

## 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 .....	08/03/2023 12:10 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	04/03/2023 22:33 (SGT)
Exact Location of Accident .....	Serangoon Rd & St Michael's Rd, Singapore
Additional Location Information .....	Serangoon Rd after junction of St. Michael's Rd
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMB1408L
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#### 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 .....	Man
Model .....	Ng363f
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 .....	10518

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D22099124MFBP

#### DRIVER

Name of Driver .....	THEENESH KUMAR NARAINAN
Passport No/FIN .....	GXXXX877M
Date Of Birth .....	06/09/1989
Occupation .....	Outdoor

Date Of Driving Pass .....	08/12/2014
Driving experience .....	8 YEARS AND 3 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 .....	SINGAPORE
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 .....	Collision - Major/Minor Rd
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
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

On 4/3/2023 at around 2233hrs, I was travelling on the extreme left lane of 04 lanes along Serangoon Road heading towards the direction of CCKI Bus Interchange on Svc 985, SMB1408L. My bus speed was around 15-20km/hrs. While bus was approaching bus stop for my pax activity, I noticed that there was 02 buses in front at the bus stop for their pax activity. So, I stopped my bus behind the 2nd bus and waited. While waiting, I heard a thud sound from the left rear portion of my bus. Upon hearing this, I immediately turned my head to checks from the left view mirror and saw that there was a atst car exited out from the side road of St Michael Road and collided onto the left rear body portion of my stationary bus to result in this SS accident case. Upon seeing this, I immediately alighted from bus to conduct damage checks and while checking, I noticed that my bus left rear body portion had some scratched marked while the third-party car had its left front lighting cracked with scratched marked along the front left door. Both party driver exchanged particulars thereafter I was instructed to continue with his revenue service from the accident location by BOCC. There was No one injury reported at scene. I am physically fit for driving with enough rest before performing my duty and currently not on any form of medication. admitfault in this SS accident case as my bus was stationary at the point of accident.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDR478M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SOO EE TER
NRIC No .....	SXXXX362I
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

SKETCH PLAN

BUS/03/23/7002

SMB1408L

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**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

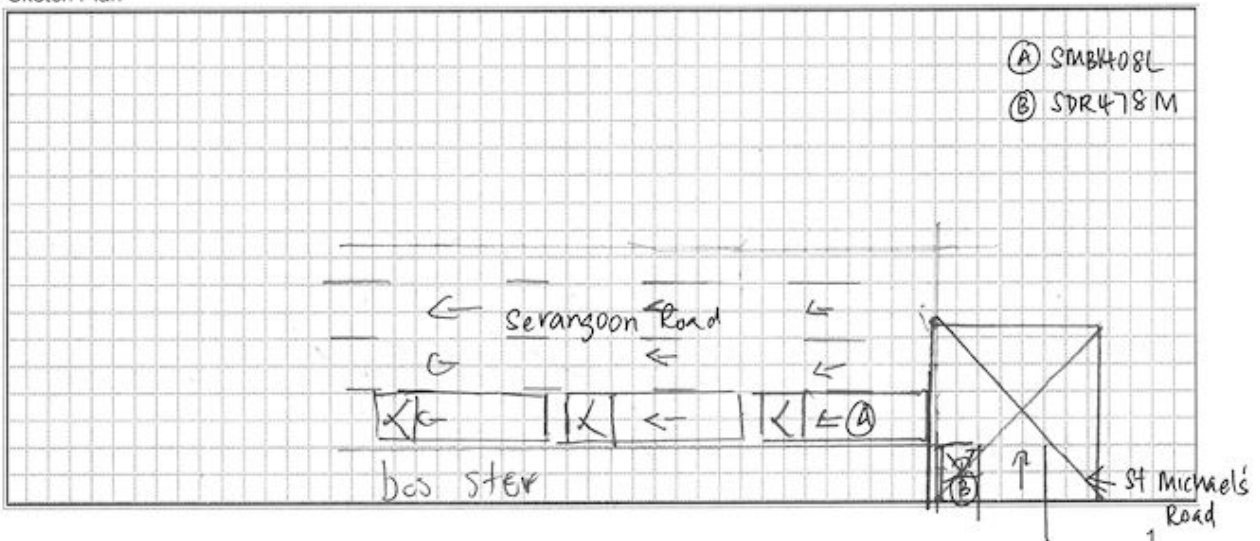
*Theo Per*

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



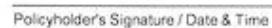
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



[illegible]

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



## Theory

