

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	14/06/2022 17:20 (SGT)
Date of Accident	14/06/2022 12:10 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	GRANGE ROAD NEAR SOMERSET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF4326L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HEUIUNG EOM
Passport No/FIN	G4035119T
Email Address	junghyechoi@gmail.com
Mobile Phone No	(Phone) +65-86157850
Alternative Phone No	+65-86157850

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	2.0
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7220059571
Cover Note Number	-

DRIVER

Name of Driver	JUNG HYE CHOI
Passport No/FIN	G4047879K

Date Of Birth	25/07/1984
Occupation	Indoor
Date Of Driving Pass	13/04/2022
Driving experience	2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86157850
Alt. Phone Number	-
Email Address	junghyechoi@gmail.com
Address	33 KEPPEL BAY VIEW #07-95 REFLECTIONS AT KEPPEL BAY
Address complement	-
Postcode	098419
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER ATTACHED

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	SNA6507U
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY SIAK LIM STEPHEN
NRIC No	S7214282I
Contact Number	(Phone) +65-97898853
Address	-


Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	SLIGHT DAMAGE
Details of property damaged in accident	DAMAGE RH REAR
No. Of Passenger (Including Driver)	-

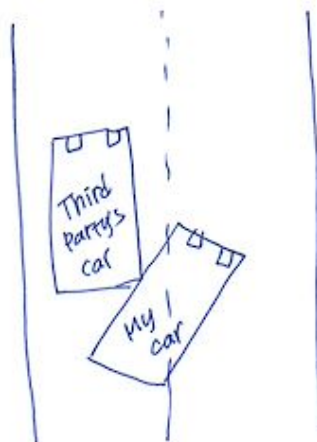
SKETCH PLAN**IMPORTANT NOTICE**

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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


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


 Witnessed by Reporting Centre
 Personnel

Sketch Plan

Describe Circumstances of the Accident

My car was standing behind the car which had an accident. I tried to change the lane to the right. At that time, my car hit the car's right rear side.

Declaration

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


Witnessed by Reporting Centre
Personnel

















































문서확인번호 : 1649-7499-8222-2229

[별지 제144호의3서식] <개정 2016. 11. 29.>

Issue No : 1118-2022-601391

Certificate of Driver's License

Issue Date : 2022.04.12

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Name in Full	JUNG HYE CHOI		Date of Birth (ID-NO)	Jul. 25, 1984	
Address	101-dong 803-ho, 51-0, Ttukseom-ro, Seongdong-gu, Seoul				
License No	11-0320423410		Sum of penalty Score	0	

License (ALL)	Class	1st Class				2nd Class				
		Large	Ordinary	Small	Large trailer	Small trailer	Wrecker	Ordinary	Small	Motorized Bicycle
	Date of Issue (Date of Penetration)									

Date of Accident	Police Station Concerned	Classification of Damage	Degree of Human Damage			Date of Violation	Police Station Concerned	Penalty Point	Applicable Article (Road Traffic Law)
			Death	Serious Injury	Light Injury				
		NO RECORDS FOUND					NO RECORDS FOUND		
Usage	해외(싱가포르) 운전면허 전환을 위한 증빙								

Under the Article 137 of the Road Traffic Law, the above-mentioned statement is certified as true and correct.

The Chief of Seoul/Seongdong Police Station Republic of Korea



Records of Traffic Accident is certified for the All years and Violation of Road traffic Law is certified for the All years from the date of issue.

◆ The certificate was issued on the internet, e-application Government24(gov.kr) confirmed the document's issuing a confirmation number, or page through the menu bar at the bottom of the page content above, please check whether the modulation. However, the confirmation page with a confirmation number is available 90 days from the date of issuance.





문서확인번호 : 1654-0619-4011-9276

[별지 제144호의3서식] <개정 2016. 11. 29.>

Issue No : 1118-2022-602186

Certificate of Driver's License

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Name in Full		HEUJUNG EOM		Date of Birth (ID-NO)		Dec. 09. 1983		Issue Date : 2022. 06. 01	
Address		101-dong 803-ho, 51-0, Ttukseom-ro, Seongdong-gu, Seoul							
License No		11-0206782874		Sum of penalty Score		0			
License (ALL)	Class	1st Class						2nd Class	
		Large	Ordinary	Small	Large trailer	Small trailer	Wrecker	Ordinary	Small
Date of Issue (Date of Pointishment)		Issue 2002. 09. 12							
Date of Accident		Police Station Concerned		Classification of Damage		Degree of Human Damage		Date of Violation	
		NO RECORDS FOUND		Death		Serious injury		Police Station Concerned	
						Light injury		NO RECORDS FOUND	
						bruise		Penalty Point	
								Applicable Article (Road Traffic Law)	
Usage		해의 보험사 제출							

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