARC@smrt.com.sg
Address	60 WOODLANDS INDUSTRIAL 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	Collided into Motorcyclist
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REPORT TO POLICE REPORT NO: T/20221125/2022

On 22.11.2022 at about 1344hrs, I am working as a SMRT bus driver, driving SG5599U (S962) at the cross junction of Canberra Road and Sembawang Way, on the most left lane going straight.

I was in the middle of the junction when the traffic light turned red, as I was driving around 10-20km, I saw that on my left, there was a motorcycle, FBH2074H coming from Sembawang Way turning right to Canberra Road.

Ol saw that he is not stopping thus I brake to prevent hitting him. The rider then hit the front left of my bus and fell.

I exited my bus and tended to him and called for ambulance.

Awhile later, the ambulance and police came, the rider was not convey to hospital and I was advised to report to my company and I acknowledged.

I took the other party name and phone number and left the scene.

After that I report the matter to my company and was told to lodge a police report for company purpose.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH2074H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	GOH YONG HUANG
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	GOH YONG HUANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH2074H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

S45544U / 5962

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.



Policyholder's Signature / Date & Time

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

Witnessed by (Name as in NRIC Card) / Date & Time

Sketch Plan



1

Describe Circumstance of the Accident

Refer to Police Report No 7/2022/125/2022

Declaration

I/We declare the foregoing particulars are true in every respect



Policyholder's Signature Date & Time

38 25.11.2022

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



Witnessed by Reporting Centre (Mandatory)
Name as in (VRCID Card)


**SINGAPORE
POLICE FORCE**


T/2022/125/2022

1 of 1

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No: T/2022/125/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2022 10:29	Vide Report No.:	Station Diary No. 21
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Informant's Particulars

Name of Informant: ZHANG KUAILE	Address: APT BLK 331 SEMBAWANG CLOSE #05-359 SINGAPORE 750331		
ID Type / ID No.: NRIC NO / S2613088C	Contact No.:	Mobile: 91149766	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex: Male	Age: 56	Date of Birth: 10/05/1966	Email:
Race: Chinese	Type of Informant: Driver	Language:	Institution / School Name:
Occupation: SMRT BUS DRIVER	Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 22/11/2022 13:40	Type of Location: X-Junction
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Location:

CANBERRA ROAD

Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light
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
FBH2074H	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Red	Slightly Damaged	0
SG5599U	Bus/Coach/Minibus	VOLVO	B9TL 9.4L AUTO TURBO ABS	Multi-Colored	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/2022/125/2022

2 of 3

Report No: T/2022/125/2022

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S2613088C
Name	ZHANG KUAILE	Contact No.	91149766
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	GOH YONG HUANG	ID No.	NIL
Related Vehicle	NIL	Contact No.	87692621
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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**SINGAPORE
POLICE FORCE**

T 20221125/2022

Police Station Of Origin
Woodlands East N.P.C
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 1

Report No: T/20221125/2022

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:

L /
SGT 3 BRANDON NEO ZHEN
YAO

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time:

25/11/2022 10:29

Officer In Charge Of Case

TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No: 65476219

Classification Of Case

NP168