



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	12/07/2022 19:44 (SGT)
Reported by	Both
Date of Accident	11/07/2022 14:46 (SGT)
Exact Location of Accident	1 HarbourFront Walk, Singapore 098585
Additional Location Information	VIVO CITY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM828G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CAI ZILIANG
NRIC No	SXXXX237Z
Email Address	CAI_ZILIANG@HOTMAIL.SG
Mobile Phone No	(Phone) +65-94765519
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	2.0 TFSI S TRONIC
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	CAI ZILIANG
NRIC No	SXXXX237Z
Date Of Birth	22/11/1984
Occupation	Indoor



Date Of Driving Pass	17/03/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94765519
Alt. Phone Number	-
Email Address	CAI_ZILIANG@HOTMAIL.SG
Address	BLK 469B ADMIRALTY DRIVE
Address complement	#12-65
Postcode	752469
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	0
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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6984P
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**

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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.
 - (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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMM828G



Describe Circumstances of the Accident

Refer to police report

Declaration

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



SINGAPORE POLICE FORCE



T/20220711/2043

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20220711/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2022 17:55		Vide Report No.:		Station Diary No.: 78	
Informant's Particulars					
Name of Informant: CAI ZILIANG			Address: APT BLK 469B ADMIRALTY DRIVE #12-65 SINGAPORE 752469		
ID Type / ID No.: NRIC NO / S8438237Z			Contact No.: Home/Office: Mobile: 94765519		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 22/11/1984	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: COMMERCIAL SALES			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/07/2022 14:45	Type of Location: Car Park
Location: HARBOURFRONT WALK				
Weather: Sheltered Carpark		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ6984P	Car					0
SMM828G	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220711/2043

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Report No. T/20220711/2043

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Vehicle Owner			
Name	CAI ZILIANG	ID No.	S8438237Z
Related Vehicle	NIL	Contact No.	94765519
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/07/2022 at about 1515hrs, When I went back to retrieve my car at Lot 553 of VivoCity B1 carpark. I realized there were scratches and dents to the right front bumper of my vehicle (SMM828G). I went to retrieve my front car camera and I found out at about 1446hrs of the said day. There is a car (SLQ6984P) which was trying to park right at the lot next to my car. However as she was reversing, The rear of her car bumped into my car and after her car knocks into my front right bumper. She panicked and she drove away. I have the video evidence of when the incident happened. The said driver did not left me any note and left the said parking lot. That is all.



**SINGAPORE
POLICE FORCE**

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391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999



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Report No. T/20220711/2043

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:

A /

SGT 2 DARYL SEAH YI RUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Other KASMAWATI BTE SAMIAN

Contact No.: 65476368

Signature Of Informant:

Date/Time:

11/07/2022 17:55

Classification Of Case: