









**Enquire Vehicle & Owner Information ( Vehicle No. SJA6001J As At 04 Jul 2019 / 06:50:00 )****Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: UB16-90683.19/LG

**Current Owner Details**

Owner ID Type: Singapore NRIC

Owner ID: S1468349F

Owner Name: GOOI HONG PENG

Registered Address Type: HDB / HUDC

Registered Block/House  
No.: 582

Registered Street Name: PASIR RIS STREET 53

Registered Unit No.: # 11 - 19

Registered Building Name:-

Registered Postal Code: 510582

**Current Vehicle Details**

Vehicle No.: SJA6001J

Make Description/Model: TOYOTA / COROLLA ALTIS 1.6 AUTO

Insurance Company Name:AIG ASIA PACIFIC INSURANCE PTE. LTD.

&gt; Back to OneMotoring



Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701  
GST Registration No. : M4-0006529-2

Print Date/Time : 05 Jul 2019 / 15:16:09

Receipt Date/Time : 05 Jul 2019 / 15:16:09

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-190705-002090

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$\$)	GST Amount (\$\$)	Amount After GST (\$\$)
Result of Insurance Enquiry - SJA6001J				
As at 04 Jul 2019/06:52:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SJA6001J Enquiry Fee 20190705151511458689	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
Result of Insurance Enquiry - SDU8208H				
As at 04 Jul 2019/03:00:00				
Insurance Co: ERGO INSURANCE PTE. LTD.				
2	Insurance Enquiry - SDU8208H Enquiry Fee 20190705151511542166	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
Result of Insurance Enquiry - SKJ2272K				
As at 05 Jul 2019/00:30:00				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
3	Insurance Enquiry - SKJ2272K Enquiry Fee 20190705151511763886	7.00	0.49	7.49
	<b>Sub-Total</b>	7.00	0.49	7.49
	<b>Total Before Rounding</b>	21.00	1.47	22.47
	<b>Rounding Difference</b>			0.02
	<b>Total Amount Payable</b>			22.45
Paid By				
	xxxxxxxxxxxx5880	Credit Card: Visa/MasterCard		22.45
	<b>Total</b>			22.45
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			22.45
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-154753

Date of Request: 20/09/2019

Your Ref No: UB16-90683.19/LG

CHEONGHOH LAW CORPORATION  
53 Chin Swee Road #03-05  
Singapore 160053

Dear Sir/Madam,

**Your Search Criteria:**

Date of Accident: 04/07/2019

Place of Accident: pasir RIS /ECP

Client Vehicle No: SLB3795S

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [ ] Cash [ ] Cheque

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GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-19-154758

Date of Request: 20/09/2019

Your Ref No: UB16-90683.19/LG

CHEONGHOH LAW CORPORATION  
53 Chin Swee Road #03-05  
Singapore 160053

Dear Sir/Madam,

Date of Accident: 04/07/2019

Vehicle No: SLB3795S

Place of Accident: ALONG SLIP RD OF PASIR RIS TWDS ECP

Involving Vehicle No: SJA6001J

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SJA6001J	ALONG SLIP RD OF PASIR RIS TWDS ECP	14.00	1	13.08
GST Amount				0.92
Total Amount Due (GST Inclusive)				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

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## 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 Report	05/07/2019 14:13
Date Of Accident	04/07/2019 06:50
Exact Location Of Accident	ALONG SLIP RD OF PASIR RIS TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB3795S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THAM GIM CHUAN
NRIC No	S2200125F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96880883
Alternative Phone No	OFFICE-96880883
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	ODYSSEY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V03132/VPC2/R00
Cover Note Number	-
<b>Driver</b>	
Name of Driver	CHOH AH FAH
NRIC No	S6972536H
Date Of Birth	21/05/1969
Occupation	INDOOR
Date Of Driving Pass	10/09/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90497177
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 566 PASIR RIS ST 51 #07-106
Postcode	510566
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA6001J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOOI XIANYAO
NRIC/Passport Number	S8611584J
Contact Number	97555376
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)