

SS1Y22450003 / SME MOTOR PTE LTD  
 ENTRY DATE & TIME: 05/04/2022 13:22 (SGT)  
 SUBMITTED BY: Chia Pei Ying  
 VERSION: 1 (05/04/2022 13:22 (SGT))

Your NCD will be affected due to late reporting

## 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 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. 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	05/04/2022 13:22 (SGT)
Date of Accident	03/04/2022 10:30 (SGT)
Exact Location of Accident	325 Sumang Walk, Singapore 821313
Additional Location Information	MULIT STOREY CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5533D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	E'LEGAL CONCEPT
Company Reg No	53217228X
Email Address	pfguo09@gmail.com
Mobile Phone No	(Phone) +65-85335533
Alternative Phone No	+65-85335533

### VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Octavia
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	2000

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121345912
Cover Note Number	-

### DRIVER

Name of Driver	GUO PEIFENG
NRIC No	S9101152B

 Accident report SS1Y22450003

Date Of Birth	09/01/1991
Occupation	Indoor
Date Of Driving Pass	18/01/2013
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85335533
Alt. Phone Number	-
Email Address	pfguo09@gmail.com
Address	BLK 325A SUMANG WALK #14-971
Address complement	-
Postcode	821325
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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

## DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: F/20220403/70212.

## ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW8027U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-98631801
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

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## IMPORTANT NOTICE

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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 judgment 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:

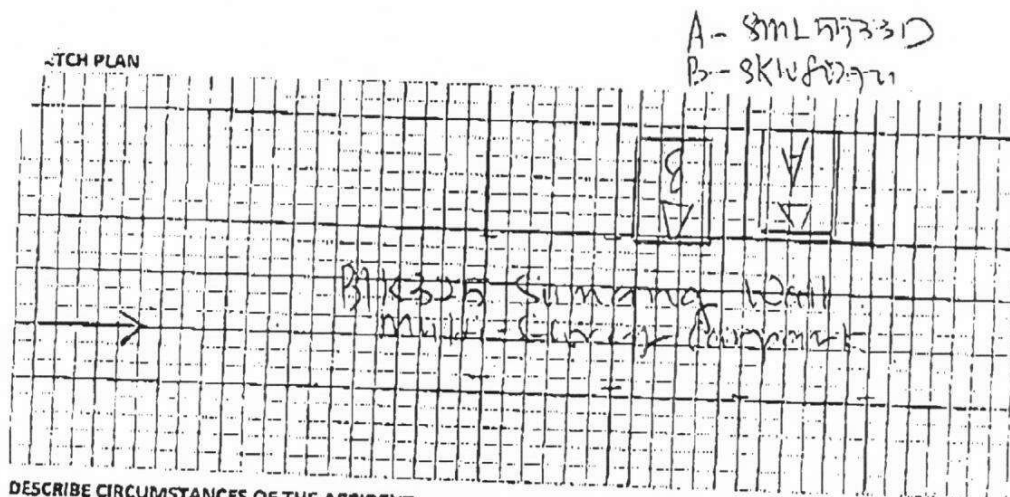
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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, receipts 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.
- (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.
- (e) 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  
Date & Time: 07/04/22, 14:57

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07/04/22, 14:57

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## SKETCH PLAN #2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident

Refer To Police Report

## DECLARATION

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

Policyholder's Signature

Date & Time: 07/04/22

WARNING: Sketch plan must be submitted

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07/04/22. 4:15 PM

Reporting Centre Personnel's Signature

Name:

MARC/FIN No.:


**SINGAPORE  
POLICE FORCE**


F/20220403/7021

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20220403/7021

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 03/04/2022 14:46	Vide Report No.		Station Diary No.	
Name Of Informant GUO PEIFENG	Address APT BLK 325A SUMANG WALK #14-971 SINGAPORE 821325			
ID Type / ID No. NRIC NO / S9101152B	Contact No. Home/Office:		Mobile: 85335533	
Nationality SINGAPORE CITIZEN	Email Address PFGUO09@GMAIL.COM			
Occupation Other graphic and multimedia designers and artists	Sex Male	Age 31	Date of Birth 09/01/1991	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 03/04/2022 10:30 - 03/04/2022 10:40	Location Of Incident APT BLK 325A SUMANG WALK #14-971 SINGAPORE 821325			

**Brief details.**

I am making report on a hit and run accident on my residence carpark. My vehicle SML5533D was parked at 325 Sumang Walk multi storey carpark at lot 32, when the accident occurred. Vehicle SKW8027U collided onto my vehicle and left without stopping causing damage to the front right bumper and headlight.

I went to car at around 1pm and realised a note left on the windscreen of my vehicle.

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: 03/04/2022 14:46
Officer In-Charge Of Case:	Classification Of Case:


**SINGAPORE  
POLICE FORCE**


F/20220403/7021

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220403/7021

Note was left by witness of another vehicle owner SMV6453S, 96420623 who witnessed the accident.  
My car is equipped with in-car camera, and I'm lodging this report to assist with 3rd party insurance claim.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	GUO PEIFENG		
ID Type	NRIC NO	ID No	S9101152B
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Other graphic and multimedia designers and artists	Address Type	
Address	APT BLK 325A SUMANG WALK #14-971 SINGAPORE 821325	Mobile No	85335533
Is Informant A Victim?	Yes		
Person Name	GUO PEIFENG (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: 03/04/2022 14:46
Officer In-Charge Of Case:	Classification Of Case: