

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 First Submission	30/10/2024 18:34 (SGT)
Reported by	Actual Driver
Date of Accident	30/10/2024 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JOO KOON CIRCLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ1925G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACCURATE LEASING PTE. LTD.
Company Reg No	2XXXXX451M
Email Address	accidentreport@mail.com
Mobile Phone No	(Phone) +65-88588862
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	BYD / E6 (ME-2)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0
Vehicle Fuel	Electric
First Registration Date	-
Chassis no	LC0CE4DC7N0379277
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00006782400

DRIVER

Name of Driver	THOMAS NA KIAN BEE
NRIC No	SXXXX635D
Date Of Birth	16/01/1973
Occupation	Outdoor
Driving Pass Date	18/12/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85353666
Alt. Phone Number	-
Email Address	THOMASNAKIANBEE@GMAIL.COM
Address	APT BLK 467C BUKIT BATOK WEST AVENUE 9 #07-569
Address complement	-
Postcode	653467
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	2
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNL5182X
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)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	THOMAS NA KIAN BEE
Gender	Male
Phone No	(Phone) +65-85353666
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNJ1925G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

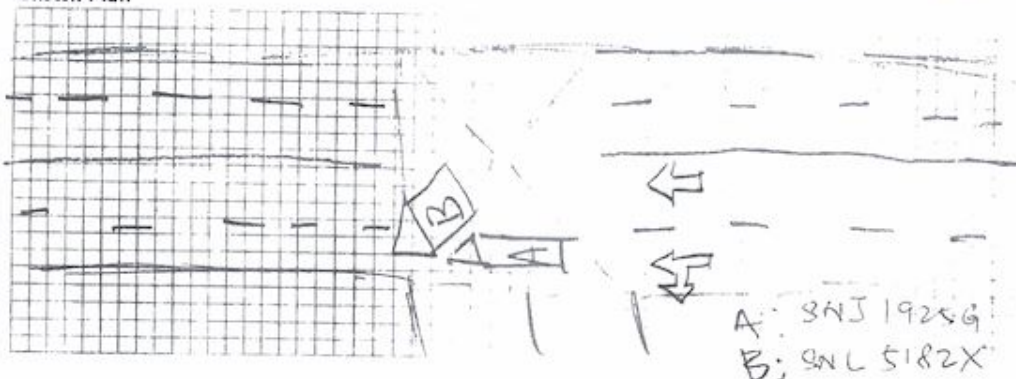
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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 Police Report

Declaration

We declare the foregoing particulars are true in every respect.

Ray

 Policyholder's Signature / Date & Time

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

[Signature]

 Witnessed by Reporting Centre Personnel







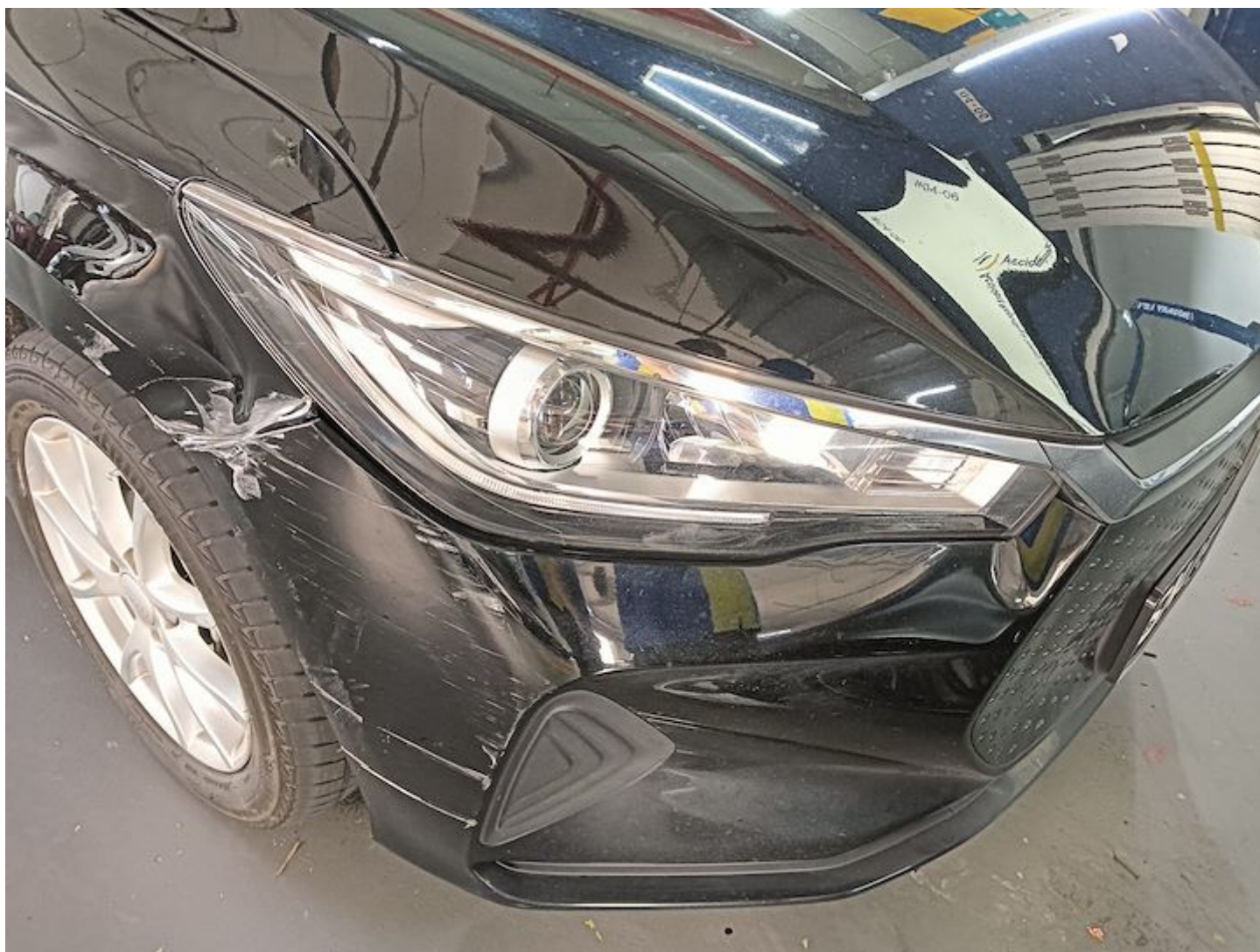


























**SINGAPORE
POLICE FORCE**



J/20241030/7036

1 of 2

POLICE REPORT (NP299)

Report No. J/20241030/7036

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 30/10/2024 12:39		Vide Report No.		Station Diary No.	
Name Of Informant THOMAS NA KIAN BEE		Address 467C BUKIT BATOK WEST AVE 9 #07-569 SINGAPORE 653467			
ID Type / ID No. NRIC NO / S7376635D		Contact No. Home/Office: Mobile: 85353666			
Nationality SINGAPORE CITIZEN		Email Address cj@blazemotoring.com.sg			
Occupation Private-hire car driver		Sex Male	Age 51	Date of Birth 16/01/1973	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 30/10/2024 07:40 - 30/10/2024 07:45		Location Of Incident NIL JOO KOON CIRCLE NIL			

Brief details:

i was driving straight in my vehicle (SNJ1925G) on joo koon circle , suddenly i felt an impact and was hit by vehicle (SNL5182X) , i felt pain and went to see the doctor and doctor gave me 7days MC .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2024 12:39
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



J/20241030/7036

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20241030/7036

Subjects Involved			
Victim			
Person Name	THOMAS NA KIAN BEE		
ID Type	NRIC NO	ID No	S7376635D
Sex	Male	Age	51
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Private-hire car driver
Address	467C BUKIT BATOK WEST AVE 9 #07-569 SINGAPORE 653467		Mobile No
			85353666
Email Address	cj@blazemotoring.com.sg	Is Informant A Victim?	Yes
Person Name	THOMAS NA KIAN BEE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2024 12:39
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SD0824AU0002 Vehicle Registration No: SNJ1925G
 Name (as shown in NRIC): THOMAS NA KIAN BEE NRIC/FIN/Passport No: S7376635D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 467C #07-569 BUKIT BATOK WEST AVE 9 Singapore (653467)
 Contact (Tel): _____ Mobile No.: 8535 3666
 Email Address: THOMASNAKIANBEE@GMAIL.COM
 Date of Accident: 30/10/2024 Time of Accident: 07:40
 Place of Accident: JOO KOON CIRCLE
 Insurance Company: China Taiping Insurance


(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMENDMENT THE FOLLOWING DETAIL: DATE OF ACCIDENT 30/10/2024



 Policyholder / Actual Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:



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

MZ406L/B

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)

N SN

BR0097A

Cov. Type C

CERTIFICATE No.

DMHCSNA00006782400

Engine No.: BYD18141ZXSF322057983
Cha. No.: LC0CE40C7N0379277

1. Index Mark and Registration
Number of Vehicle

SNJ1925G

2. Name of Policy Holder

ACCURATE LEASING PTE. LTD.

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

05/05/2024

(00:00:00)

Excess Sect. I

S\$3,000.00

Excess Sect. I (Outside Singapore)

S\$6,000.00

Excess Sect. II

S\$1,500.00

4. Date of Expiry of Insurance

04/05/2025

Excess Sect. II (Outside Singapore)

S\$3,000.00

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.

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.: SPARK CREDIT 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: Yap Hwee Ying
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