

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	03/08/2020 17:30
Date Of Accident	31/07/2020 01:00
Exact Location Of Accident	TWIN WATERFALL CONDO MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2463X
Insured/Policyholder	
Name Of Registered Owner	PARK CHUL
NRIC No	SXXXX723G
Email Address	PARKCHUL78@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97702606
Alternative Phone No	OTHERS-97702606

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10386857R00
Cover Note Number	17/07/2020 - 16/07/2021

Driver

Name of Driver	PARK CHUL
NRIC No	SXXXX723G
Date Of Birth	04/08/1978
Occupation	INDOOR
Date Of Driving Pass	20/08/2008
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97702606
Fax Number	
Contact Number	OTHERS-97702606
EEmail Address	PARKCHUL78@GMAIL.COM

Address	BLK 261C SENGKANG EAST WAY #04-506
Postcode	543261
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 - HEAD ON COLLISION
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?	YES
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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF8976X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR SHAUN
NRIC/Passport Number	
Contact Number	94360633
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PARK CHUL
------	-----------

Approximate Age

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

SJR2463X

Were seat belts worn?

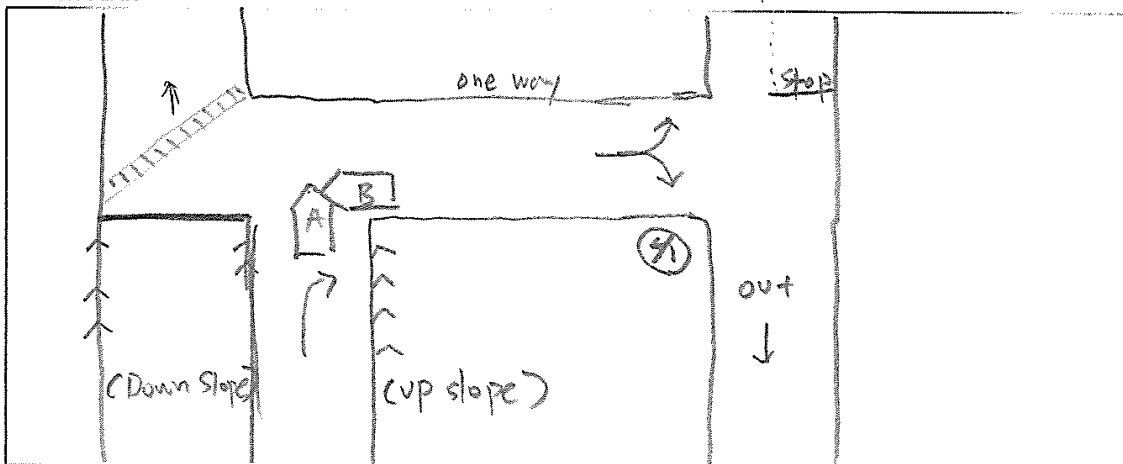
Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

Date of accident: 31 July 2020 Time: 1am Location: Twin waterfall condo MSCOP
 My Vehicle A: SJR 2463 X Vehicle B: SME 8976 X Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my vehicle SJR 2463 X at Twin Waterfall condo MSCOP while I was driving at the up slope to turn right which is one way traffic. suddenly there was one vehicle SME 8976 X appear as such we hit on the vehicle front each other. I drove under 15km/h but another car appear very fast so I could react to stop immediately and also there is no stop line for my way because up slope. That day I felt that he accept his fault but next day he told me not his fault. right now he blame happen by me.
 Attached Police Report
 Veh B: Mr Shaun / sep: 9836 0633.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :
 Email address :
 & myself :
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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
 Name:
 NRIC/FIN No.:

GUARANTEE Sketch Plan Form V3

AH LIM MOTOR COMPANY

SKETCH PLAN

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. 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.
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:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20200802/2005

1 of 2

POLICE REPORT (NP299)

Report No. F/20200802/2005

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Date/Time Report Made 02/08/2020 01:20	Vide Report No.	Station Diary No. 21
Name Of Informant PARK CHUL	Address APT BLK 261C SENGKANG EAST WAY #04-506 SINGAPORE 543261	
ID Type / ID No. NRIC NO / S7869723G	Contact No. Home/Office Mobile 97702606	
Nationality KOREAN, SOUTH	Email Address	
Occupation SPORT COUCH	Sex Male	Age 41
Institution/School Name	Date of Birth 04/08/1978	Race Korean
Date/Time Of Incident 31/07/2020 01:00	Location Of Incident 110 PUNGGOL WALK TWIN WATERFALLS SINGAPORE 828765 MSCP	

Brief details.

On 31/07/2020 at about 0100hrs, I was driving my vehicle SJR2463X at Twin Waterfall condo MSCP. While I was driving at the up sloop, sudden there was one vehicle SMF8976X appear as such I hit on the vehicle side.

I not sure the vehicle is going against the traffic or he is parking his vehicle. He then reserve his vehicle

Signature Of Officer Recording The Report: F / Sgt 3 ONG RONG HUI EDMUND	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2020 01:20
Officer In-Charge Of Case: F / Punggol N.P.C / Sr Staff Sgt TAN GHEE MENG Contact No.: 64468053	Classification Of Case:
Authentication Stamp 	



**SINGAPORE
POLICE FORCE**



F/20200802/2005

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200802/2005

and parked his vehicle at the parking lot. I drove my vehicle to find him and asked him why he did it. He told me that he usually did it.

He then provided me his particular and he will settle with me next day about the accident.

On 01/08/2020 , My wife met with the driver of SMF8976X and asking him about the accident on how to settle it . He told my wife that Is my fault.

I went to SKGH to make a check and given 3 days of MC due to car accident. I suffer injury on my back and neck.

I lodging this report for insurance claims.

Driver SMF8976X particular:

Name : Shaun

NRIC: S8534950C

Address: 118 Punggol Walk #14-37

Signature Of Officer Recording The Report:

F / Sgt 3 ONG RONG HUI EDMUND

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

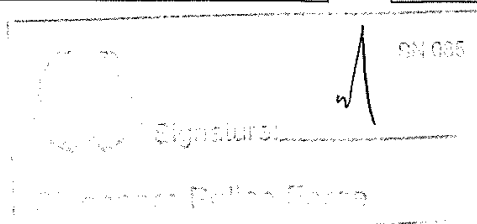
02/08/2020 01:20

Officer In-Charge Of Case:

F / Punggol N.P.C /
Sr Staff Sgt TAN GHEE MENG
Contact No.: 64468053

Classification Of Case:

Authentication Stamp



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7869723G



Name
PARK CHUL



Race
KOREAN
Date of birth
04-08-1978
Country/Place of birth
KOREA, SOUTH

Sex
M
S7869723G

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7869723G

Name
PARK CHUL

Birth Date: 04 Aug 1978
Issue Date: 04 Jul 2019



Hp: 97702606

Email:

parkchul78@gmail.com

STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY



NRIC No S7869723G



Nationality
KOREAN, SOUTH
Date of issue
24-07-2017

Address
APT BLK 261C SENGKANG EAST WAY
#04-508
SINGAPORE 543261

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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

20 Aug 2008

NP 428A



Policy No: P10386857R00

Cover: Comprehensive

17/7/2020 - 16/7/2021

Qty

Ins: Yes
New: Yes
Ca: Yes

Total: 1.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

