

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 22/06/2021 10:59 (SGT)
Date of Accident 19/06/2021 19:30 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information Near to Exit 14B
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL2298B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Loh Hai Fee Philip
NRIC No S1107707B
Email Address philiploh88@hotmail.com
Mobile Phone No (Phone) +65-96358632
Alternative Phone No +65-96554566

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Asx
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 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 Loh Hai Fee Philip
NRIC No S1107707B

Date Of Birth	25/06/1955
Occupation	Indoor
Date Of Driving Pass	14/10/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96358632
Alt. Phone Number	+65-96554566
Email Address	philiploh88@hotmail.com
Address	101 UPPER CROSS STREET
Address complement	#05-09 SINGAPORE
Postcode	58357
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Not known
Gender	Male

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 was driving SKL2298B along ECP (city bound) towards MCE in the middle lane at about 90kph. When I need to filter into the left lane towards MCE I signalled left. From my left rear mirror I was certain that I could merge into the left lane safety and began to enter the left lane. Suddenly SMH7604R drove fast to pass me on the left but in the course of the passing the rear right mudguard of SMH7604R brushed lightly against my front left mudguard. It was a minor accident. Both cars stopped by the side near Exit 14B and exchanged particulars. There was no injury.

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	SMH7604R
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)	-







