

## 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 ability.
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 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	27/04/2017 11:09
Date Of Accident	26/04/2017 07:45
Exact Location Of Accident	LORONG CHUAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH1018T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG CHUL KI
NRIC No	S7263144G
Email Address	ZEITGEIST@NAVER.COM
Mobile Phone No	(LOCAL) +65-92363979
Alternative Phone No	OFFICE-92363979

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	-
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ16-002659
Cover Note Number	

### Driver

Name of Driver	HONG CHUL KI
NRIC No	S7263144G
Date Of Birth	16/06/1972
Occupation	INDOOR
Date Of Driving Pass	13/02/2006
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92363979
Fax Number	
Contact Number	OFFICE-92363979
EEmail Address	ZEITGEIST@NAVER.COM

Address  
 Postcode  
 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 UNKNOWN - REFER TO ATTACHMENT  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? NO  
 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 ATTACHMENT. STATEMENT RECORDED BY RAVI (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)

**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 SJP8910T  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**Details of Witness**

Name  
 Phone Number  
 Email Address

# Accident Sketch Plan

## SKETCH PLAN

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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

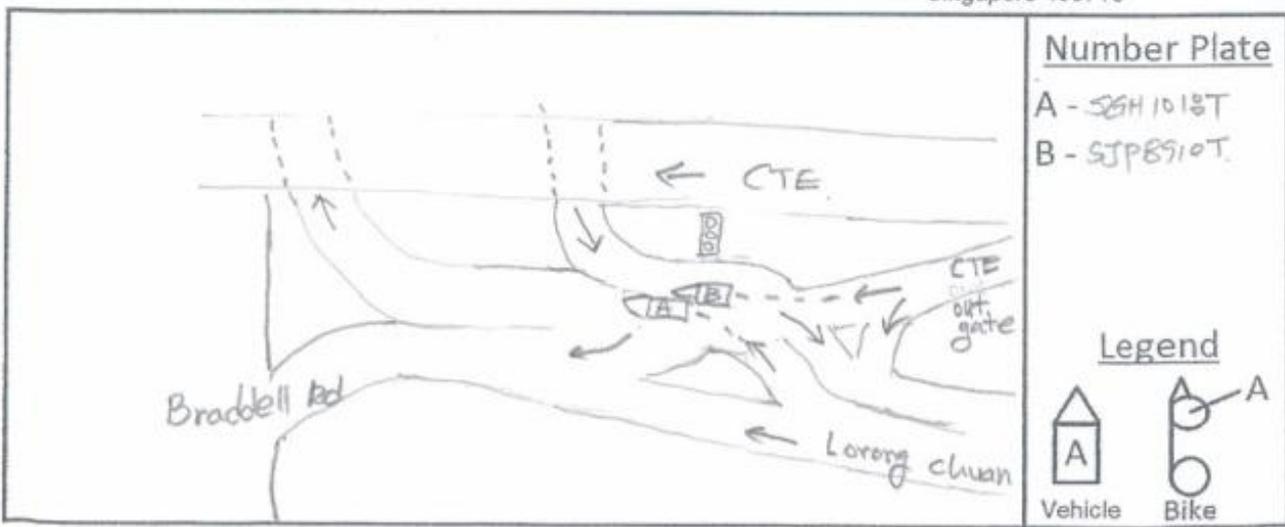
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel  
 Progressive Automotive Pte Ltd  
 Blk 3022A Ubi Road 1 #01-45/46  
 Singapore 408716

### Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

Date of Accident: 26 April 2017

Time of Accident: 07:44 am

In the morning at 7:44 am. I was on the way office to work when I pass the Junction of Lorong duan Road to Brasell Rd, I had been hit my car by 2nd party. I waited signal on the middle line and second car on the queue. And I got the green light on signal and follow the in front of my car (first car on the queue). And I feel crash my car with scratch sound and I stop. 3rd party car break the traffic rule and come in to the Junction. I confirm the green light for left turn and I follow the first queue car carefully. And I drive around 15m from the Junction line. My car was be hit by another party's car. I checked the slope properly and turn left, so I couldn't expected this kind of accident. Another party was rush to come in the Junction with the red light signal when change the signal from yellow to red. And didn't keep the safety distance from in front of the car.

I have photo this proper accident location that is just over the place of traffic light board.

I didn't break the traffic rules, please verify the this situation who has broken the traffic rule.

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

[Signature]  
Policyholder's Signature / Date & Time

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

[Signature]  
Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd  
Blk 3022A Ubi Road 1 #01-45/46  
Singapore 408716

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

<b>1</b> Date of accident Time <b>2</b> Exact location of accident 26-04-17 7:45 AM LUDONGY (HUAN)		To be signed by BOTH drivers <b>3</b> Injuries even if slight No <input type="checkbox"/> Yes <input type="checkbox"/>
<b>4</b> Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/> To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>5</b> Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	

**Registration No. (VEHICLE A)** CGH 1018T

**6** Insured / policyholder (see insurance cert.)  
 Name HONGY CHUO ICI  
 Address APT BLK 119A BUREVALE DRIVE # 17-204 SINGAPORE 51119  
 NRIC / Passport no. S72631444G  
 Tel no. (from 9am till 5pm) \_\_\_\_\_  
 HP 92363979

**7** Vehicle  
 Make, type CHEVROLET

**8** Insurance company  
EA  C  TPFT  TPO  
 Does the policy cover damage to vehicle A?  
 No  Yes   
 Policy No. DMPPH16-002659

**9** Driver  Same as Owner  
 Name \_\_\_\_\_  
 NRIC / Passport no. \_\_\_\_\_  
 Class of licence 3  
 HP \_\_\_\_\_  
 Gender Male  Female

**12 CIRCUMSTANCES**  
 Put a cross (X) in each of the relevant boxes applicable to your vehicle.

<input type="checkbox"/>	1	parked / stopped (at the roadside)
<input type="checkbox"/>	2	leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3	entering a parking space (at the roadside)
<input type="checkbox"/>	4	emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5	entering a car park, private grounds, a minor road
<input type="checkbox"/>	6	entering a roundabout or similar traffic system
<input type="checkbox"/>	7	circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9	going in the same direction but different lane
<input type="checkbox"/>	10	changing lanes
<input type="checkbox"/>	11	overtaking
<input type="checkbox"/>	12	turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13	turning to the left
<input type="checkbox"/>	14	reversing
<input type="checkbox"/>	15	encroaching in the opposite traffic lane
<input type="checkbox"/>	16	coming from the right (at road junctions)
<input type="checkbox"/>	17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

**Registration No. (VEHICLE B)** SJP 8910T

**6** Insured / policyholder (see insurance cert.)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 NRIC / Passport no. \_\_\_\_\_  
 Tel no. (from 9am till 5pm) \_\_\_\_\_  
 HP \_\_\_\_\_

**7** Vehicle  
 Make, type \_\_\_\_\_

**8** Insurance company  
 C  TPFT  TPO  
 Does the policy cover damage to vehicle B?  
 No  Yes   
 Policy No. (if available) \_\_\_\_\_

**9** Driver (See driving licence) (if different from Insured B above)  
 Name \_\_\_\_\_  
 NRIC / Passport no. \_\_\_\_\_  
 Class of licence \_\_\_\_\_  
 HP \_\_\_\_\_  
 Gender Male  Female

**10** Indicate the point of initial impact with an arrow (→)

**13** Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

**REFER TO ATTACHED**

Alternatively, draw more reference to one of the sketches on page 11

**10** Indicate the point of initial impact with an arrow (→)

**11** Visible damage to vehicle A

\_\_\_\_\_

\_\_\_\_\_

**11** Visible damage to vehicle B

\_\_\_\_\_

\_\_\_\_\_

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**15** Signatures of drivers

**A** Hongy Chu

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in the statement after signing. Subsequently, each driver should take one copy. For insured's Individual Statement (Part II) see overleaf →

**Individual Statement**

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all)		Email: <u>zertgeist@maver.com</u>												
	2 Vehicle registration no.	<u>C.C.</u>	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, State Relationship of Driver with owner												
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify														
	5 Is the vehicle still in use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, state where it is at present												
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	<u>16 Jun 1972</u>	<u>Indoor</u> <input checked="" type="checkbox"/> <u>Outdoor</u> <input type="checkbox"/>	<u>13-02-2006</u>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability														
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
Police action	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station														
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom?														
Accident details	14 Weather conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others														
	15 Road surface <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others														
	16 Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr														
	17 What warnings were given by driver or other party?														
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No														
	19 What lights were displayed on your vehicle/the other vehicle(s)?														
	20 If your vehicle is commercial, state weight of load carried at time of accident														
21 State how accident happened, width of roads, speed limits, etc (Refer to attached)															
22 State number of Passengers (including Driver) <input type="checkbox"/> <u>1</u>															
Declaration	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>Hans</u>	Date													
	Driver's signature (if driver is not the policyholder) <u>Hans</u>	Date													

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 7 2 6 3 1 4 4 G

Name: HONG CHUL KI

Birth Date: 16 Jun 1972

Issue Date: 01 Aug 2016

002594371F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7263144G

Name: HONG CHUL KI

Race: KOREAN

Date of birth: 16-06-1972 Sex: M

Country of birth: KOREA, SOUTH





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	13 Feb 2006

NP 428A

Licence No: S7263144G



874785

S7263144G

tmic No. S7263144G

Nationally: KOREAN, SOUTH

Date of issue: 22-12-2005

Address: APT. BLK 119A RIVERVALE DRIVE #17-304 SINGAPORE 541119

S7263144G 05/02/2014 (R)




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

