

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	24/10/2019 19:28
Date Of Accident	23/10/2019 17:20
Exact Location Of Accident	WOODLANDS CENTRE RD TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC230G
Insured/Policyholder	
Name Of Registered Owner	THAN QING SHUI JOHNSON
NRIC No	S7900343C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018544
Alternative Phone No	OFFICE-91018544

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS450H AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900157071
Cover Note Number	

Driver

Name of Driver	THAN QING SHUI JOHNSON
NRIC No	S7900343C
Date Of Birth	09/01/1979
Occupation	INDOOR
Date Of Driving Pass	14/08/2003
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018544
Fax Number	
Contact Number	OFFICE-91018544
Email Address	NOEMAIL

Address	BLK 113D MCNAIR ROAD #25-246
Postcode	325113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	1

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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD3403G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAM HOW TOI
NRIC/Passport Number	S2548334J
Contact Number	98420188
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

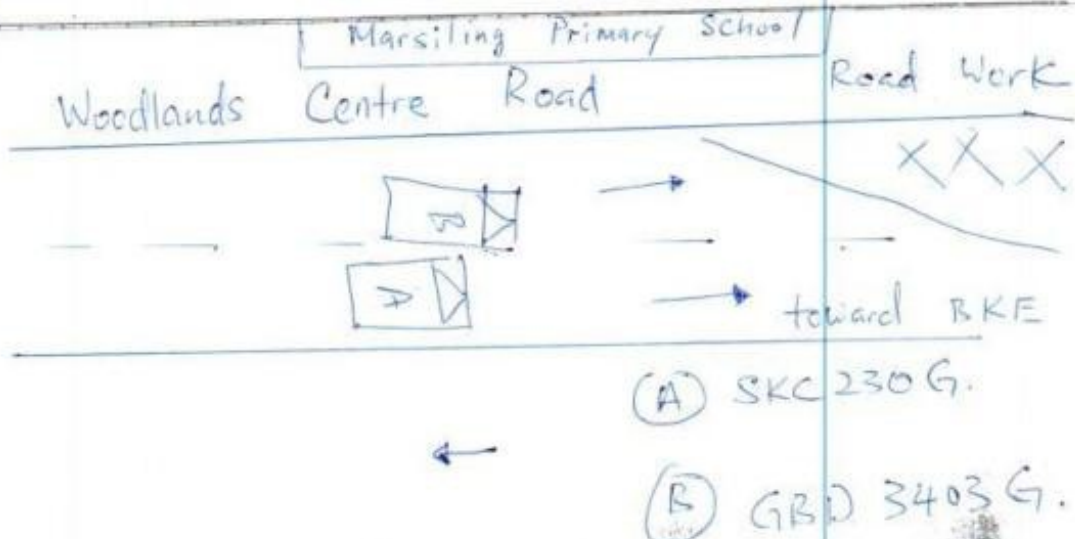
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan




Accident Sketch Plan

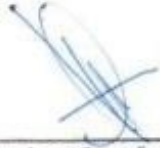
Describe Circumstances of the Accident

On 23/10/2019 at about 17:20 hrs, I was travelling along Woodlands Centre Road toward BKE on the right lane. Suddenly vehicle GBD 3403G cut into my lane and hit onto my vehicle SKC 230G - left hand wheel side portion. After the accident the driver of GBD 3403G admitted it was his fault and ask me to make a third party claim under GBD 3403G insurance policy. My vehicle SKC 230G have a video footage in my car and also had recorded the scene of accident happened.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel



4G+ 87% 17:34



11091902...



Land Transport Authority

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

11 Sep 2019

Our ref 1109190203N061006937

THAN QING SHUI JOHNSON
APT BLK 113D MCNAIR ROAD
#25-246
SINGAPORE 325113

Dear Sir/Madam

You Have Successfully Replaced Vehicle Registration No. SKJ3867M With SKC230G

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SKJ3867M, now has the number SKC230G.

The vehicle details after the transaction are:

Transaction No. : 20190911213301455603
Vehicle Registration No. : SKC230G (Previously SKJ3867M)
Vehicle Make : TOYOTA
Vehicle Model : LEXUS GS450H AUTO
Chassis No. : JTHBC96S605023491
Engine No./ Motor No. : 2GR8703813 / 1KM8703813

What You Need To Do:

- You must show the new number SKC230G on your vehicle by 14 Sep 2019.

Please change the number plates on this vehicle to show SKC230G by 14 Sep 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.





Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles
VRL Service Operations
Land Transport Authority

[This letter is computer-generated, no signature is required.]

Accident Photo



Accident Photo



Accident Photo



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