

## 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 Report             | 10/02/2020 15:46       |
| Date Of Accident           | 07/01/2020 12:20       |
| Exact Location Of Accident | CLEMENTI WEST STREET 2 |
| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SDQ905C                  |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | SOW THE SEEDS ENTERPRIZE |
| Co Reg No                   | 53311507L                |
| Email Address               | ALBERTTEO905@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-96150102     |
| Alternative Phone No        | Office-96150102          |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | CITROEN            |
| Model  | C3 AIRCROSS 1.2    |
| Exact Purpose for which vehicle was being used at time of accident           |                    |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                 |
| If No, Please state action to be taken                                       | REPORTING ONLY     |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 1800035694-01                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TEO HENG KIAT ALBERT  |
| NRIC No              | S1157769E             |
| Date Of Birth        | 12/10/1955            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 10/09/1976            |
| Driving Experience   | 43 YEARS AND 3 MONTHS |

|   |                               |
|---|-------------------------------|
| Gender  | MALE                          |
| Mobile Number                                       | (LOCAL) +65-96150102          |
| Fax Number  |                               |
| Contact Number                                      |                               |
| E-Mail Address                                      | ALBERTTEO905@GMAIL.COM        |
| Address   | BLK 406B FERNVALE ROAD #10-51 |
| Postcode  | 792406                        |
| Was driver an employee of the Insured's Company     | NO                            |
| If No, Relationship of the Driver with the Insured  | OWNER                         |
| Vehicle Registration Number of Driver's Own Vehicle | -                             |
|   | -                             |
|   | -                             |
| Insurance Company of Driver's Own Vehicle           | -                             |
|   | -                             |
|   | -                             |

#### General Information of the Accident

|                    |                              |
|--------------------|------------------------------|
| Type Of Accident   | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR                        |
| Road Surface       | DRY                          |

#### Other Information

|   |    |
|---|----|
| Was any foreign vehicle involved in this accident?  | NO |
| Number of vehicles (including own vehicle) involved in the accident                         | 2  |
| Was any body injured in the Accident?   | NO |
| Was any injured conveyed to hospital by ambulance?  |    |
| Was any other material or property damaged?   | NO |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver)   | 1  |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

Circumstances Of Accident #carpark Accident\_Scenario Moving & Parked Blue Car Sdq905c White Car Sjjw5706A I was moving out of my car park lot when I think I might have grazed the right front side of the car parked next to mine as I did hear any sound I continue driving off I only knew I might have knocked the front of the car when I received a third party claim from my insurance company kindly advise what I should do next

#### Attachment(s)

|   |  |
|---|--|
| Are accident photos available for attachment? | NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT |
| Was there any video captured by Car Camera?   | NO   |
| Was there any audio recorded?                 | NO   |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

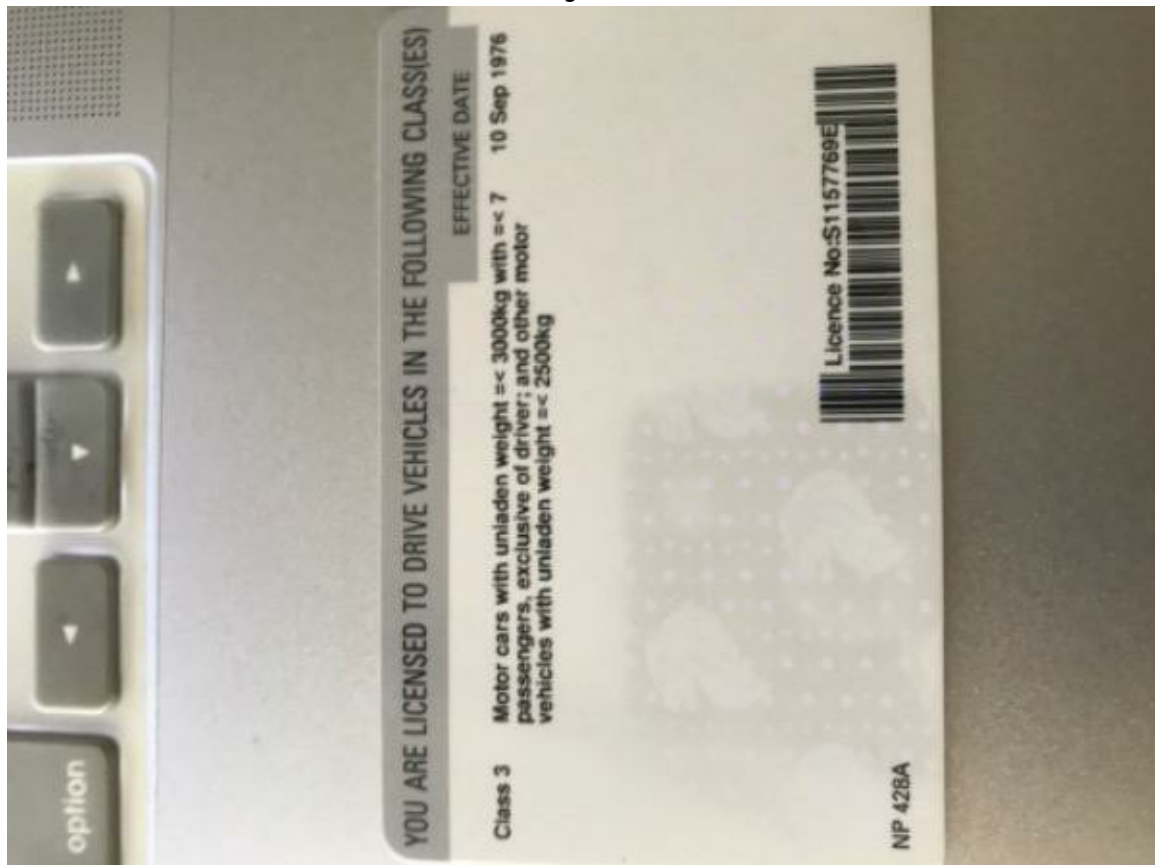
|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number |             |
| Vehicle Make/Model/Colour   |             |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              |             |

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

Sketch Plan



Driving License



Identification Card



Identification Card



Driving License



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1157769E**

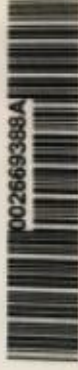
Name:

**TEO HENG KIAT ALBERT**



Birth Date: **12 Oct 1955**

Issue Date: **27 Mar 2017**



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