

## 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 ..... 06/07/2021 15:54 (SGT)  
Date of Accident ..... 03/07/2021 20:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Bedok Mall  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGB3912E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GEORGE HOWARD PARK  
NRIC No ..... S2552884J  
Email Address ..... noemail@aig.com  
Mobile Phone No ..... (Phone) +65-91055100  
Alternative Phone No ..... +65-98769055

#### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... V70  
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  
Transmission ..... Auto  
CC ..... 1984

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900248342-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Therese Anne Marie Howard Park  
NRIC No ..... S9801485C

Date Of Birth .....	15/01/1998
Occupation .....	Indoor
Date Of Driving Pass .....	23/06/2017
Driving experience .....	4 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-98769055
Alt. Phone Number .....	-
Email Address .....	noemail@aig.com
Address .....	22 WOOLLERTON PARK
Address complement .....	#02-28
Postcode .....	257526
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 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

#### 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

It was raining heavily on Saturday

3 July 2021

at around 8.45pm

when I entered Bedok Mall to pick up a Grab Hitch passenger at the B2 pick up point. Having never been to Bedok Mall before let alone driven

I was thus unfamiliar with the mall carpark's layout. I entered the car park and there were multiple lanes that confused me as to where I had to go. But I saw a drop-off point on the right hand side after a u-turn area. I then thought that was the pick up point so I turned into the u-turn area slightly as shown in the drawing. However

having realised it was not the correct pick up point and that I actually had to enter the carpark pass the barrier gantry area as indicated by "into carpark"

I decided to reverse a bit so that I could go towards the barrier entry of the carpark

which was where I had to go initially. Of course before doing so

I did check my rearview mirror as well as side mirrors carefully to see if there were any cars coming up behind me (there were none!) before slowly releasing my foot from the brake pedal. At no point of the reversing did I press the accelerator pedal. So I was slowly reversing around this bend/u-turn when suddenly I realised there was a car behind me

who could obviously be able to tell that I was reversing as my reverse lights were on and I was clearly backing up. However

it was too late when I realised this and ended up touching his front bumper (do also note that at no point did I press on the accelerator pedal so I was going very slowly and only lightly bumped into him). However

from this light bump

his front bumper popped out slightly as seen from the image attached earlier (his is the blue car). On my end

my back bumper only had minimal blue paint marks from his car (mine is the white car). There were also no dents or any other damage on each person's car other than the aforementioned. No other passengers were in both our cars. The other driver also did not honk or flash his lights at me to warn me.

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 .....	SFE821A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-96558720
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-





