

## 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 ..... 28/12/2020 15:52 (SGT)  
Date of Accident ..... 22/12/2020 08:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Drop off point at Mt Elizabeth  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLD9486J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Teo Li Min (Zhang LiMin)  
NRIC No ..... S7137450E  
Email Address ..... Clareteo8687@gmail.com  
Mobile Phone No ..... (Phone) +65-98762728  
Alternative Phone No ..... +65-98762728

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100473823-04  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Teo Li Min (Zhang LiMin)  
NRIC No ..... S7137450E  
Date Of Birth ..... 18/10/1971  
Occupation ..... Indoor

Date Of Driving Pass .....	31/07/2003
Driving experience .....	17 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98762728
Alt. Phone Number .....	+65-98762728
Email Address .....	Clareteo8687@gmail.com
Address .....	28C Dover Crescent
Address complement .....	#11-49 SINGAPORE
Postcode .....	133028
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 .....	Side Swipe
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 material 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

R2000006885      Circumstances Of Accident      It was Tues 22 Dec 2020 about 8.55am and I was at the Mt Elizabeth Novena drop off point. I lined up my car behind vehicle SME 5885A as I was waiting for a clinic staff to collect an item from me in the car. My car was in parked gear and my handbrake was up. The clinic staff appeared

collected the item from me in the car and I was able to go off. I saw the passenger from vehicle SME 5885A alighting and the valet staff near her. I released my handbrake

shifted the gear from park to drive mode with my foot firmly on the brake

turned my steering wheel towards my right as I prepared to move off. I was aware that my car was parked fairly close to the vehicle SME 5885A in front of me. I believed I had enough space to move my car out of stationery position before driving off

so with my foot on the brake

I slowly turned my steering wheel to the right as I edged out of my parked position. When I realised the left side of my car had made contact with the vehicle in front as I was edging out of the parked position

I stopped my car. I got out of the car to check on the damage and to apologise to the other driver

Mr Ong

who also got out of his car. The small plastic bracket on the left of my car was loose and fell off. I observed slight scratch marks on Mr Ong's car

above and to the right of the right tail lights

and also some scratches on his car's black bumper. His bumper

car plate and everything else was in place. As the scratches were minor and Mr Ong did not contact me until Christmas Eve

I did not think that he will make a claim against my insurance. Mr Ong said he needs to change new rear bumper. He said there were scratches and misalignment. I refute that there was any misalignment. I was moving off from a parked position and edged out very slowly and stopped once I realised the front of my car had made contact with the bumper of the vehicle in front.

#### 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 .....	SME5885A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-93365357
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-







