

## 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 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	08/10/2022 13:13 (SGT)
Reported by	Driver
Date of Accident	18/09/2022 18:30 (SGT)
Exact Location of Accident	700 Lor 1 Toa Payoh, Trellis Tower, Singapore 319773
Additional Location Information	TRELLIS TOWER, 700 TOA PAYOH LORONG 1, BASEMENT CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN3909A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEONG HON CHOY, DARREN
NRIC No	SXXXX142E
Email Address	DARRENCHEONGG@GMAIL.COM
Mobile Phone No	(Phone) +65-90252393
Alternative Phone No	+65-92364397

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
Variant	SPORTBACK 2.0 TFS
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	2070172452-01

### DRIVER

Name of Driver	SNG HUI JUAN, JANE
NRIC No	SXXXX738H
Date Of Birth	09/08/1991

Occupation	Indoor
Date Of Driving Pass	14/03/2012
Driving experience	10 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94792422
Alt. Phone Number	-
Email Address	JANESNG.HJ@GMAIL.COM
Address	TRELLIS TOWER, 700 LORONG 1 TOA PAYOH
Address complement	#09-09
Postcode	319773
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	2
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	-

#### PASSENGER 1

Name	CHEONG HON CHOY DARREN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

AT AROUND 6.30 PM, 18 SEP, I WAS DRIVING INTO MY HOUSE CARPARK. AS I SAW A PARKING LOT, I TRIED TO ANGLE MY CAR IN ORDER TO DO REVERSE PARKING. I MISJUDGED MY TURNING CIRCLE AND COLLIDED WITH A PILLAR (FRONT FIRST). LATE FILING OF ACCIDENT REPORT DUE TO WORK (OVER THE WEEKENDS INCLUDED).

#### ATTACHMENT(S)

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

SKETCH PLANIMPORTANT NOTICE

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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.

 8 Oct  
11am

Policyholder's Signature / Date & Time

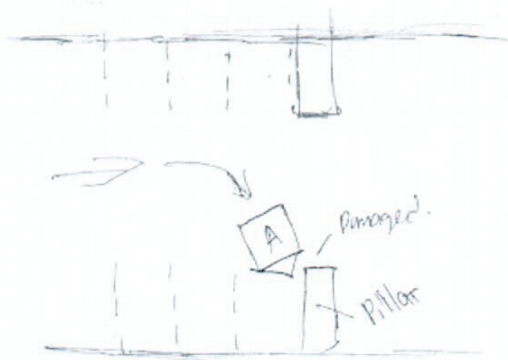
Sketch Plan

 8 Oct  
11am

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

  
Witnessed by Reporting Centre Personnel

A: SCN3909A





At around 6.30pm, 18 Sep, I was driving into my house car park. As I saw a parking lot, I tried to angle my car in order to ~~park~~ do reverse parking. I misjudged my turning circle and ~~hit~~ collided into a pillar (front first).

Late filing of accident report due to work (over the weekends included)

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

Witnessed by Reporting Centre Personnel