

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 Actual 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	04/05/2023 16:15 (SGT)
Reported by	Actual Driver
Date of Accident	04/05/2023 09:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(TUAS) BEFORE EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC4625P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	AKIDA PANG THIARA
NRIC No	SXXXX867H
Email Address	kaythiara@gmail.com
Mobile Phone No	(Phone) +65-96900004
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE
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	996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00020752201

DRIVER

Name of Driver	KAMARULZAMAN IBRAHIM THIARA
NRIC No	SXXXX071C
Date Of Birth	03/06/1955
Occupation	Indoor

Date Of Driving Pass	21/03/1980
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96900004
Alt. Phone Number	-
Email Address	kaythiara@gmail.com
Address	55 PASIR RIS TERRACE
Address complement	-
Postcode	518699
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ELISHA
Gender	Female

PASSENGER 2

Name	AKIDA PANG
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20230504/

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS619K
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	SHC8048A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	KAMARULZAMAN IBRAHIM THIARA
Gender	Male
Phone No	(Phone) +65-96900004
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC4625P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ELISHA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC4625P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	AKIDA PANG
Gender	Female
Phone No	(Phone) +65-87992424
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC4625P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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
(Name as in NRIC/ID card)

Sketch Plan

P/E (toward trees before Euros B&F)

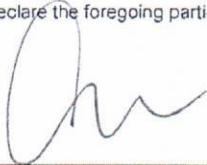
A - SNC 4625P
B - SKS 619K
C - SHC 8048A

Describe Circumstance of the Accident

Follow Police Report 7/20230504/7045

Declaration

I/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



04/05/2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230504/7045

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

1 of 4

Report No. T/20230504/7045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2023 14:26		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: KAMARULZAMAN IBRAHIM THIARA		Address: 55 PASIR RIS TERRACE SINGAPORE 518699	
ID Type / ID No.: NRIC NO / S1115071C		Contact No.: Home/Office: Mobile: 96900004	
Nationality: SINGAPORE CITIZEN		Email: KAYTHIARA@GMAIL.COM	
Sex: Male	Age: 67	Date of Birth: 03/06/1955	Type of Informant: Driver
Race: Malay		Language: English	
Occupation: Self employed		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2023 09:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHC8048A	Car					0
SKS619K	Car					0
SNC4625P	Car					2



**SINGAPORE
POLICE FORCE**



T/20230504/7045

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

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Report No. T/20230504/7045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAMARULZAMAN IBRAHIM THIARA	ID No.	S1115071C
Related Vehicle	SNC4625P (Car)	Contact No.	96900004
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/05/2023	Date	04/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	ELISHA	ID No.	S9340314B
Related Vehicle	SNC4625P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/05/2023	Date	04/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	AKIDA PANG	ID No.	S1748867H
Related Vehicle	SNC4625P (Car)	Contact No.	87992424
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/05/2023	Date	04/05/2023
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the above mentioned date time and location I was traveling in my vehicle (a) with my wife and daughter on board. The vehicle in front stopped so I follow suit. Seconds later I felt a huge impact from the rear and as I alighted I realized it was a chain collision of 3 vehicle.

Vehicle (b) collided onto the rear portion of my vehicle (a) pushing my vehicle(a) to collided onto the rear of my vehicle (c).

We felt pain on our neck and lower back so we went to our family physicians clinic to seek consultation and was given 5 days mc each.

Vehicle(a) snc4625p



**SINGAPORE
POLICE FORCE**



T/20230504/7045

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

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Report No. T/20230504/7045

CONTINUATION OF REPORT

Vehicle(b)sks619k
Vehicle (c) shc8048a



**SINGAPORE
POLICE FORCE**

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



T/20230504/7045

4 of 4

Report No. T/20230504/7045

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
04/05/2023 14:26

Classification Of Case:

J

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04 / 05 / 2023 (dd/mm/yy) Time of Accident: 09 : 30 (24-HR-FORMAT)

Vehicle No.: SNC 4625P Vehicle Make & Model: _____

*Transmission : ☐ Manual ☒ Auto *C.C.: _____

Exact location of Accident: PIE (tuas) before BKS Bunos Exit

Policyholder's Name: Akida Pang Thiara NRIC/FIN/REG No.: S1748867H

*Policyholder's email address: kaythiara@gmail.com

Driver's Name: Kamarulzaman Ibrahim Thiara NRIC/FIN/REG No.: S1115071C

*Driver's email address: 55

Driver's Contact No.: 96900604 Company Contact No (If any): _____

Date of birth: 03/06/1955 Driving Pass Date: 21/03/1980

Driver's Address: 55 Pasir Pits Terrace SC518699

Insurance Company: China Taiping

Policy No.: DMHCSNA00020752201 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☐ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 03

*Passanger Name: Elisha Gender: Male / Female

*Passanger Name: Abida Pang Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? Yes / No

Any Injuries: Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: Neck and lower back Injured Person in Which Vehicle: SNC 4625P

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKS 619K

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: SHC 8048A

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



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.

Motor Hire Car

MZ408UB

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

R SN

AN0644A

Cov. Type: C

CERTIFICATE No.

DMHCSNA00020752201

Engine No.: 1KRK147610

Cha. No. A200A0128541

1. Index Mark and Registration
Number of Vehicle

SNC4625P

AUTOSAFE

2. Name of Policy Holder

AKIDA PANG THIARA

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations, (15-43-40)
Ordinance or Enactment

26/10/2022

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

25/10/2023

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below.

Provided that the person driving is permitted in accordance with the licensing or other laws or
regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of
a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor
Vehicle.

AKIDA PANG THIARA

6. Limitations as to use.*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: CAR HOUSE CAPITAL PTE LTD

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

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the
provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the
Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chai Hulin Lynn

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com