

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 | 11/08/2020 16:33 |
| Date Of Accident | 08/08/2020 18:15 |
| Exact Location Of Accident | PIE TWDS TUAS BEFORE KPE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | S1480CD |
| Insured/Policyholder | |
| Name Of Registered Owner | EMBASSY OF DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA |
| Co Reg No | SXXXXX014C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | TOYOTA |
| Model | CAMRY 2.0 AUTO ABS AIRBAG |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5075563571-04 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | RIM CHOL UNG |
| Passport No/FIN | GXXXX359W |
| Date Of Birth | 10/01/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/07/2018 |
| Driving Experience | 2 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93722388 |
| Fax Number | |
| Contact Number | OFFICE-93722388 |
| Email Address | NOEMAIL |

| | |
|---|-------------------|
| Address | 60 JOO CHIAT LANE |
| Postcode | 428110 |
| 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 | COLLISION - HEAD TO REAR |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4519999 - FAX NO: 65535679 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200808/2108.

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 | SGX5156S |
| 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 INJURED PERSON 1 | |
|---|--------------|
| Name | RIM CHOL UNG |
| Approximate Age | |
| Injuries Sustain | NECK & BACK |
| Injured person in which vehicle? | S1480CD |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

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.

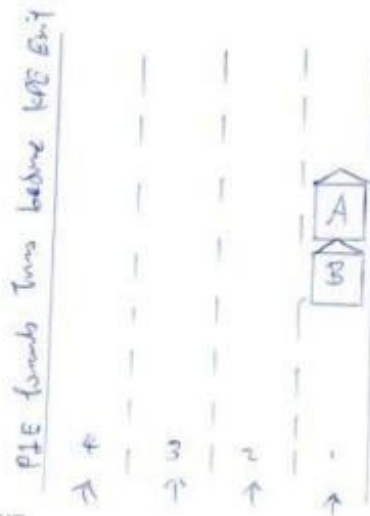
Embassy of the Democratic People's Republic of Korea in the Republic of Singapore
1 North Bridge Road, #15-01
High Street Centre, Singapore 179094
Tel: 62659766 Fax: 63459766

Embassy of the Democratic People's Republic of Korea in the Republic of Singapore
1 North Bridge Road, #15-01
High Street Centre, Singapore 179094
Tel: 62659766 Fax: 63459766

Policyholder's Signature: _____ Date & Time: _____
Insurer's Signature: _____ Date & Time: _____
Reporting Centre Personnel's Signature: _____ Name: _____ NRIC/FIN No.: _____

Accident Sketch Plan

SKETCH PLAN



A: S1480 CD.
B: JG451565

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle A was travelling along PIE towards Tams before KPE Exit, in front of me, the vehicle slow down and come to a stop, so I also follow to slow down and come to a stop, suddenly this vehicle B from behind bang on to my rear portion of my vehicle A. Total there are 2 vehicle involved.

DECLARATION

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

Embassy of the Democratic People's Republic of Korea in the Republic of Singapore
North Bridge Road, #15-01
Date & Time: 17/09/2014
Tel: 62659766
Fax: 63482022

Embassy of the Democratic People's Republic of Korea in the Republic of Singapore
North Bridge Road, #15-01
Date & Time: 17/09/2014
Tel: 62659766
Fax: 63482022

Policyholder's Signature: [Signature]
Driver's Signature: [Signature]
Reporting Centre Personnel Signature: [Signature]

Name: [Name]
NRIC/FIN No.: [NRIC/FIN No.]

Police Report



**SINGAPORE
POLICE FORCE**



T/20200808/2108

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20200808/2108

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 08/08/2020 20:34 | Vide Report No.: | Station Diary No.: 115 |
|--|------------------|---------------------------|

| Informant's Particulars | | | |
|---|------------|--|------------------------------|
| Name of Informant: RIM CHOL UNG | | Address: 60 Joo Chiat Lane SINGAPORE 428110 | |
| ID Type / ID No.: FIN NO / G1799359W | | Contact No.: Home/Office: Mobile: 93722388 | |
| Nationality: KOREAN, NORTH | | Email: | |
| Sex: Male | Age: 43 | Date of Birth: 10/01/1977 | Type of Informant: Driver |
| Race: Unknown | | Language: English | Institution / School Name: |
| Occupation: THIRD SECRETARY | | Driving Licence Information: Class: 3 Date of Expiry: | |

| General Information of the Accident | | | | | |
|--|--|---|--|-------------------------------------|--|
| Type of Accident: | Injury Foreign Vehicle Singapore | Drink Drive: No | Date/Time of Accident: 08/08/2020 18:15 | Type of Location: Straight Road | |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE towards Tuas before KPE Exit | | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Heavy | | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| S1480CD | Car | | | | | 0 |
| SGX5156S | Car | | | | | 1 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20200808/2108

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Report No. T/20200808/2108

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|---------------------------------|
| Driver | | | |
| Name | RIM CHOL UNG | ID No. | G1799359W |
| Related Vehicle | S1480CD (Car) | Contact No. | 93722388 |
| Hospital/Clinic | INTEMEDICAL 24HR CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | Degree of Injury | NIL |

Brief Details.

On 8/8/20 at about 1815hrs I was driving my vehicle (S1480CD) along PIE towards Tuas. While I was just before KPE exit the vehicle in front of me slowed down and came to a stop. As such I followed suit and braked and came to a complete stop. Suddenly there was an impact to the rear of my vehicle. I then discovered that a vehicle (SGX5156S) had collided onto the rear of my vehicle. I then came down and spoke with the other driver however did not exchange particulars.

My vehicle's rear portion is quite heavily damaged and dented. The other party vehicle's front portion and the bonnet is dented. After the accident I felt pain at the back and my neck area as such went to Intemedical 24 HR clinic to consult a doctor. I was given 3 days of medical leave.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200808/2108

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20200808/2108

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 RAMESH S/O KOLILINGAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/08/2020 20:34

Officer In Charge Of Case:

TP / AEIT /

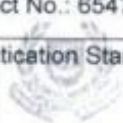
SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

S11 005

Classification Of Case:

Authentication Stamp
NP168



Singapore Police Force

Accident Photo



Police Report



Police Report



Police Report



Police Report





