

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 10/02/2021 16:56 (SGT)
Date of Accident 09/02/2021 17:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information 4 Queen's Road Singapore 260004
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT7682B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO SIEW LI (ZHANG XIULI)
NRIC No S7435246D
Email Address noemail@aig.com
Mobile Phone No (Phone) +65-97692310
Alternative Phone No +65-97692310

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Glc200
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 2070105863
Cover Note Number -

DRIVER

Name of Driver TEO SIEW LI (ZHANG XIULI)
NRIC No S7435246D
Date Of Birth 13/10/1974
Occupation Indoor

Date Of Driving Pass	26/01/2007
Driving experience	14 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97692310
Alt. Phone Number	+65-97692310
Email Address	noemail@aig.com
Address	3 LEEDON HEIGHTS
Address complement	#01-06 SINGAPORE
Postcode	-
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 Parked Vehicle
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?	No
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

R2000007072 Circumstances Of Accident My car was parked head in into a parking lot. Third party's car was parked but not in a parking lot. It was perpendicular to mine. It was parked temporarily I believed as she was waiting for her daughter. I accidentally reversed my car into her stationery car. She was looking at her phone and horned when she saw my moving vehicle. My car was all right. Her car door has a slight dent. I have the full video of the accident.

ATTACHMENT(S)

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



