





## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1486Y
<b>Insured/Policyholder</b>	
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	PICNIC-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
Email Address	NOEMAIL

Address	865 MOUNTBATTEN ROAD #01-41/42/43 KATONG SHOPPING CENTRE
Postcode	437844
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	-
	-
	-

#### 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 ambulance?	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

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
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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)

## SKETCH PLAN

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7. 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:
  - (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.
- (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:
  - (i) 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:



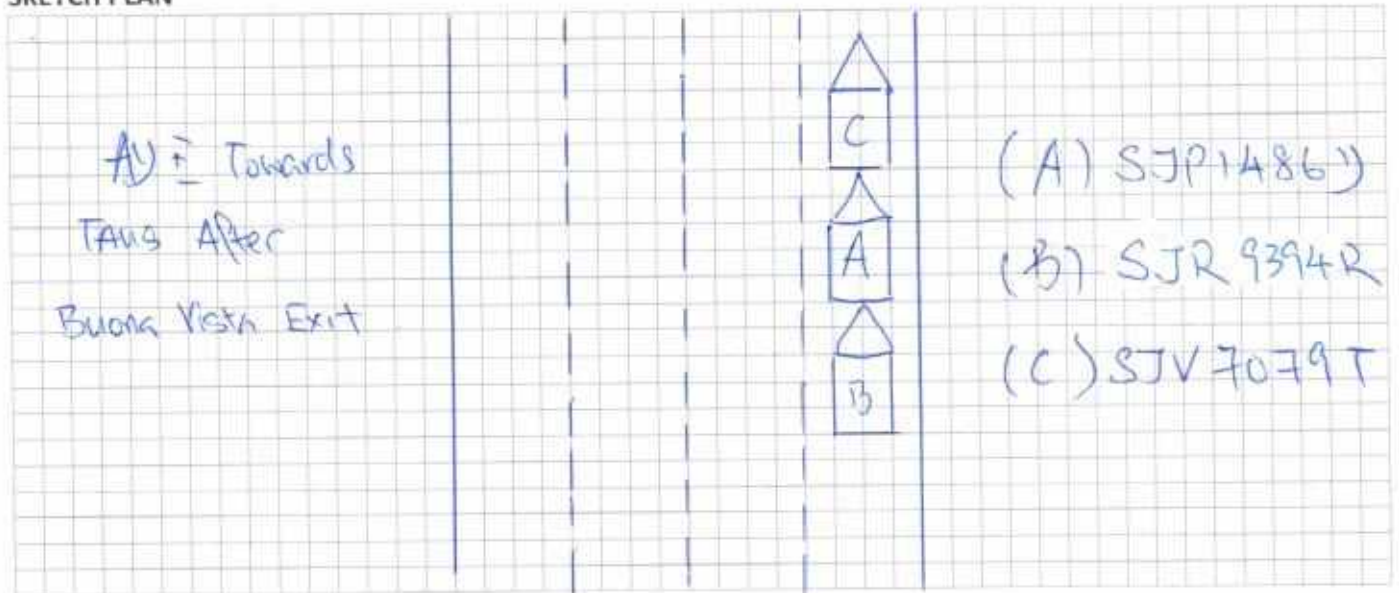
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



13/12/2018  
Reporting Centre Personnel's Signature  
Name: Roshni  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along A/E Towards Tuas on lane 1 of 4 lanes.

Weather was wet and traffic was moderate. The vehicle in front of me slowed down and stopped the vehicle. Noticing that, I followed suit and slowed down and stopped my vehicle. After a few seconds, I felt a great impact from the rear. The impact was so huge that it pushed my vehicle forward and collided onto the front vehicle. It was a chain collision involving 3 vehicles.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Egmech*

Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*13/12/2018*  
*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 12/12/2018		TIME: 1550 Hrs		(hh:mm) 24 hrs Format	
LOCATION: Aye Towards Tuas After Marina Vista Exit					
VEHICLE NUMBER: SJP 1486Y					
INSURED NAME: Kang Myung Sun					
NRIC / FIN: F121308502		CONTACT: 90082049			
MAKE: Toyota		MODEL: Picnic 2.0			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only					
INSURANCE COMPANY: AIG					
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT					
POLICY NUMBER: 2100455765-02					
NAME DRIVER: Jeong Byeongcheon				( ) SAME AS INSURED	
NRIC / FIN: G2721031M		CONTACT: 62827592			
DATE OF BIRTH: 28/06/1985					
DRIVING PASS DATE: 03/10/2016					
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR					
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE					
EMAIL ADDRESS:				( <input checked="" type="checkbox"/> ) NO EMAIL	
ADDRESS OF DRIVER: 865 Mountbatten Road #01-41/42/43 Katong Shopping Centre S (437844)					
Number Of Passenger Include Driver: Driver Only					
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
If No, Relationship Of The Driver With The Insured: Employee					
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( <input checked="" type="checkbox"/> ) Others					
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle:					
Weather Conditions: ( ) Clear ( <input checked="" type="checkbox"/> ) Raining ( ) Drizzling ( ) Others					
Road Surface : ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others					
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
If YES, Injured details :					
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO					
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report					
Police Report Number (if any)					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl' driver)	
Veh B: SJR 9394R				( ) / Not Sure ( )	
Veh C: SV 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

Employer  
**JOONGANG GLOBAL PTE. LTD.**



Name  
**JEONG BYEONGCHEON**

Work Permit No.  
**O 52336198**

Sector:  
**SERVICE**

**O 52336198**



**K0755797**

**VISIT PASS**  
Immigration Regulations

05-09-2018

Name  
**JEONG BYEONGCHEON**

FIN  
**G2721031M**

Date of Birth      Sex  
**28-06-1985      M**

Nationality  
**KOREAN, SOUTH**

**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.**

Download SGWorkPass  
App to check status





**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  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver **03 Oct 2016**

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**



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**

Nationality

**KOREAN, SOUTH**

FIN

Date of Issue

Date of Expiry

**F1213085Q 29-01-2018 18-02-2021**

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## 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 : 23 Feb 2018

## ABOUT THE COVER

Make/Model : TOYOTA PICNIC 2.0  
 Engine Capacity/Tonnage : 1,998.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2009  
 Insuring with COE/PARF : Yes

## Person or Classes of Persons Entitled to Drive\*

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission  
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

## Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving school, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples, in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1800cc - 1800cc Optional

\* Limitations imposed respectively by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188) and Section 85 of the Road Transport Act, 1987 (Malaysia) are not to be misread under these headings.

## EXCESS

Section 1  
 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Kang Myung Sun - \$600 (Own Damage)

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

Approved Reporting Centres/AIG Authorized Repairers (For claims related repairs)

Any accident repairs to the vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24 Hour accident emergency hotline at +65 6538 5200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0503015000

WOO RACK SHON

76 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 070125 SP-TWACE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janile*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE