SS2Q22A30002 / Shu Fatt Auto Works
ENTRY DATE & TIME: 03/10/2022 10:32 (SGT)
SUBMITTED BY: Julia Wong
VERSION: 1 (03/10/2022 10:32 (SGT))

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 witholding 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	03/10/2022 10:32 (SGT)
Reported by	Driver
Date of Accident	30/09/2022 17:00 (SGT)
Exact Location of Accident	Outram Rd, Singapore
Additional Location Information	SGH covered carpark @ Blk 5 Lot 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV7045E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ISS Facility Services Pte Ltd &/or Goldbell Leasing Pte Ltd
Company Reg No	1XXXXX196N
Email Address	wilson.tham@sg.issworld.com
Mobile Phone No	(Phone) +65-82334107
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	HIACE HIGH ROOF COMMUTER TURBO
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	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 29154082 MKF

DRIVER

Name of Driver	Acol Richard Tiotuico
Passport No/FIN	GXXXX377P
Date Of Birth	11/11/1983
Occupation	Outdoor

Date Of Driving Pass	10/10/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97231542
Alt. Phone Number	-
Email Address	richardacol@gmail.com
Address	106 Spottiswoode Park Road, #13-140
Address complement	-
Postcode	080106
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	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	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?	Yes
Police Station Name	Police Cantonment Complex
Police Station Address	391 New Bridge Road Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

See attached accident statement

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC1456G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	Sheikh Azim Ally Bin Sheikh Osman Ally
NRIC No	SXXXX491C
Contact Number	(Phone) +65-90613741
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Insurer: _____
Veh No: _____
DOA : _____

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 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. 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.
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.

ISS Facility Services Private Limited

03/10/22 @ 0954HR

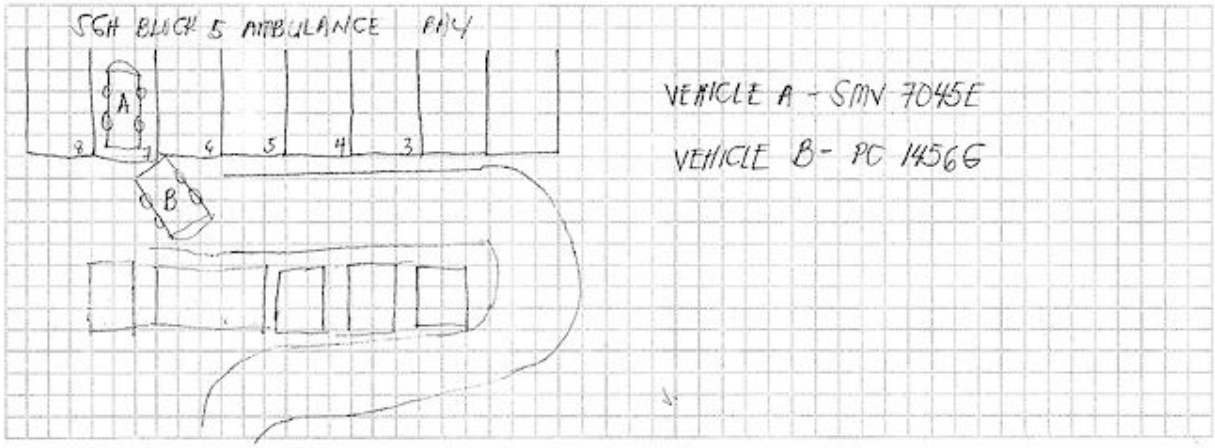
Policyholder's Signature / Date & Time

03/10/22 @ 0954HR

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 30 September 2022 at 1632H, I, AMBULANCE DRIVER (AD) RICHARD together with Emergency Medical Technician Ananan were tasked to fetch patient from CMC to Block 5 via MTS-SMV 7045E. I parked at Block 5 AMB Bay lot #7 to unload our patient.

At 1657H, After unloading the patient. I waited inside vehicle (MTS-SMV 7045E) at lot #7 and complete the mileage form details. Suddenly I heard a collission and felt the vehicle shaken. When I checked on my Right side MIRROR, PRISON vehicle (PC14566) hit the Rear Right side part of vehicle (MTS-SMV7045E).

I immediately went down and checked on the vehicle for any damage. I noticed scratches were seen at the top and bottom part of the Right Rear light and a crack at the right Rear light.

I exchanged particulars with PRISON vehicle driver MR. Sheikh Azim

Details as follows:

Medical Transport Service (MTS) SMV 7045E
DRIVER: AC01 Richard TIONGCO
FIN: G5125377P
HP#: 9723-1542

PRISON Vehicle: PC 14566
DRIVER: Sheikh Azim Ally Bin Sheikh Osman Ally
NRIC: S1443491C
HP#: 9061-3741

Declaration

We declare the foregoing particulars are true in every respect.

ISS Facility Services Private Limited

03/10/22 @ 0954

Policyholder's Signature / Date & Time

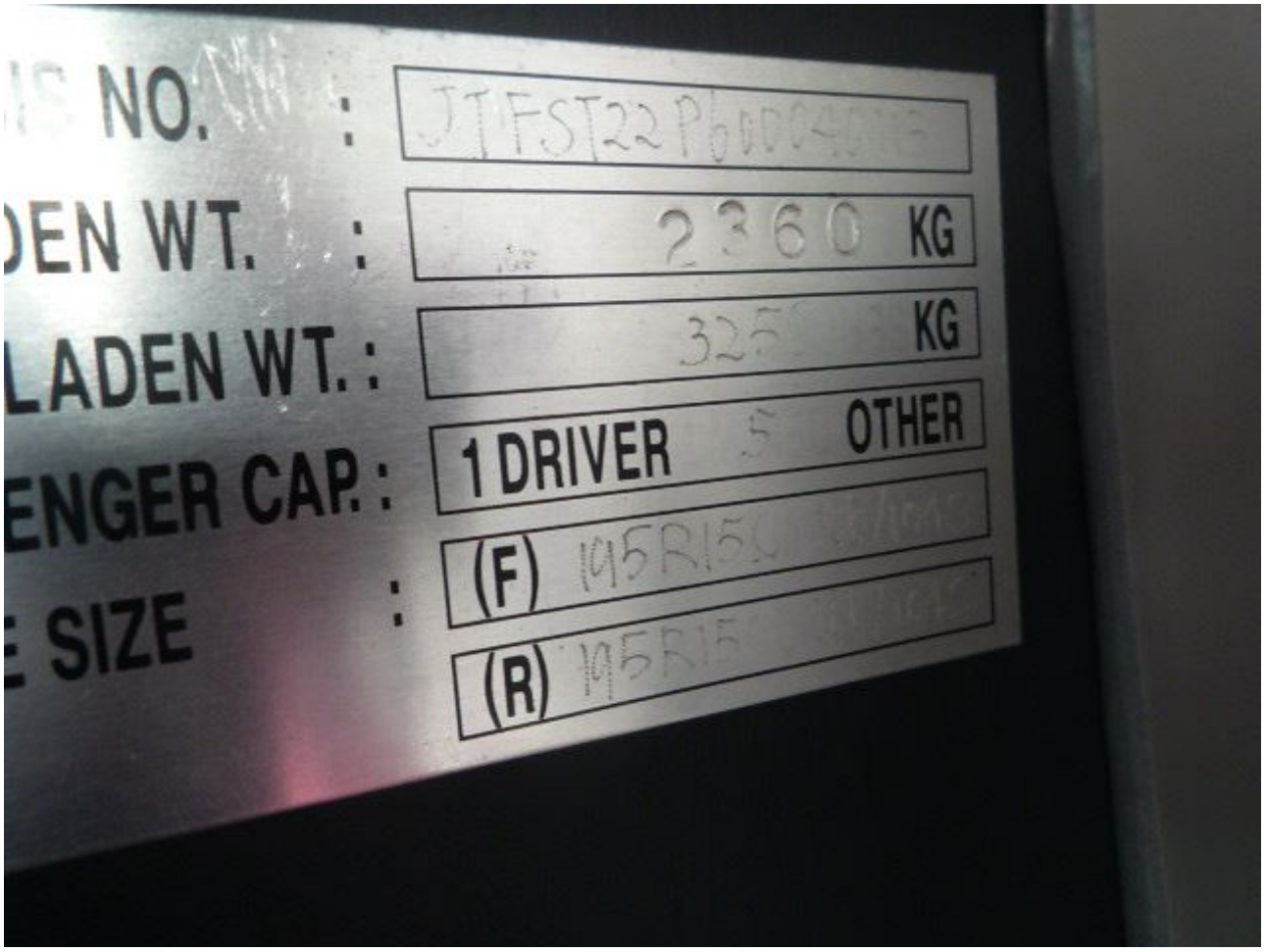
03/10/22 @ 0954H

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

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2


NO. :
JTFST22P
EN WT. :
2360 KG
LADEN WT. :
325 KG
ENGER CAP. :
1 DRIVER OTHER
SIZE :
(F) 195R15
(R) 195R15

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

A/20220930/7041

POLICE REPORT (NP299)

Report No. A/20220930/7041

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	Vide Report No.	Station Diary No.
30/09/2022 19:25		

Name Of Informant ACOL RICHARD TIOTUICO	Address 106 SPOTTISWOODE PARK ROAD #13-140 SPOTTISWOODE PARK SINGAPORE 080106			
ID Type / ID No. FIN NO / G5125377P	Contact No. Home/Office:	Mobile: 97231542		
Nationality FILIPINO	Email Address RICHARDACOL@GMAIL.COM			
Occupation Hospital/Clinic attendant	Sex Male	Age 38	Date of Birth 11/11/1983	Race
Institution/School Name	Language English			
Date/Time Of Incident 30/09/2022 17:00 - 30/09/2022 17:00	Location Of Incident 1 HOSPITAL CRESCENT SINGAPORE GENERAL HOSPITAL (BLK 5) SINGAPORE 169608			

Brief details.

On 30 Sep 2022 at 1632H, I, Amb Driver (AD) Richard together with EMT Ananan were tasked to fetch patient from DMC to Block 5 via Amb vehicle (MTS-SMV7045E). I parked at Block 5 Amb Bay Lot # 7 to unload our patient.

At 1657H, after unloading the patient, I waited inside the station Amb vehicle (MTS-SMV7045E) at lot # 7 and complete the mileage form details.

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: 30/09/2022 19:25
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE POLICE FORCE

A/20220930/7041

POLICE REPORT (NP299) **CONTINUATION OF REPORT** Report No. A/20220930/7041

Suddenly, I heard a collision and felt the Amb vehicle shaken. When I checked on my right side mirror, Prison vehicle (PC1456G) hit the right side part of the Amb vehicle (MTS-SMV7045E).

I immediately went down and checked on the Amb vehicle for any damage. I noticed scratches were seen at the top and bottom part of the right rear light and a crack at the right rear light. (Photo attached)

I exchanged particulars with Mr. Sheikh Azim

Details as follows:-
Medical Transport Service (MTS) SMV7045E
Driver: Acol Richard Tiotuico
Fin: G5125377P
HP # 97231542

Prison Vehicle: PC 1456G
Driver: Sheikh Azim Ally Bin Sheikh Osman Ally
NRIC: S1413491C
HP # 9061 3741

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: 30/09/2022 19:25
Officer In-Charge Of Case:	Classification Of Case: