

# 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 ..... 03/09/2021 14:21 (SGT)  
Date of Accident ..... 02/09/2021 20:45 (SGT)  
Exact Location of Accident ..... Upper Thomson Rd, Singapore  
Additional Location Information ..... Upper Thomson Road towards Mandai  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDV6668X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Seow Pak Khoon Raymond  
NRIC No ..... S7124223D  
Email Address ..... rayseow7@gmail.com  
Mobile Phone No ..... (Phone) +65-97641606  
Alternative Phone No ..... (Home) +65-97641606

### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... BOXSTERS 987  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 3387

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5122468558  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Gina Pang Ai Keow  
NRIC No ..... S7522000F

Date Of Birth .....	28/07/1975
Occupation .....	Indoor
Date Of Driving Pass .....	07/09/2013
Driving experience .....	8 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-97641606
Alt. Phone Number .....	-
Email Address .....	rayseow7@gmail.com
Address .....	4 Jalan Sembilang
Address complement .....	-
Postcode .....	576864
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Collision - Head to Rear
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

refer attached report.

#### 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 .....	SHA7142C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) ..... -

Yours sincerely

Assistant Registrar of Vehicles  
Vehicle Licensing Division  
Land Transport Authority  
[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. Let's keep everyone safe on our roads!

## SKETCH PLAN

## IMPORTANT NOTICE

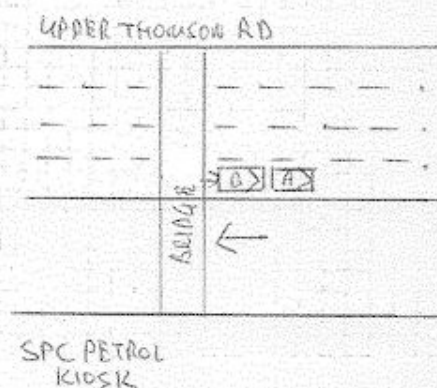
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.
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 &amp; Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

## Sketch Plan



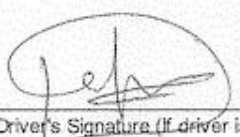
## Describe Circumstances of the Accident


MY CAR BROKE DOWN AND WAS STATIONARY ON THE RIGHT MOST LANE.  
 I WAS STANDING ON THE RIGHT SIDE OF MY CAR.  
 A TAXI SHA7142C CAME FROM BEHIND AND HIT INTO MY CAR REAR  
 SECTION.  
 DUE TO THE IMPACT, MY CAR ROLL FORWARD AND THE REAR RH WHEEL  
 OF MY CAR ROLL OVER MY LEFT FOOT.

## 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



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

13 Jun 2021

Our ref 1306210501N078009250

SEOW PAK KHOON RAYMOND (XIAO BOQUAN  
RAYMOND)  
4 JALAN SEMBILANG  
SINGAPORE 576864

Dear Sir/Madam

### Vehicle With New No. SDV6668X Has Been Successfully Transferred To You

The vehicle, whose previous vehicle registration number was SMZ5592J, has been successfully transferred to you. The vehicle registration number has been replaced with SDV6668X with effect from 13 Jun 2021. The Business Transaction Reference No. is 20210613160724377313.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to onemotoring.lta.gov.sg.

You should change the vehicle number plates to show the new number by 16 Jun 2021.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:

- <https://ezpayreg.ezlink.com.sg>
- <https://vcashcard.nets.com.sg>

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit onemotoring.lta.gov.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](http://www.singpass.gov.sg) or [www.corppass.gov.sg](http://www.corppass.gov.sg).

#### What You Need To Do:

- Change the vehicle number plates to show the new number SDV6668X by 16 Jun 2021.
- Check that the details in the Annex are correct.
- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:  
-<https://ezpayreg.ezlink.com.sg>  
-<https://vcashcard.nets.com.sg>







