

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 Submission 29/11/2021 11:04 (SGT)
Date of Accident 26/11/2021 16:35 (SGT)
Exact Location of Accident Scotts Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH2869A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KIM JO HWAN
NRIC No SXXXX275F
Email Address JHK1964@HOTMAIL.COM
Mobile Phone No (Phone) +65-81862342
Alternative Phone No (Home) +65-81862342

VEHICLE PARTICULARS

Manufacturer Porsche
Model Macan
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 0

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA341319/1
Cover Note Number -

DRIVER

Name of Driver KIM JO HWAN
NRIC No SXXXX275F

Date Of Birth	27/11/1964
Occupation	Indoor
Date Of Driving Pass	25/11/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-81862342
Alt. Phone Number	(Home) +65-81862342
Email Address	JHK1964@HOTMAIL.COM
Address	11 THOMSON LANE #19-08
Address complement	-
Postcode	297727
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3670R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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The completion of this Form by insurance companies is not an admission of policy liability on the part of the insurer(s).

This 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.

By my/our endorsement 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.

I/We consent under the Personal Data Protection Act (PDPA) to:

whereas, acknowledge, agree and consent that:

1. Insurer(s) my/ourself and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and transfer my/our personal data/personal information set out in this [form] and any other personal information provided by me or by the insurer(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:

2. processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the accident;

3. investigating the accident and/or my claims;

4. carrying out and/or dealing with my instructions of responding to any enquiries by me;

5. 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 parcels); and/or

6. complying with applicable law in administering, processing, handling and/or dealing with my claims.

7. I/We hereby the "Purposes")

8. 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

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

[Signature]

Policyholder's Signature / Date & Time

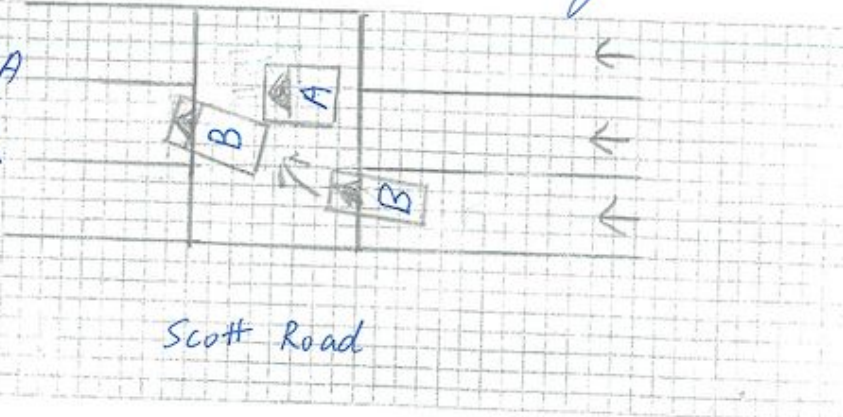
[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SKH2869A
B-YP3670R



REFER TO POLICE REPORT

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel





































**SINGAPORE
POLICE FORCE**



E/20211127/7001

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211127/7001

have reduced size below 2MB).

Please let me know how I can send those information to the investigation officer.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Age	45-60
Race	Chinese		
Victim			
Person Name	KIM JO HWAN		
ID Type	NRIC NO	ID No	S2764275F
Gender	Male	Age	56
Race	Korean	Language	English
Occupation	Financial/Investment adviser	Address	11 THOMSON LANE #19-08 SINGAPORE 297727
Mobile No	81862342	Is Informant A Victim?	Yes
Person Name JUNG SEUNG EUN			
ID Type	NRIC NO	ID No	S7069112D
Gender	Female	Age	51
Race	Korean	Language	English
Occupation	Housewife	Address	11 Thomson Lane #19-08 Sky@Eleven SINGAPORE 297727

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2021 01:17
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20211127/7001

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211127/7001

Mobile No	97561988	Relation To Informant	Spouse
Person Name	KIM JO HWAN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
27/11/2021 01:17

Classification Of Case:



5/20211127/7001

1 of 3

Report No. E/2021127/7001

Date/Time Report Made 27/11/2021 01:17	Vide Report No.	Station Diary No.
Name Of Informant KIM JO HWAN	Address 11 THOMSON LANE #19-08 SINGAPORE 297727	
ID Type / ID No. NRIC NO / S2764275F	Contact No. Home/Office: Mobile: 81862342	
Nationality KOREAN, SOUTH	Email Address JHK1964@HOTMAIL.COM	
Occupation Financial/Investment adviser	Sex Male	Age 56
Institution/School Name	Date of Birth 27/11/1964	Race Korean
Date/Time Of Incident 26/11/2021 16:35 - 26/11/2021 16:45	Location Of Incident SCOTTS ROAD	

I have the video and the screen capture from the car camera, however, cannot upload them (although I

 Accident report **SY0A21BT0001**



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SY0A21BT0001 Vehicle Registration No: SKH2869A
 Name (as shown in NRIC): KIM JO HWAN NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 11 THOMSON LANE #19-08 Singapore ()
 Contact (Tel): _____ Mobile No.: 81862342
 Email Address: JHK1964@HOTMAIL.COM
 Date of Accident: 26/11/2021 Time of Accident: 16:35
 Place of Accident: Scotts Rd, Singapore
 Insurance Company: AXA Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Upload police report page 1.

 Policyholder / Driver's Signature
 Date:

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