

## 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 .....	06/12/2021 11:27 (SGT)
Date of Accident .....	03/12/2021 16:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Bukit Panjang Community Centre car park
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMY6151Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO LI FONG
NRIC No .....	S1619578B
Email Address .....	noemail@aig.com
Mobile Phone No .....	(Phone) +65-96663161
Alternative Phone No .....	+65-96663161

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Yaris
Variant .....	Yaris Cross Hybrid
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1490

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	7210027260
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	TEO LI FONG
NRIC No .....	S1619578B

Date Of Birth .....	21/08/1963
Occupation .....	Indoor
Date Of Driving Pass .....	26/01/1987
Driving experience .....	34 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96663161
Alt. Phone Number .....	+65-96663161
Email Address .....	noemail@aig.com
Address .....	346 CHOA CHU KANG LOOP
Address complement .....	#08-67 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 .....	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 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 .....	Teo Shi Min
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

R2000008111      Circumstances Of Accident      While I was reversing my car into the parking lot

SMD6064 drive at a fast speed and tried to squeeze through the small space to overtake me

he miscalculated the gap so his car collided into the left front side of my car. The car park at Bukit Panjang CC is a one-way lane and not meant to have two cars traveling side by side.

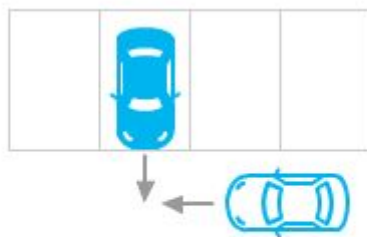
#### ATTACHMENT(S)

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

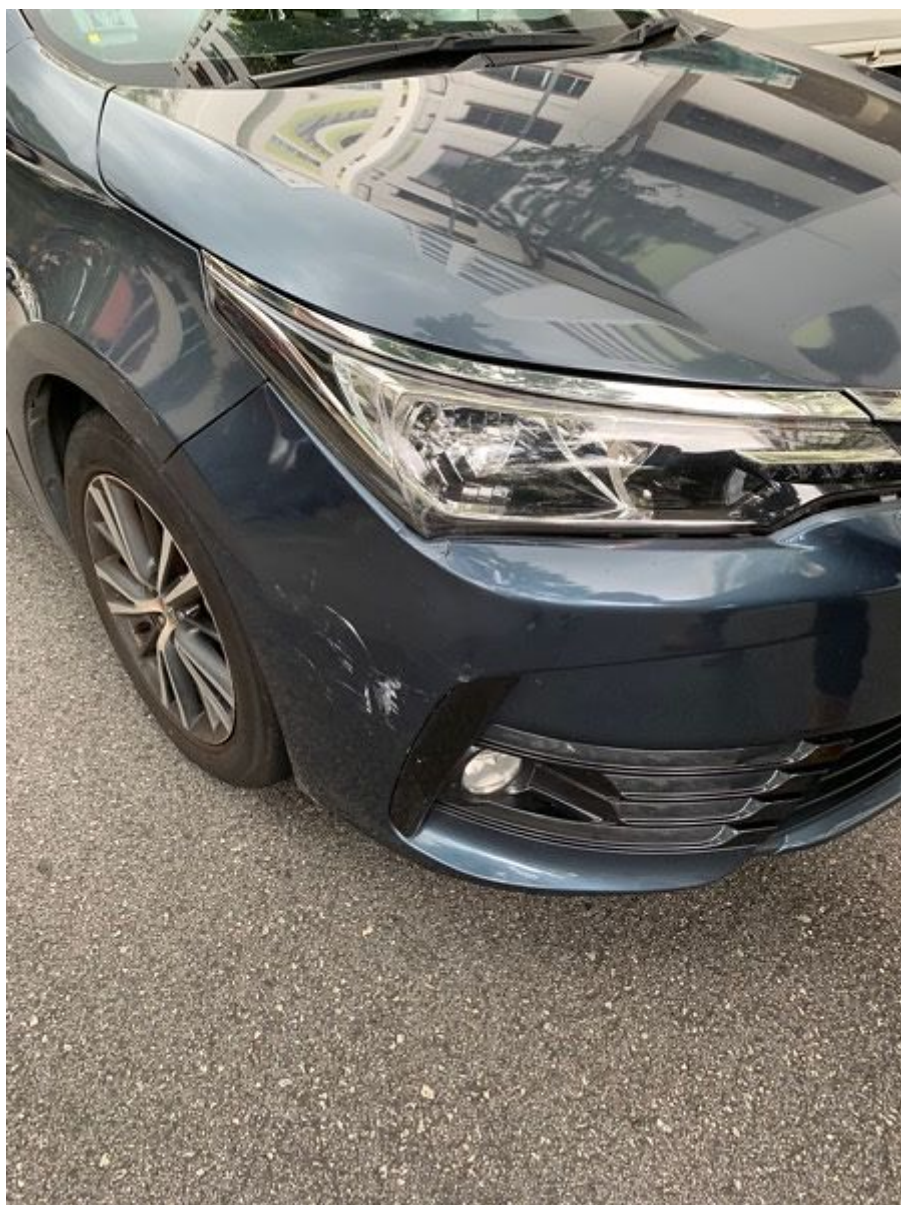
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMD6064B
Vehicle Manufacturer .....	-

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

















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500203 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA0121C60003 Vehicle Registration No : SM461514  
Name (as shown in NRIC) : Teo Li Fong NRIC/FIN/Passport No : S1619578B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 346 Choa Chu Kang Loop #08-67 Singapore 680346  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9666 3161  
Email Address : teolifong63@gmail.com  
Date of Accident : 3/12/2021 Time of Accident : 16:15pm  
Place of Accident : Bukit Panjang Community Centre Car park  
Insurance Company : Aih Asia Pacific Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

& change to Third Party Claim

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
Date: