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Protorred Wksp / INC Assign Wksp / QW: (	R-929(D INC	The state of the s	10.
TP Particulars: Veh No: S	K 7574	Tel:	)
Owner / Driver: (	riod: ( )	Cover Type: (	),
	· Dater	Time	)
Confirmed by : ( Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	.100%]
	Warranty: YES ( )/NO (	)	
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Confederate Control of the Control o	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( ·)		ļ.,
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ( )		
	10-21		
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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 witholding 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.
- 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

BUILD STORES CONTRACTOR	ACCIDENT STATEMENT
Date Of Report	13/12/2018 13:52
Date Of Accident	12/12/2018 15:50
Exact Location Of Accident	AYE (TOWARDS TUAS) AFTER BUONA VISTA EXIT
Country/State of Loss	SINGAPORE
Designation of the property of the party of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP1486Y
Insured/Policyholder	
Name Of Registered Owner	KANG MYUNG SUN
Passport No/FIN	F1213085Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90082049
Alternative Phone No	HOME-62827592
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PIGNIC-2.0 (A)
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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100455765-02
Cover Note Number	
Driver	
Name of Driver	JEONG BYEONGCHEON
Passport No/FIN	G2721031M
Date Of Birth	28/06/1985
Occupation	INDOOR
Date Of Driving Pass	03/10/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90082049
Fax Number	
Contact Number	HOME-62827592
1 T T T T T T T T T T T T T T T T T T T	110-11111

NOEMAIL

Address

865 MOUNTBATTEN ROAD

#01-41/42/43 KATONG SHOPPING CENTRE

Postcode

137844

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

٠

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s)

1.1150

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

PLEASE REFER TO SKETCH PLAN

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

SJR9394R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SJV7079T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

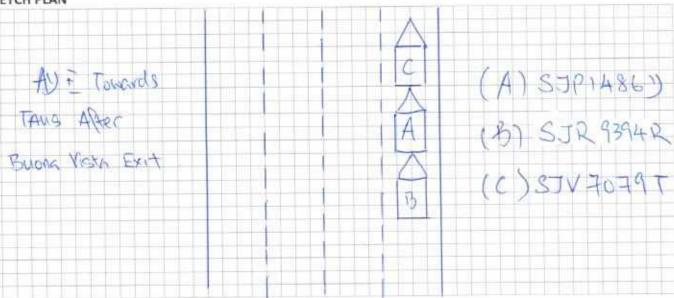
(If driver is not the policyholder)

Date & Time:

Ofering Contra Darronnal's Kinns

Name:

VRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	was travelling along AJE Towards TUAS on lane 1 of 4 lanes.
Nerther	was net and traffic was moderate. The vehicle infront of me slowed
lown a	of stagged the vehicle. Noticing that, I followed suit and slowed dow
incl St	Aprel my vehicle. After a few seconds, I felt and great impact from
ttie (a	r. The impact was so huge that it pushed my varicle forward and
tilictol	anto the front variely. It was a chain collision involving 3 vehicles

### DECLARATION

I/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:

Reporting Centre Personnel's Signature

CName:

NRIC/FIN No.:

## SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 12 10 2018	FIME: 15 50 Hys (hh:mm) 24 hrs Format
OCATION A) = Towards TUAS After much V	ista Crit
100000000000000000000000000000000000000	
EHICLE NUMBER STP 1486 Y	
NSURED NAME Kang Myung Sun	
RIC/FIN f 1213085 Q	CONTACT: 90082049
The state of the s	enic J.O
are you claiming under your own insurance policy for re	
) Yes, If No, Pls Select : ( ) Third Party (	) Reporting Only
NSURANCE COMPANY ALG	
YPE OF POLICY ( ) COMPREHENSIVE (	) THIRD PARTY ( ) TPFT
OLICY NUMBER: 2100 455765 -02	<u> </u>
OLIC PITCHIOLIC PICCO PS	
NAME DRIVER: Jeong By gong Cheon	( ) SAME AS INSURED
AME DATE DE SING BY CONG CHEEN	
NRIC/FIN Garage M	CONTACT: 62827592
DATE OF BIRTH: 28   05   1985	
DRIVING PASS DATE: 03/10/2016	
	DOOR
GENDER: ( ) MALE ( ) FEM	
MAIL ADDRESS:	( / ) NO EMAIL
ADDRESS OF DRIVER: 865 Mount botten .	Road # 01-41/42/43
Katong Shapping Cont	CO .S (43)8444
Number Of Passenger Include Driver: Driver On	
vulliber Of Lassenger Include Differ.	
	00.
Was driver an employee of the Insured's Company? (	YES (V) NO
If No, Relationship Of The Driver With The Insured	A District Control of the Control of
) Owner ( ) Spouse ( ) Friend ( ) Relativ	
Does The Driver Own Any Other Vehicle? : ( ) YES	
f Yes, Vehicle Registration Number Of Driver's Own V	
Insurance Company Of Driver's Own Vehicle	· univies
Weather Conditions: ( ) Clear ( ) Raining	( ) Drizzling ( ) Others
	( ) Others
Road Surface : ( ) Dry ( ) Wet  Was Any Foreign Vehicle Involved In This Accident	A William State Co.
	YES ( / )NO
The standard and s	TES (V) NO
If YES, Injured details :	
Convey By Ambulance: ( ) YES ( / ) NO	
the state of the s	YES (V)NO
Was There Any Video Capture By Car Camera? (	YES ( ) NO If Yes Attach Police Report
Was There Accident Reported To The Police? (	) 1125 (V ) NO II Tes Attach Fonce Report
Police Report Number (if any)	No.of Paxs (incl'driver) Contact
Details Of 3rd Party Name / NRIC	A STATE OF THE STA
Veh B SJR. 9394 R	( )/Not Sure ( )
Veh C SDV 7079T	( )/Not Sure ( )
Veh D	( )/Not Sure ( )
Veh E	( )/Not Sure ( )
Veh F	( )/ Not Sure ( )
Veh G	( ) / Not Sure ( )



### WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

JOONGANG GLOBAL PTE. LTD.



JEONG BYEONGCHEON

Work Permit No. 0 52336198 Sector:

0 52336198

K0755797



# VISIT PASS Immigration Regulations

05-09-2010

Name JEONG BYEONGCHEON



FIN G2721031M

Date of Birth Sex 28-06-1985 M

Nationality KOREAN, SOUTH

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G 2721031 M Name:

JEONG BYEONGCHEON

Birth Date: 28 Jun 1985

Issue Date: 24 Sep 2018

Valid Till 02/10/2021



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

EFFECTIVE DATE

Class 3C

Motor cars with unladen weight =< 3000kg with =< 7 03 Oct 2016 passengers, exclusive of driver

Licence No:G2721031M

NP 428A



# EMPLOYMENT PASS Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer
JOONGANG GLOBAL PTE, LTD.



Name
KANG MYUNG SUN
Occupation
MANAGING DIRECTOR

FIN F1213085Q

1

Date of Application
03-01-2018
Date of Issue
29-01-2018
Date of Expiry

18-02-2021



L8591195



## VISIT PASS Immigration Regulations

Name KANG MYUNG SUN



Date of Birth Sex

18-08-1961 F

FIN F1213085Q

Date of Issue

29-01-2018

Nationality

KOREAN, SOUTH

Date of Expiry

18-02-2021

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





### CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Kang Myung Sun

Period of Insurance

: 12 Mar 2018 To 11 Mar 2019

Engine No.

: 1AZH319653

Chassis No.

: JTEGH23B500026377

Vehicle No.

: SJP1486Y

Policy No.

2100455765-02

Endorsement No.

Issued Date

### ABOUT THE COVER

Make/Model

TOYOTA PICNIC 2.0

Engine Capacity/Tonnage 1 1,998.00 CC

Sum Insured | Market Value

First Year of Registration 2008

Driver Restriction

NA.

Off Peak Car : No:

Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive\*:

to 4% after berson who is thirting on the Parcyholder's subjective thinking sentitions.
This Parkey will intervally the Parcyholdie or any authorisist prior only if heriotic meets the supported age condition.

You lives to pay an additional aum of \$3,000 as "Young analyt inexpensed Diver Excess" ("YIDE") if You are or Your than 2 practicalisms produced.

Age Condition

All Age Condition

Limitation as to use\*

Loss of Use 1500oc - 1600oc Optional

\* Landerson recovered expensive by Section 6 of the Wilder Verlages (Thris Party Roles and Compensations Act (Disc 188) and Becton 80 of the Rose Transport Act (1981 (Websyste) are not to be missionly control three helicitys.

Fire - \$0 Own Damage - \$000 Thatt - \$0 Flood Cover - 50

Property Demage - 50:

Windscreen 5100

Named Driver and Excess were applicable

Kning Myung Bun - \$600 (Own Chimage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Certains AIG Authorised Repaires (Porstanna resided repairs).
Any accoded repairs to the Vehicle must be canned out by one of siz Authorised Repaires. Within the time X years of the Nat registration of the years of size Authorised Repaires. Within the time X years of the Nat registration of the years of size Authorised Repaires according to the Soile Approved Repaired (AIG SOIL And AIG SOIL Tests (Types) and AIG SOIL And AIG SOIL Tests (Types) and AIG SOIL AND AIG SOIL AND AIG SOIL Tests (Types) and AIG SOIL T

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

White Hereins centry that the policy is which this Centricate of himsence relates is issued in accordance with the Right Transport Act, 1967, Managers and Mater America, Client Parts, Huma, Robert 1969, Managers

WOO RACK SHON

78 SHENTON WAY 907-16 VIOLBUILDING

Underwritten by AKI Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.