

# 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 ..... 21/10/2021 08:41 (SGT)  
Date of Accident ..... 20/10/2021 14:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 21 Kallang Avenue carpark  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ3814S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Teo Kee Chuan Raymond  
NRIC No ..... S7419303Z  
Email Address ..... raymondkcteo@gmail.com  
Mobile Phone No ..... (Phone) +65-98379568  
Alternative Phone No ..... +65-98379568

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... Cx-5  
Variant ..... CX5 2.0 SkyActiv  
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 ..... 1998

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... Teo Kee Chuan Raymond  
NRIC No ..... S7419303Z

|  |                        |
|--|------------------------|
| Date Of Birth .....  | 14/07/1974             |
| Occupation .....   | Indoor                 |
| Date Of Driving Pass .....   | 24/05/2003             |
| Driving experience .....   | 18 YEARS AND 5 MONTHS  |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-98379568   |
| Alt. Phone Number .....  | +65-98379568           |
| Email Address .....  | raymondkcteo@gmail.com |
| Address .....  | 17 WEST COAST LANE     |
| Address complement .....   | SINGAPORE              |
| Postcode .....   | 127747                 |
| 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 ..... | 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) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |           |
|--------------|-----------|
| Name .....   | Jenny Lie |
| Gender ..... | Female    |

#### 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

I accidentally backed into the car SMR1189J while I was trying to do reverse parking slowing into an open air carpark. As it was raining and the other car was parked in a rather recessed manner (ie it was a deep parking lot and the car was parked further inwards)

it was in my blind spot when I was reversing and I failed to notice it. The owner of the vehicle (Miss Li) was not at the car at the point of the accident. I left a note on her windscreen and she called me back later in the evening.

#### 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 ..... | SMR1189J |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |

|   |                      |
|---|----------------------|
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-86995117 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |











