VERSION: 1 (28/04/2021 14:23 (SGT))



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 witholding of material facts may allow insurance companies to repudiate

- 5. Intrinstance of the companies of the standard of the companies of the companies of the second of the companies of the second of the second of the companies of the 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 an admission of policy liability on the part of the insurance companies.
 6. This report will be forwarded by the insurers of the GIA Records and companies of the GIA Records and companies. 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	28/04/2021 14:23 (SGT)
Date of Accident	27/04/2021 13:50 (SGT)
Exact Location of Accident	CISCO Ctr, Singapore
Additional Location Information	PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX8006B
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	Yes SKYWAY MOTOR PTE LTD

1800

Company Reg No 1XXXXX194N Email Address rental@skyway.com.sg Mobile Phone No (Phone) +65-88760118 Alternative Phone No (Office) +65-63336333

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private hire
Are you claiming under your own insurance policy for repair to	

No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	A 400000480 MCX
Cover Note Number	

DRIVER

Name of Driver **ALPHONSE PNG** SXXXX465E

Date Of Birth 08/02/1977 Occupation Outdoor Date Of Driving Pass 19/11/2007 Driving experience 13 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-90033030 Alt. Phone Number Email Address alphonsestanley@gmail.com Address BLK 68, GEYLANG BAHRU #13-3243 Address complement Postcode 330068 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name **PASSENGER** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Kim Keat Neighbourhood Police Post Police Station Phone No (Phone) +65-18002529999 Alt. Police Station Phone No (Fax) +65-63554311 Police Station Address Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT AND SKETCH ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLB608U

Toyota

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	Estima
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
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

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.
- Information provided must be as <u>truthful</u> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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 :
 - 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) ony 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.
- (c) 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27 APR 2021

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 1 of 3 Report No. T/20210427/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2021 16:01		Made:	Vide Report No.:	Station Diary No.: 15	
Informa	nt's Partic	ulars			
Name of Informant: ALPHONSE PNG			Address: APT BLK 68 GEYLANG BAHRU #13-3243 SINGAPORE 330068		
ID Type / ID No.: NRIC NO / S7704465E			Contact No.: Home/Office: Mobile: 90033030		
Nationality: SINGAPORE CITIZEN		'EN	Email:		
Sex: Age: Date of Birth: Male 44 08/02/1977			Type of Informant. Driver		
Race: Chinese		H - 1 Type - especial (Web) Williams	Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE VEHICLE DRIVER		HICLE DRIVER	Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/04/2021 13:5	Type of Location Straight Road	
Location: PAYA LEBAF	ROAD				
P 200 (A) 100 N		Road Surface: Wet		Road Speed Limit: 50 Km/h	
11 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13		Traffic Control:		Traffic Volume: Heavy	
(1) TANKARAN AWARAN	e Way	Not Controlled		Heavy	

Details of V	ehicle Invo	lved		OBSTRUCT		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLB608U	Car	TOYOTA	ESTIMA	Grey		0
SMX8006B	Car	TOYOTA	NOAH	Black	Slightly Damaged	1

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX8006B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A 400000480 MCX	09/02/2021	07/08/2021



T/20210427/2088

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 2 of 3 Report No. T/20210427/2088

CONTINUATION OF REPORT

Any Pedestrian In	nvolved: No				e-ommi	
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing; NA			ing: NA	
Driver		- Lims in				
Name	ALPHONSE PNG		ID No		S7704465E	
Related Vehicle	NIL			Conta	ct No.	90033030
Hospital/Clinic	NIL			Class Drivin Licend Expire	g ce &	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL		Degree o	f Injury	NIL	111100	

Brief Details.

On 27/4/2021 at around 1.50pm, I was driving my private hire vehicle SMX8006B along Paya Lebar Road with a passenger in my car. I can recall driving travelling at 10km/h on the 2nd lane from the left. Suddenly a motorcycle swerved out almost into the lane I am travelling in. As such, I applied brakes and my car slowed down almost to a halt. I then felt that a car had bumped into the rear of my car. I then stopped my car and made a check. There were some scratches on the rear right bumper of my car. After reviewing my in-vehicle camera, it recorded that a Toyota Estima SLB608Uhad indeed bumped into my car. I am making this report as it is a hit and run. The driver of the said vehicle made no attempts to stop.





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-252999 3 of 3 Report No. T/20210427/2088

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 E / Sr Staff Sgt MOHAMED FAIZAL BIN MOHAMED SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/04/2021 16:01
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP188 SS 13424	