	) A OI VICON 5					
NATIONAL Assessment Centre Date In: 22/03/2002 16:04	Job description		Date &Tune Complete	ed i	Done b	<i>Y</i> .
Ref No. 110 120 2200 2/29 ml	SAS e-filing					
Ref No. NA/AIG 22002638/m4	E-mail (within 8h	rs. AIC 2hrs:			~	<u> </u>
Veh No: SJT 317M	i-Motor Claim			i		
D.O.A: 22/03/2022 12:30	i-Motor W/O (		TP 4hrs)		*************	
OD / (IP) Reporting Only	i-Photo Upload	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			recommenda APP 1 (4 )	***
	Assessment/Surv	vey Report	i			
TP Insurer:	Ass't Report by	Fax / Hand t	Owner/Wksp		***************************************	
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	*	
	L 8981	. INC(	)/Non-INC(	)		
Owner / Driver: (	2 0 762		Tel:		)	
Policy No: ( ) Per	iod: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
.Insured/Driver Liability: ( %) [N			)%; P: 21-79%. F:	80-100%		
1001.01.108.01.01		)/NO(	)			
Excess: (\$ ) Loading: \$1,00				.,		
( ) Walk-In Customer: Customer's infor	mation strictly Conf	fidential & St	rictly NO refer of repair	rer.		
( ) Total Loss Case : to e-mail Insure			The state of the s		-	
Drive-In ( ) / Towed-In ( ); Invoice:	: YES ( ) / NO	O();T	owing Co. (			)
Remarks; (1NC horling: 6788-6616)			Date&Time Complet	:d\	Done.l	у
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )					
27 - 17 - 2	Courtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	( )					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )					
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )					
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )					(2) (4)
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# 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 witholding 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 Accident  Exact Location of Accident  Additional Location Information	22/03/2022 16:04 (SGT) 22/03/2022 12:30 (SGT) Sims Ave & Jln Eunos, Singapore JUNCTION Singapore
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

SJT317M

Toyota

1497

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

Vehicle Registration Number

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

#### INSURANCE COMPANY

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

#### DRIVER

CC

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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? **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 Vehicle Manufacturer Vehicle Model	SMW2296A Hyundai 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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. The 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.

### 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) w ho 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
- (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
- (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.

bly		Dr 22/03/22
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		

A= SJT 317M		
110 00 1 0177		
B = JPL 8981		
B = UPL 8 /81		
- 6-12-012		
C = SMW 2296 A		
Tunction of Sink Angue		
Junatur of Siris Therine	B - B - B - B - B - B - B - B - B - B -	
Junction of Sims Avenue and Jalan Euros.		
ain Jain Cure		

	As	nces o	police	report	attached:	T/ 2023	0322/	2035		
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## 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

Witnessed by Reporting Centre Personnel

De 22/3/2022





T/20220322/2035

1 of 4

Report No. T/20220322/2035

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2022 14:41	Vide Report No.:	Station Diary No.: 47
		47

Informan	t's Particu	lars				
Name of Informant:			Address:			
MARK FRANCIS THOMPSON			18 PULASAN ROAD #03-10 SINGAPORE 424385			
ID Type / ID No.:			Contact No.:			
NRIC NO / S9011570G			Home/Office:	Mobile: 91714858		
Nationality	<b>/</b> :		Email:			
SINGAPORE CITIZEN			markthompson.ssu@gmail.com			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	31	02/04/1990	Driver			
Race:		Language:	Institution / School Name:			
Eurasian			mentanon, concontante.			
Occupation:			Driving Licence Information:			
Marketing			Class: 3	Date of Expiry:		

	Mon Injury	······································	D-1-75	T = 2.	
Type of	Non-Injury	Drink	Date/Time of	Type of Loca	tion:
Accident:	Foreign Vehicle	Drive:	Accident:	Straight Road	d
		No	22/03/2022 12:3		
Location:					
KAMPONG E					
\A/ II			***		
		Road Surface:		Road Speed Limit:	
		Road Surface: Dry		Road Speed Limit:	
Clear					
Clear Traffic Flow:	e Way	Dry	rking	Road Speed Limit: Traffic Volume: Moderate	
Clear Traffic Flow: Dual Carriage		Dry Traffic Control:	rking	Traffic Volume: Moderate	
Weather: Clear Traffic Flow: Dual Carriage Type of Collis Between Mov		Dry Traffic Control: Traffic Light - Wo	rking	Traffic Volume:	ру

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JPL8981	Car	HYUNDAI			Slightly	1
					Damaged	
SJT317M	Car	TOYOTA	VIOS		Slightly	0
					Damaged	
SMW2296A	Car	HYUNDAI	IONIQ		Slightly	0
					Damaged	

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





2 of 4 Report No. T/20220322/2035

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

## CONTINUATION OF REPORT

Delica					
Driver					
Name	LEE KIM REN		ID No.		NIL
Related Vehicle	JPL8981 (Car)		Contact No.		84505293
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc			
No. of Days grant	ted Medical Leave NIL	Degree of		NIL	
Driver	security and the entire the best and the second		the state of the		
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 Disc	-	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of Injury NIL			
			mijar y	INIL	The state of the s
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 Disch	Date Discharge NIL		
No. of Days grant		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.





3 of 4

Report No. T/20220322/2035

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

## 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.





T/20220322/2035

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

CONTINUATION OF REPORT

4 of 4 Report No. T/20220322/2035

## 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	

# ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 03 / 2022) (DD/MM/YYYY), TIME: (12 30) (HH:MM)
LOCATION: Junction of Sims Avenue and Julan Euros.
1. <b>DETAILS OF VEHICLE</b> GIVEHICLE NUMBER: SJT 317 m  b)INSURANCE COMPANY: AIG
c)POLICY NUMBER: 2100/63883-12  d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL: Toyota Was Vias Auto MANUAL (1497-6)  f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME: private use  i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NOD)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / PEROPENDO ON 1997)
2. INSURED / POLICY HOLDER  A) NAME: Mrs Thompson - Tay Chwee Geok Diana (MALE (FEMALE))  b) NRIC/FIN/PASSPORT: S/357/38D CONTACT: 96/59324  c) ADDRESS: BIK 18 Pulasan Road #03-10 (S) 424385.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  (Including driver)  DINRIC/FIN/PASSPORT: S90/1570G CONTACT: 9171 4858  C)ADDRESS: 18 Pulasan Road #03-10 (5) 424385.
*d)DATE OF BIRTH: ( 02 / 04 / 1990 ) (DD/MM/YYYY)  e)OCCUPATION (INDOOR) OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: 09/02/2010  4. WAS DRIVER AN EMPLOYER OF THE
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YESTNO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Child  5. a) WEATHER CONDITION: CLEAR RAINING / OTHERS  b) ROAD SURFACE: DRY WET / OTHERS  6. WAS ANYBODY INJURED (YES NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
Induding driver) b) DRIVER'S NAME: Lee Kim Ren  ( ) NRIC/FIN/PASSPORT:
9. THIRD PARTY VEHICLE  NO of passenger d) VEHICLE NUMBER: Smw 2296A (C) MODEL: Hyundai  Induction del on P DRIVER'S NAME: Wong
( ) NRIC/FIN/PASSPORT: CONTACT: 8908 /332

email = markthompson.ssu@gmail.com fax = VIDEO = NO.



## CERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Mrs Thompson-Tay Chwee Geok Diana

Period of Insurance

: 22 Sep 2021 To 21 Sep 2022

Engine No.

: 1NZX964326

Chassis No.

: MR053HY9305128702

Vehicle No.

: SJT317M

Policy No.

**Issued Date** 

: 2100163883-12

**Endorsement No.** 

: 12 Aug 2021

#### **ABOUT THE COVER**

Make/Model

· TOYOTA VIOS

Engine Capacity/Tonnage: 1,497.00 CC

Sum Insured : Market Value

First Year of Registration : 2009

**Driver Restriction** 

: NA

Off Peak Car: No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### **EXCESS**

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Mrs Thompson-Tay Chwee Geok Diana - \$600 (Own Damage), \$600 (Flood Cover)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

> AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

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AIG ASIA PACIFIC INSURANCE PL

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Underwritten by AIG Asia Pacific Insurance Pte. Ltd.