

# 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 ..... 22/03/2022 16:04 (SGT)  
Date of Accident ..... 22/03/2022 12:30 (SGT)  
Exact Location of Accident ..... Sims Ave & Jln Eunus, Singapore  
Additional Location Information ..... JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT317M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MRS THOMPSON-TAY CHWEE GEOK DIANA  
NRIC No ..... SXXXX138D  
Email Address ..... markthompson.ssu@gmail.com  
Mobile Phone No ..... (Phone) +65-96159324  
Alternative Phone No ..... +65-96159324

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100163883-12  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MARK FRANCIS THOMPSON  
NRIC No ..... SXXXX570G

Date Of Birth .....	02/04/1990
Occupation .....	Indoor
Date Of Driving Pass .....	09/02/2010
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91714858
Alt. Phone Number .....	-
Email Address .....	markthompson.ssu@gmail.com
Address .....	18 PULASAN ROAD
Address complement .....	#03-10
Postcode .....	424385
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Dry

#### 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? .....	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? .....	Yes
Police Station Name .....	Marine Parade Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004428999
Alt. Police Station Phone No .....	(Fax) +65-62447678
Police Station Address .....	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220322/2035.

#### 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 .....	JPL8981
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	LEE KIM REN
Contact Number .....	(Phone) +65-84505293
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 .....	SMW2296A
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Ioniq
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG
Contact Number .....	(Phone) +65-89081332
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**

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5. **Any false reporting may be referred to the Police for investigation.**
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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' 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.

Wly  
Policyholder's Signature / Date & Time

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

Rn 22/03/22  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = SJT 317M

B = JPL 8981

C = Smw 2296A

Junction of Sims Avenue  
and Jalan Eunos.




## Describe Circumstances of the Accident

As per police report attached: T/20220322/2035.

## 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 Officer's  
Personnel

















































































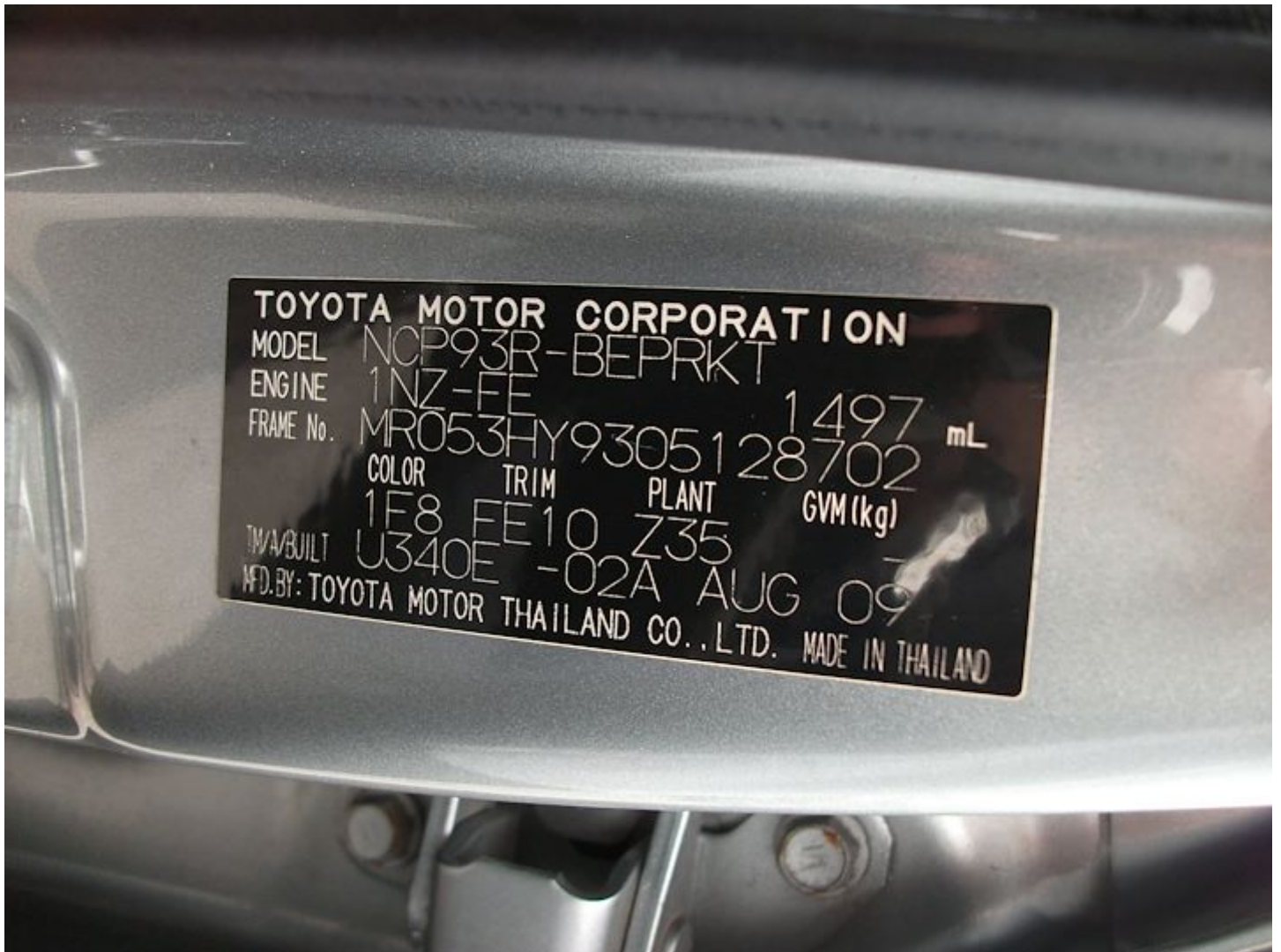














# SINGAPORE POLICE FORCE



T/20220322/2035

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20220322/2035

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2022 14:41	Vide Report No.:	Station Diary No.: 47
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### Informant's Particulars

Name of Informant: MARK FRANCIS THOMPSON			Address: 18 PULASAN ROAD #03-10 SINGAPORE 424385	
ID Type / ID No.: NRIC NO / S9011570G			Contact No.: Home/Office: Mobile: 91714858	
Nationality: SINGAPORE CITIZEN			Email: markthompson.ssu@gmail.com	
Sex: Male	Age: 31	Date of Birth: 02/04/1990	Type of Informant: Driver	
Race: Eurasian			Language:	Institution / School Name:
Occupation: Marketing			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/03/2022 12:30	Type of Location: Straight Road
Location:  KAMPONG EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
JPL8981	Car	HYUNDAI			Slightly Damaged	1
SJT317M	Car	TOYOTA	VIOS		Slightly Damaged	0
SMW2296A	Car	HYUNDAI	IONIQ		Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	


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Report No. T/20220322/2035

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE KIM REN		ID No. NIL
Related Vehicle	JPL8981 (Car)		Contact No. 84505293
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MARK FRANCIS THOMPSON		ID No. S9011570G
Related Vehicle	SJT317M (Car)		Contact No. 91714858
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	WONG		ID No. NIL
Related Vehicle	SMW2296A (Car)		Contact No. 89081332
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22/03/2022 at about 1230hrs, I was driving my vehicle (SJT317M, Toyota Vios) in the direction of Eunos. While at the junction of Sims Avenue and Jalan Eunos, the traffic light was red as such I stopped my vehicle behind another vehicle. I was on the second lane.

While I was waiting for the traffic light to turn green, I felt an impact from the rear of my vehicle. From the impact, it caused my vehicle to roll forward hitting the vehicle in front. All 3 drivers step out of the vehicle. We exchange particulars and took photos of the accident.

All 3 parties agreed on bringing our vehicle to the workshop and thereafter letting the insurance settle the issue.





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T/20220322/2035

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Report No. T/20220322/2035

**CONTINUATION OF REPORT**

My vehicle does not have in vehicle camera.

Damages sustained to the vehicles as follows:

First vehicle (SMW2296A, Hyundai Ioniq)

1. Minor scratches on the rear

Second vehicle (SJT317M, Toyota Vios)

1. Front license plate cracked
2. Rear bumper intact however dented

Third vehicle (JPL 8981, Hyundai)

1. Minor scratches to the front bumper

None of the other drivers or passengers complain of any discomfort at that point of time. However, I did hit my head relatively badly on the head rest. There was no police or ambulance.

As of now, I do not have the estimated cost of repair.





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T/20220322/2035

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Report No. T/20220322/2035

## 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:  
G / SGT 3 NUR AMERA  
KHAIRYANI BINTE ALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/03/2022 14:41

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168