

# 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 ..... 12/08/2021 11:36 (SGT)  
Date of Accident ..... 20/02/2021 14:00 (SGT)  
Exact Location of Accident ..... Punggol E, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGJ4056C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... THIA MONG KHEE  
NRIC No ..... SXXXX803E  
Email Address ..... thiaminzun@gmail.com  
Mobile Phone No ..... (Phone) +65-96600714  
Alternative Phone No ..... +65-96600714

### 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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00077992001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... THIA MONG KHEE  
NRIC No ..... SXXXX803E

Date Of Birth .....	21/08/1952
Occupation .....	Indoor
Date Of Driving Pass .....	01/01/1981
Driving experience .....	40 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96600714
Alt. Phone Number .....	+65-96600714
Email Address .....	thiaminzun@gmail.com
Address .....	BLK 302 HOUGANG AVE 5
Address complement .....	#13-447
Postcode .....	530302
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 .....	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 .....	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) .....	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 .....	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

PLS REFER TO THE POLICE REPORT:T/20210317/2036

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMU2303Z
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SG1849A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	THIA MONG KHEE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	SGJ4056C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

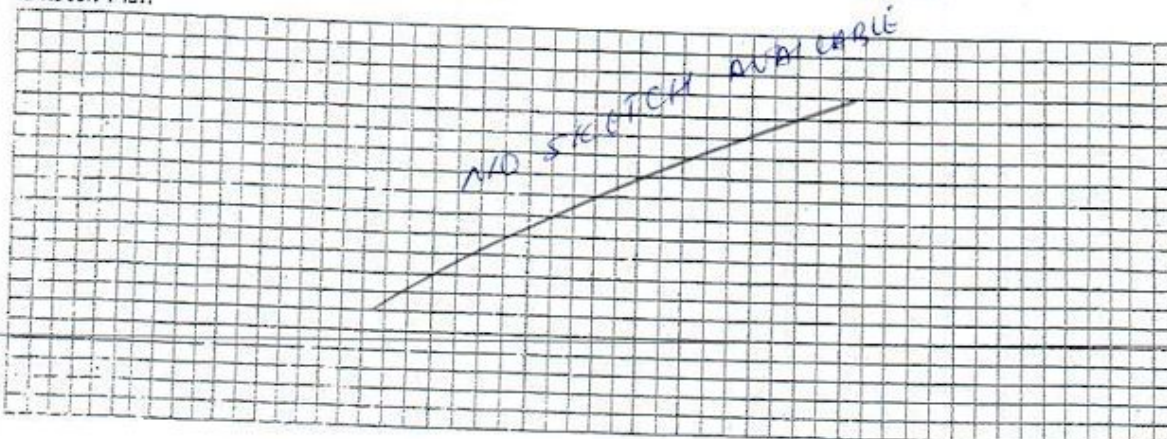
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





**Describe Circumstances of the Accident**

*Pls refer to the police report T/20210317/2026*

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]* 11/08/21  
 Policyholder's Signature / Date & Time

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

*[Signature]* 12/08/21  
 Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20210317/2036

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

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Report No. T/20210317/2036

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	THIA MONG KHEE		ID No. S0042803E
Related Vehicle	SGJ4056C (Car)		Contact No. NIL
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 THE ABOVE MENTIONED DATE, TIME AND LOCATION

MY FATHER, THIA MONG KHEE S0042803E, WAS DRIVING ALONG PUNGGOL EAST AT THE MOST LEFT LANE. THERE WERE TWO VEHICLES ON THE RIGHT, FIRST WAS THE BUS AND SECOND WAS A CAR. BOTH VEHICLES WERE STATIONARY AS THE TRAFFIC LIGHT WAS RED. AS MY FATHER WAS APPROACHING TO THE TRAFFIC LIGHT, FROM THE EXTREME LEFT LANE, HE LOST CONTROL ON HIS VEHICLE AND COLLIDED TO THE REAR LEFT PORTION OF THE BUS AND LEFT FRONT PORTION OF THE STATED CAR. PASSERBY CALLED THE AMBULANCE AND HE WAS CONVEYED TO SENGKANG GENERAL HOSPITAL. THAT IS ALL.



**SINGAPORE  
POLICE FORCE**



T/20210317/2036

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

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Report No. T/20210317/2036

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2021 11:43			Vide Report No.: F/20210220/0158		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: THIA MIN ZUN			Address: 302 HOUGANG AVENUE 5 #13-447 SINGAPORE 530302		
ID Type / ID No.: NRIC NO / S7719119D			Contact No.: Home/Office: Mobile: 96600714		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 14/07/1977	Type of Informant: NEXT OF KIN		
Race: Chinese			Language:	Institution / School Name:	
Occupation: FREELANCER			Driving Licence Information: Class: Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 20/02/2021 14:00	Type of Location:
Location: PUNGGOL EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG1849A	Bus/Coach/Mi nibus					0
SGJ4056C	Car					0
SMU2303Z	Car					0

#### Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20210317/2036

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

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Report No. T/20210317/2036

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	THIA MONG KHEE		ID No. S0042803E
Related Vehicle	SGJ4056C (Car)		Contact No. NIL
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 THE ABOVE MENTIONED DATE, TIME AND LOCATION

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**SINGAPORE  
POLICE FORCE**



T/20210317/2036

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

3 of 3

Report No. T/20210317/2036

**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:  
TP /  
SC SAIFUL ILHAM BIN ZAHARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/03/2021 11:43

Officer In Charge Of Case:  
TP / FAIT /  
SI SALEHA BINTE MOHAMED SANI  
Contact No.: 65476258

Classification Of Case:

Authentication Stamp  
NP168