

## 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 .....	06/06/2022 16:04 (SGT)
Date of Accident .....	05/06/2022 17:15 (SGT)
Exact Location of Accident .....	120, Lower Delta Rd, #02-15, Singapore 169208
Additional Location Information .....	LOWER DELTA ROAD & KAMPONG BAHRU ROAD (AT TRAFFIC LIGHT TO TURN TO MOUNT FABER ROAD FROM LOWER DELTA ROAD)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB9638A
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KIM SANG HYUCK
NRIC No .....	SXXXX248E
Email Address .....	SHAUN.KIMSANGHYUCK@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96656604
Alternative Phone No .....	+65-96656604

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A6
Variant .....	DESIGN 2.0 TFSI S-TRONIC
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 .....	1984

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	7210111411
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	KIM SANG HYUCK
NRIC No .....	SXXXX248E
Date Of Birth .....	14/12/1973
Occupation .....	Indoor
Date Of Driving Pass .....	02/07/2008
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96656604
Alt. Phone Number .....	+65-96656604
Email Address .....	SHAUN.KIMSANGHYUCK@GMAIL.COM
Address .....	27 MOUNT FABER ROAD
Address complement .....	#07-13
Postcode .....	099200
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	KIM JUNG WOO
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

MY CAR (SNB9638A) WAS STATIONED AT THE TRAFFIC LIGHT FOR THE RIGHT TURN WAITING FOR THE TRAFFIC LIGHT TO CHANGE. ABOUT A MINUTE LATER A SUV VEHICLE (SDP4555H) CAME TO COLLIDE US FOM THE REAR SIDE DAMAGING OUR REAR BUMPER.

I HAD A MINOR SHOCK AND I CAME OUT TO CHECK THE SITUATION AND FOUND OUT THAT THERE WAS ONE MORE CAR (SNE5923J) WHICH CAUSED THE ACCIDENT BY RAMMING THE SUV VEHICLE (SDP4555H) ONTO MY CAR.

#### 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 .....  
Was there any audio recorded? .....

SD CARD WITH TRAFFIC POLICE  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SDP4555H  
Vehicle Manufacturer ..... Rover  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJE5923J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... KIM SANG HYUCK  
Gender ..... Male  
Phone No ..... (Phone) +65-96656604  
Address ..... 27 MOUNT FABER ROAD  
Address Complement ..... #07-13  
Post Code ..... 099200  
Approximate Age Years Old ..... 48  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SNB9638A  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... SJE5923J  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -

Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**


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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.
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' law yers/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")

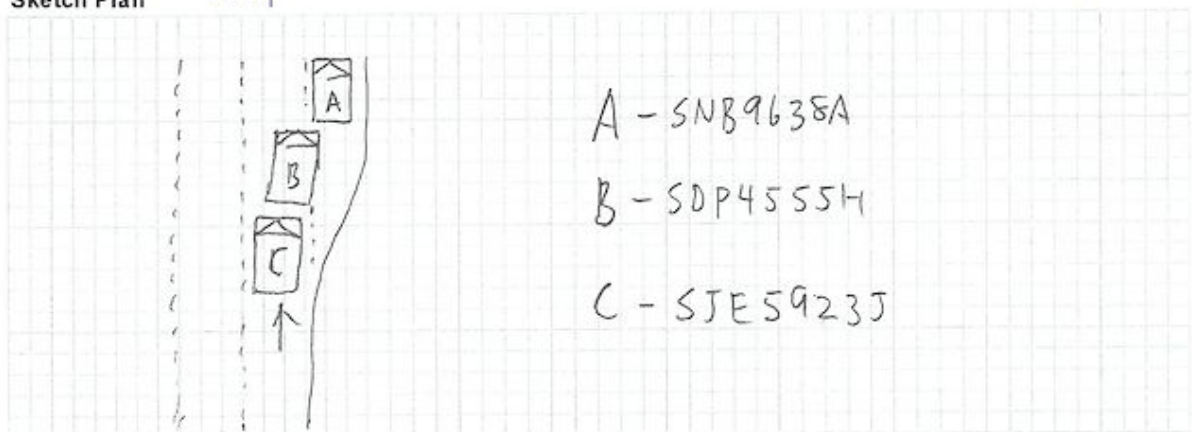
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
  
 6th June 2022  
 2:30pm  
**Sketch Plan**

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

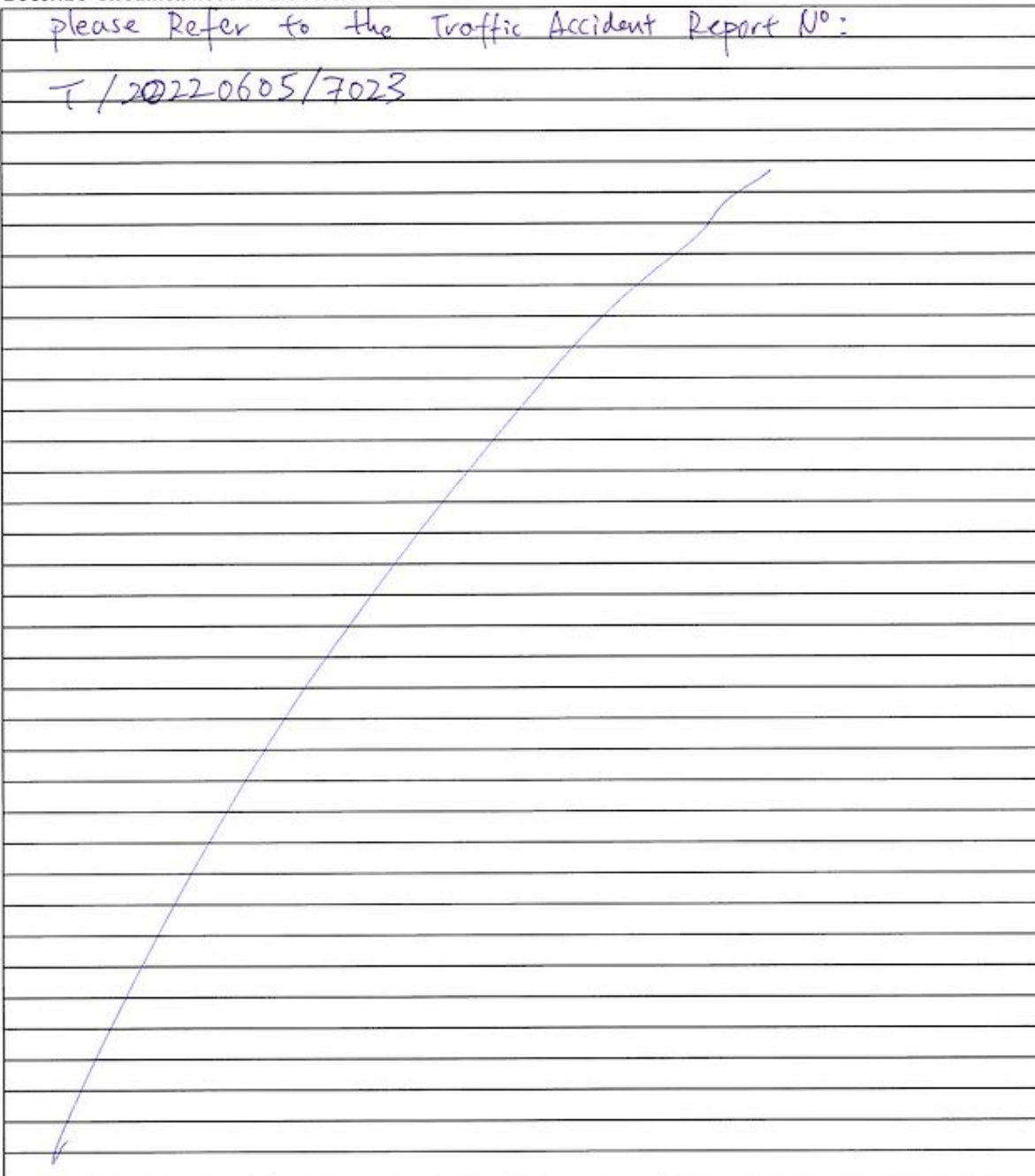


Witnessed by Reporting Centre  
 Personnel *Tony Fong*



**Describe Circumstances of the Accident**

please Refer to the Traffic Accident Report N<sup>o</sup>:  
T/20220605/7023



**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time  
6th June 2022  
2:30pm

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

  
Witnessed by Reporting Centre  
Personnel Tony Feang



















































































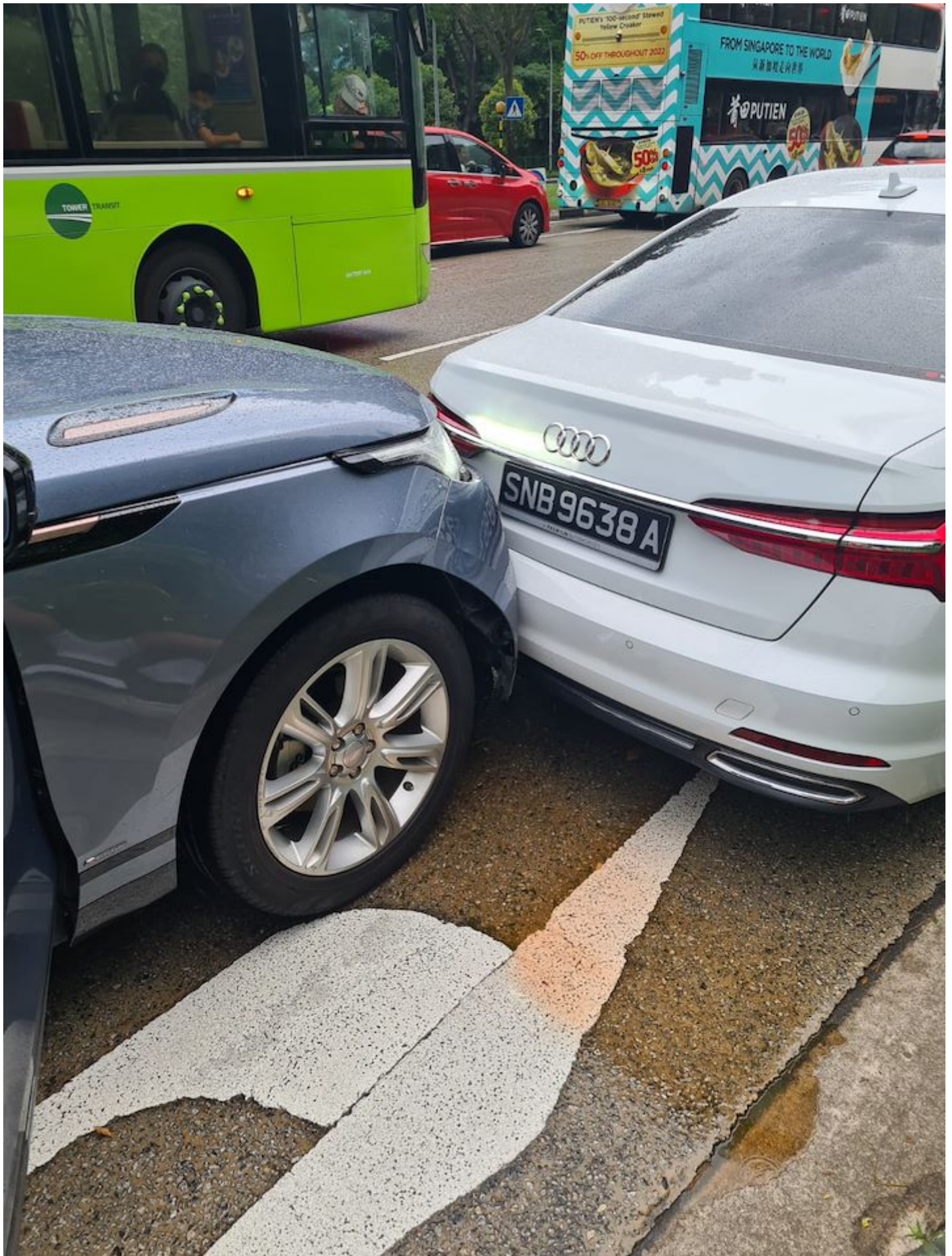












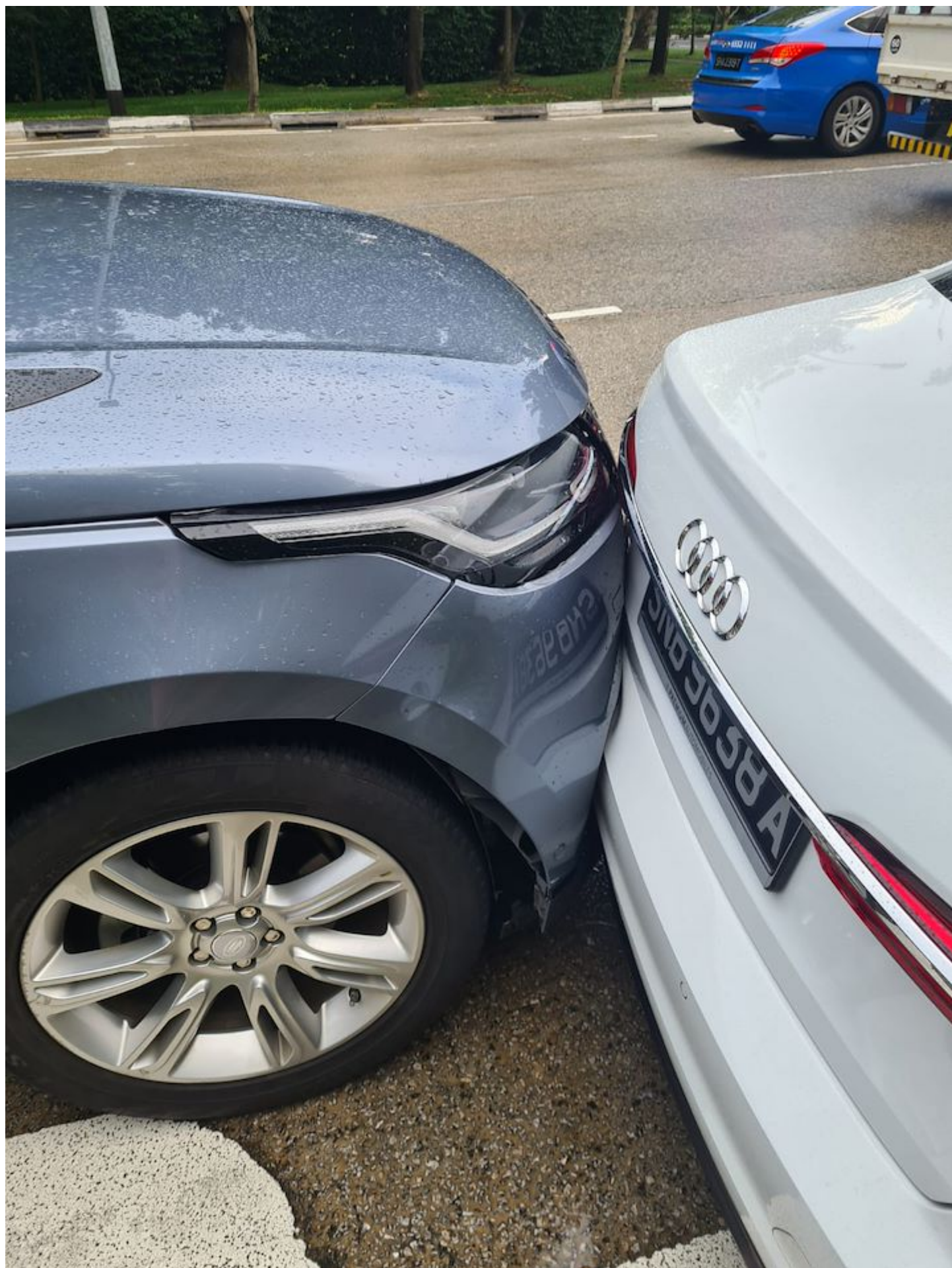














**SINGAPORE  
POLICE FORCE**



T/20220605/7023

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220605/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/06/2022 21:53		Vide Report No.: D/20220605/0090		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KIM SANGHYUCK			Address: 27 MOUNT FABER ROAD #07-13 SINGAPORE 099200		
ID Type / ID No.: NRIC NO / S7386248E			Contact No.: Home/Office: Mobile: 96656604		
Nationality: KOREAN, SOUTH			Email: SHAUN.KIMSANGHYUCK@GMAIL.COM		
Sex: Male	Age: 48	Date of Birth: 14/12/1973	Type of Informant: Driver		
Race: Korean			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3 Date of Expiry: 01/07/2023		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/06/2022 17:15	Type of Location: Bend
Location:  LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDP4555H	Car	RANGE ROVER				3
SJE5923J	Car	KIA				1
SNB9638A	Car	AUDI	A6 DESIGN 2.0 TFSI (140 KW)	White		2





**SINGAPORE  
POLICE FORCE**



T/20220605/7023

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20220605/7023

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB9638A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210111411	23/09/2021	22/09/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KIM SANGHYUCK		ID No. S7386248E
Related Vehicle	SNB9638A (Car)		Contact No. 96656604
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: 01/07/2023
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of Slight

## Brief Details.

My car (SNB9638A) was stationed at the traffic light for the right turn waiting for the traffic light to change. About a minute later a SUV vehicle (SDP4555H) came to collide us from the rear side damaging our rear bumper.

I had a minor shock and I came out to check the situation and found out that there was one more car (SJE5923J) which caused the accident by ramming the SUV vehicle( SDP4555H) onto my car.



**SINGAPORE  
POLICE FORCE**



T/20220605/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220605/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
THABAGESH JEYATHESH  
Contact No.: 65476178

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

Date/Time:  
05/06/2022 21:53

Classification Of Case:

NP168