

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	05/12/2022 15:04 (SGT)
Reported by	Both
Date of Accident	04/12/2022 12:55 (SGT)
Exact Location of Accident	1 HarbourFront Walk, Singapore 098585
Additional Location Information	B2 CARPARK VIVO CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3214S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SUYUN TANG
NRIC No	SXXXX758E
Email Address	SUYUNTANG@GMAIL.COM
Mobile Phone No	(Phone) +65-81003579
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SPORTSBACK 1.0 TF
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	999

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800069536-04

DRIVER

Name of Driver	SUYUN TANG
NRIC No	SXXXX758E
Date Of Birth	15/11/1962
Occupation	Indoor

Date Of Driving Pass	08/02/1982
Driving experience	40 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81003579
Alt. Phone Number	-
Email Address	SUYUNTANG@GMAIL.COM
Address	BLK 107A EDGEFIELD PLAINS
Address complement	#17-108
Postcode	821107
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	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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

THE ACCIDENT OCCURRED WHILE I WAS TRYING TO REVERSE OUT OF THE CARPARK LOT. THE CAR GRAZED THE FIREHOSE CABINET IN THE PROCESS OF TURNING TO DRIVE OUT THE FIREHOSE CABINET DOOR WAS RIPPED OFF. CAUSING DAMAGE TO BOTH THE CAR AND FIREHOSE CABINET. DROVE OUT OF THE LOT AND PARKED SOMEWHERE ELSE AS THERE WERE CARS WAITING FOR MY CARPARK LOT. AFTER THAT, I INFORMED THE CONCIERGE WHO GOT IN TOUCH WITH THE CARPARK SECURITY. 2 MAN CAME, TOOK DOWN MY INFORMATION, AND TOOK A PICTURE OF THE CAR AND THE DAMAGE TO THE FIREHOSE CABINET. LATER I RECEIVED A SMS FROM MAPLETREE VIVO CITY ASKING FOR MY EMAIL ADDRESS. I HAVE RECEIVED THE QUOTATION COST FOR THE REPLACEMENT OF THE FIREHOSE CABINET.

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	FIREHOSE
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

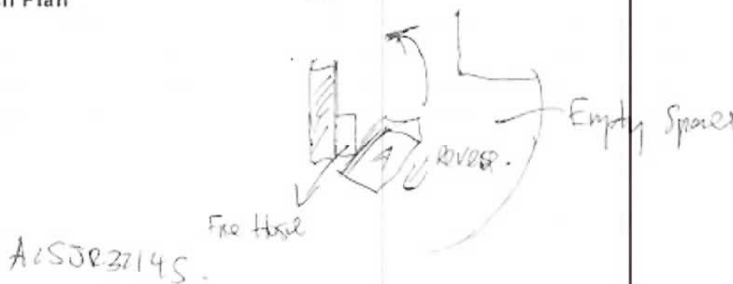
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.
(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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Accident occurred while I was trying to reverse out of the carpark lot.

The car grazed the fire hose cabinet. In the process of trying to drive out, the fire hose cabinet door was ripped off, causing damage to both the car and fire hose cabinet.


Drove out of the lot and parked somewhere else as there were cars waiting for the my carpark lot. Thereafter, I informed the management who got in touch with the carpark security.

I then came back down and information took pictures of the car & damage to the fire hose cabinet.

Later I received my SUV from Maplebe Ville city asking for my email address. I have received the quotation cost for replacement of fire hose cabinet.

Declaration

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

 5th Dec
2023
1223 PM
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

