

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 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. 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	30/03/2021 10:22 (SGT)
Date of Accident	29/03/2021 11:40 (SGT)
Exact Location of Accident	Tampines Street 23, Singapore
Additional Location Information	BLK 201B OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1129X
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN GUAT KWEE
NRIC No	SXXXX622E
Email Address	GUAZHONG33@GMAIL.COM
Mobile Phone No	(Phone) +65-97361489
Alternative Phone No	+65-91084098

VEHICLE PARTICULARS

Manufacturer	BMW
Model	420i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	PNPV2020-00009126
Cover Note Number	-

DRIVER

Name of Driver	SWOO GUO ZHONG
NRIC No	SXXXX614F

Date Of Birth	06/10/1992
Occupation	Indoor
Date Of Driving Pass	29/04/2011
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91084098
Alt. Phone Number	-
Email Address	GUAZHONG33@GMAIL.COM
Address	BLK 332 TAMPINES ST 32 #07-546
Address complement	-
Postcode	520332
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC1636A
Vehicle Manufacturer	-
Vehicle Model	-
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.
3. Information provided must be as truthful and accurate as possible. Any willful 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.

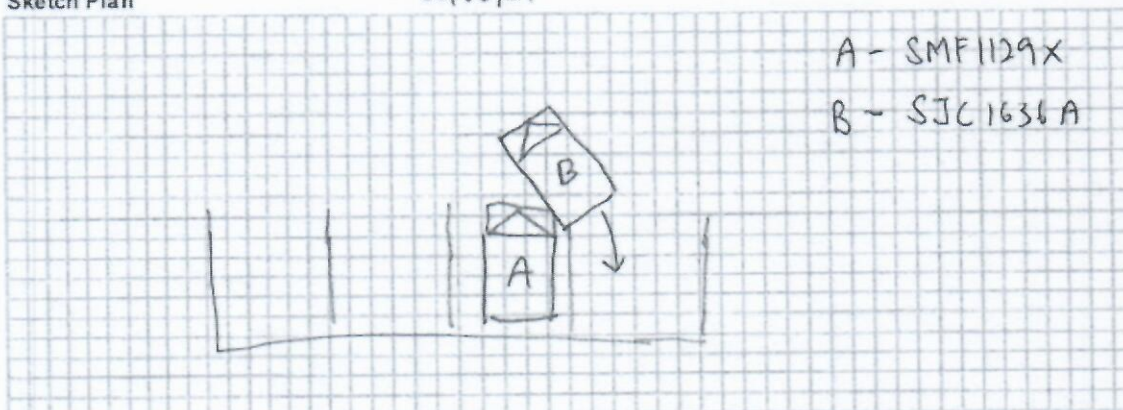
Policyholder's Signature / Date & Time

Sketch Plan

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

0900
30/03/21

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Refer to police Report NO: G/20210329/7054

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

9/21
0900
30/03/21

✓

Vehicle Details

Vehicle No.	Make / Model
SMF1129X	B.M.W. / 420i GRAN COUPE LED NAV MSPT
Vehicle Type :	Vehicle Attachment 1 :
P10 - Passenger Motor Car	No Attachment
Vehicle Scheme :	Chassis No. :
Normal	WBA4H32090BP27616
Propellant :	Engine No. :
Petrol	F9583084B48B20A
Motor No. :	Engine Capacity :
-	1998 cc
Power Rating :	Maximum Power Output :
-	135.0 kW (181 bhp)
Maximum Laden Weight :	Unladen Weight :
2100 kg	1540 kg
Year Of Manufacture :	Original Registration Date :
2018	25 Sep 2018
Lifespan Expiry Date :	COE Category :
-	B - Car above 1600cc or 97kW (130bhp)
Quota Premium :	COE Expiry Date :
\$31,307.00	24 Sep 2028
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
24 Sep 2021	24 Sep 2028
Inspection Due Date :	Intended Transfer Date :
24 Sep 2021	30 Mar 2021
CO2 Emission :	CEV/VES Rebate Utilised Amount :
134.00 (g/km)	-
CO Emission :	HC Emission :



**SINGAPORE
POLICE FORCE**



G/20210329/7054

1 of 2

POLICE REPORT (NP299)

Report No. G/20210329/7054

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 29/03/2021 19:34	Vide Report No.	Station Diary No.
Name Of Informant SWOO GUO ZHONG	Address 332 TAMPINES STREET 32 #07-546 SINGAPORE 520332	
ID Type / ID No. NRIC NO / S9236614F	Contact No. Home/Office: Mobile: 91084098	
Nationality SINGAPORE CITIZEN	Email Address GUOZHONG33@GMAIL.COM	
Occupation Self employed	Sex Male	Age 28
	Date of Birth 06/10/1992	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 29/03/2021 11:30 - 29/03/2021 12:00	Location Of Incident 332 TAMPINES STREET 32 #07-546 SINGAPORE 520332	

Brief details.

On 29 March 2021. at about 11.30 Hr, I parked my car at Tampines St 21 201B N2 shopping street car park for lunch.

I came back to my car and noticed the damage on my front right bumper is damaged.

Hence, I exstract the video from my car camera and notice car plate number (SJC 1636 A) hit my car while trying to park, and drove off immediately after the hit.

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: 29/03/2021 19:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210329/7054

As there is an upload limit, can I instead whatsapp you the full video? Thanks.

Subjects Involved			
Victim			
Person Name	SWOO GUO ZHONG		
ID Type	NRIC NO	ID No	S9236614F
Gender	Male	Age	28
Race	Chinese	Language	English
Occupation	Self employed	Address	332 TAMPINES STREET 32 #07-546 SINGAPORE 520332
Mobile No	91084098	Is Informant A Victim?	Yes
Person Name	SWOO GUO ZHONG (Informant)		

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: 29/03/2021 19:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp