

# NATIONAL Assessment Centre Services

Date In: 12/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI 2100 8433/13	SAS e-filing		
Veh No: SGJ4056C	E-mail (w/2hr Status, MC 2hrs)		
D.O.A: 20/02/21 1400	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SM42303Z	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

NA2103665

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

## 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

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 willful 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) 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

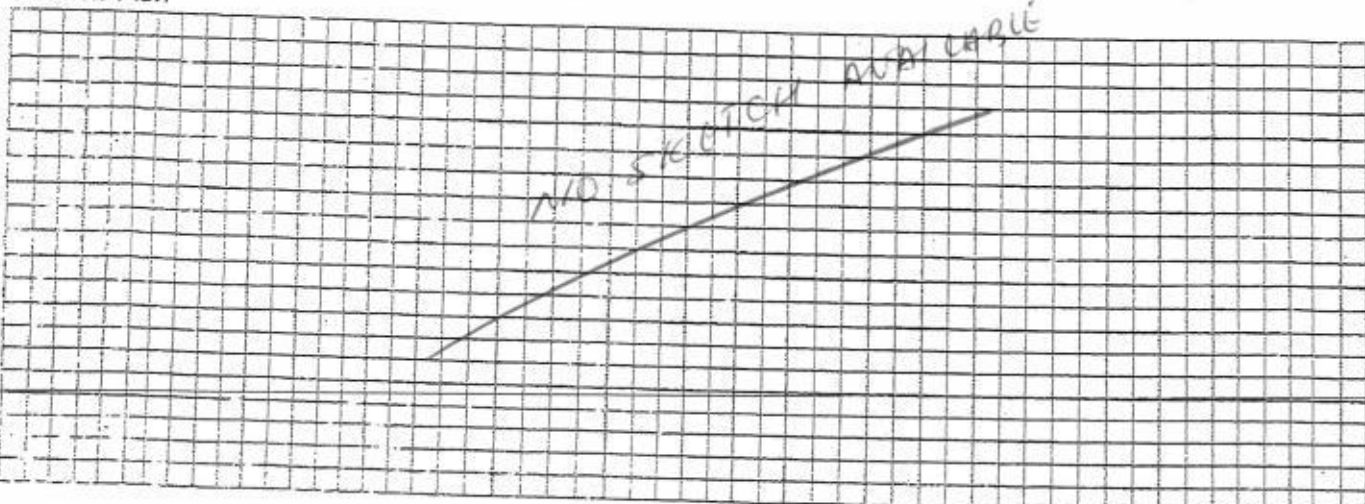
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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





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

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:	

<b>General Information of the Accident</b>				
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/Minibus					0
SGJ4056C	Car					0
SMU2303Z	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210317/2036

2 of 3

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

Report No. T/20210317/2036

**CONTINUATION OF REPORT**

Driver			
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

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 Interpreter:  
Not applicable

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

Signature Of Informant:

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

Classification Of Case:

Authentication Stamp  
NP168

REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

333865G

DECEASED	Death registered at FORENSIC MEDICINE DIV, HEALTH SCIENCES AUTHORITY						
	Full name of deceased THIA MONG KHEE						
	NRIC/Identification Document No. S0042803E		Sex MALE	Date of birth 21/08/1952			
	Race/Dialect Group CHINESE/FOOCHOW		Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE			
	Home Address APT BLK 302 HOUGANG AVENUE 5 #13-447 SINGAPORE 530302			Date and hour of death 20/02/2021 1504			
	Place or Address where death occurred SENGKANG GENERAL HOSPITAL			Approximate interval between onset and death			
CAUSE OF DEATH BY CERTIFIER	I. (a) NECK AND CHEST INJURIES			Years	Months	Days	Hours
	Disease or Condition leading to death						
	(b)						
	Antecedent Causes						
	(c)						
II. Other Significant conditions							
Name and official status of person certifying cause of death DR BELINDA LEE, CONSULTANT FORENSIC PATHOLOGIST				Certificate of Cause of Death Reference No.: 21000637CR Date: 21/02/2021			
INFORMANT	Name THIA MIN ZUN (CHENG MINGZUN)			I certify that the above information given by me is correct.			
	Address APT BLK 302 HOUGANG AVENUE 5 #13-447 SINGAPORE 530302			21 FEB 2021			
	NRIC/Identification Document No. S7719119D			Informant's Signature/Thumb impression			
	Relationship SON			Date			
REGISTRATION OFFICER	Name of Registration Officer LACSON CARLITO I LAGMAN			for Registrar of Births and Deaths			
	Designation REGISTRATION OFFICER						
	Date 21/02/2021						

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]			
	Place of Burial or Place of Cremation MANDAI CREMATORIUM		Religious type TAOIST	
INFORMANT MAKING APPLICATION	I THIA MIN ZUN		21 FEB 2021	
	NRIC/Identification Document No S7719119D apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + 333865G the deceased referred to in the Death Certificate No. For application to cremate only. I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated -		Informant's Signature/Thumb impression	
REGISTRATION OFFICER	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased - <input type="checkbox"/> Evidence of pacemaker device removed from the body of the deceased - Permit is approved.		21 FEB 2021	
	Date		for Commissioner of Public Health	

## ACCIDENT STATEMENT

ACCIDENT DATE: (20/02/21) (DD/MM/YYYY), TIME: (14:00) (HH:MM)

LOCATION: PUNGGOL EAST

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ4056L  
b) INSURANCE COMPANY: CHINA TAIPING  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: THIA MONG KHEE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S0042803E CONTACT: 96600714  
c) ADDRESS: BLK 302 HONGKONG AVES  
#13-447 (S30302)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* d) DATE OF BIRTH: (21/08/1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 40+

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SM42303Z MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SG1849A MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

Adelaine chng → officer CTI

No photos

Email = thiamingun@gmail.com

Uth at compound fax =

VIDEO = NO  
SD card with tp



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

ORIGINAL

THE SCHEDULE

Agency : AN0101A	Class of Policy : Motor Private Car	Policy No. : DMPCSNW00077992001
Account : AN0101A	Issued on : 01/07/2020 in SINGAPORE	Replacing Policy No. DMPCSN30478619000
Client : 3247488	Acceptance Date : 01/07/2020	
Period of Insurance : 11/07/2020 to 10/07/2021, both dates inclusive		
Insured's Name : THIA MONG KHEE		
Address : 302 HOUGANG AVENUE 5 #13-447 SINGAPORE 530302		
Business/Occupation : TECHNICIAN		

Risk No.1	Motor Private Car		
Make/Model	: TOYOTA VIOS 1.5E (A)	No. of seats	: 5
Registration	: SQJ4056C	Body Type	: Saloon
Engine No.	: 1NZX449975	Capacity cc's	: 1497
Chassis No.	: MR053HY4204195078	Certificate Ref.	: MX1F
Year of Manuf/Regn	: 2006/2006		
Type of Cover	: Comprehensive		
Financial Interest	: UNION MOTOR TRADING CO PTE LTD		
Sum Insured:Market value at the time of loss			
Named Drivers Ex Sect. I		: S\$500.00	
Additional Ex Other than Named Drivers:			
Ex Sect. I - Age <= 25		: S\$3,000.00	
Ex Sect. I - Age >= 26		: S\$500.00	
* Age as at date of accident			
EX ON WINDSCREEN		: S\$100.00	
Named Drivers THE INSURED		: THIA MONG KHEE	
Named Drivers		: THIA JIE SI	
ORIGINAL REGISTRATION DATE:	11-07-2006		

The following clauses and endorsements apply to this policy  
Subject to Endts. 2, 25, 57, 72, N & W (unltd).

AUTOSAFE SCHEME (W)

Continued on page 2