

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	08/06/2023 16:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 09:43 (SGT)
Exact Location of Accident	Bef Jurong Town Hall Rd, Singapore
Additional Location Information	AYE bef (BS: 20069 - Bef Jurong Town Hall Rd)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG5529Y
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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	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-23100857MFBP

DRIVER

Name of Driver	MURUGAN A/L PARIASAMY
NRIC No	FXXXX903R
Date Of Birth	19/08/1980
Occupation	Outdoor

Date Of Driving Pass	20/05/2015
Driving experience	8 YEARS
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	Chain 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	3
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?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Report No. T/20230526/2097

On 15 May 2023 at about 0930hrs, I was involved in a traffic accident along AYE heading towards Jurong Town Hall after bus stop number 20089 opposite lamp post number 14. I was driving a SMRT bus double decker bus service 178. The traffic was heavy. Suddenly I stopped bby bus a applied hand brake, I felt an impact at the rear of my bus. I alighted and found a van and a lorry hit onto my bus. In result to a chain collision. My bus had 2 passengers on board however no injuries on them. My VRU informed me that my hand was swollen so he called for ambulance. I suffered a fracture on my left elbow but I realize the pain only after the accident. I was conveyed to Ng Teng Fong Hospital and was discharge on the same day. I receive in total of 41 hospitalization leave by Dr Gurdeep.

AMENDMENT TO POLICE REPORT - NO. N20230527/7023

With regards to report number T/20230526/2097, I would like to make a amendment to the report . The sentence " Suddenly I stopped bby bus a applied hand brake , I felt an impact at the rear of my bus. I would like to change it to " I was driving a SMRT bus double decker bus and there was heavy traffic so I slowly stopped my bus and handbraked.

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 YN9951B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver UNKNOWN MALAY
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

9:34
20950
394150

SKETCH PLAN

BUS10512317030

SG5529Y

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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

[Signature]

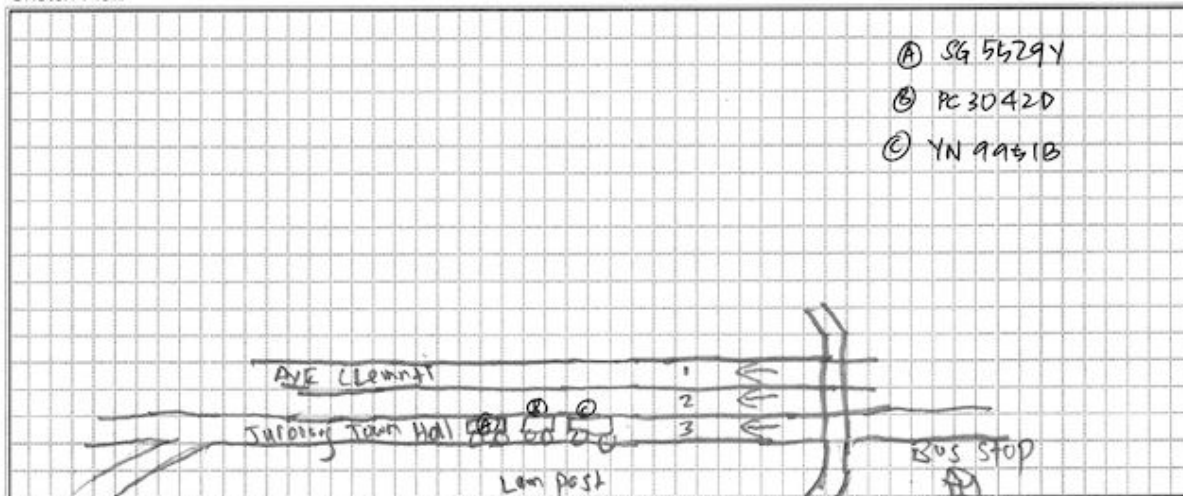
08/6/23

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



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

Sketch Plan



Ⓐ SG 5529Y

Ⓑ PC 30420

Ⓒ YN 9951B

[illegible]

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

Policyholder's Signature / Date & Time

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

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



**SINGAPORE
POLICE FORCE**



A/20230527/7023

1 of 1

POLICE REPORT (NP299)

Report No. A/20230527/7023

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 27/05/2023 14:36	Vide Report No.	Station Diary No.
Name Of Informant MURUGAN A/L PARIASAMY	Address	
ID Type / ID No. FIN NO / F8465903R	Contact No. Home/Office:	Mobile: 84252804
Nationality MALAYSIAN	Email Address 1908geera@gmail.com	
Occupation Bus driver	Sex Male	Age 42
Institution/School Name	Date of Birth 19/08/1980	Race Indian
Date/Time Of Incident 15/05/2023 09:35	Language English	
	Location Of Incident	

Brief details.

With regards to report number T/20230526/2097, I would like to make a amendment to the report .

The sentence " Suddenly I stopped bby bus a applied hand brake , I felt an impact at the rear of my bus. "

I would like to change it to " I was driving a SMRT bus double decker bus and there was heavy traffic so I slowly stopped my bus and handbraked. '

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/05/2023 14:36
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230526/2097

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Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20230526/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2023 20:53	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: MURUGAN A/L PARIASAMY	Address: 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		
ID Type / ID No.: FIN NO / F8465903R	Contact No.: Home/Office: 0167043839 Mobile: 84252804		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 42	Date of Birth: 19/08/1980	Type of Informant: Driver
Race: Indian	Language: English		
Occupation: Bus driver	Driving Licence Information: Class: 2B,3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/05/2023 09:50	Type of Location: Expressway
Location: AYER RAJAH EXPRESSWAY				
Lamp Post Number: 14				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain Collision				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3042D	Van	TOYOTA	HIACE 3.0 DX DIESEL TURBO MT 2WD 4DR	Silver	Slightly Damaged	0
SG5529Y	Bus/Coach/Mi nibus	VOLVO	B9TL 9.4L AUTO TURBO ABS	Multi-Colored	Seriously Damaged	2
YN9951B	Lorry	MITSUBISHI	CANTER FEB71ER4S DEC (CBU)	White		0



**SINGAPORE
POLICE FORCE**



T/20230526/2097

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3
Report No. T/20230526/2097

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MURUGAN A/L PARIASAMY	ID No.	F8465903R
Related Vehicle	SG5529Y (Bus/Coach/Minibus)	Contact No.	84252804
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	15/05/2023	Date Discharge	15/05/2023
No. of Days granted Medical Leave	41	Degree of Injury	Slight

Brief Details.

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I was conveyed to Ng Teng Fong Hospital and was discharge on the same day. I receive in total of 41 hospitalization leave by Dr Gurdeep.



**SINGAPORE
POLICE FORCE**



T/20230526/2097

3 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20230526/2097

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
L /
SGT 3 MUHAMMAD KHAIRIL
BIN MOHAMED RAIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 2 PHUA TIAK YEE
Contact No.: 65476200

Signature Of Informant:

Date/Time:
26/05/2023 20:53

Classification Of Case:

NP168