

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	29/10/2024 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
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

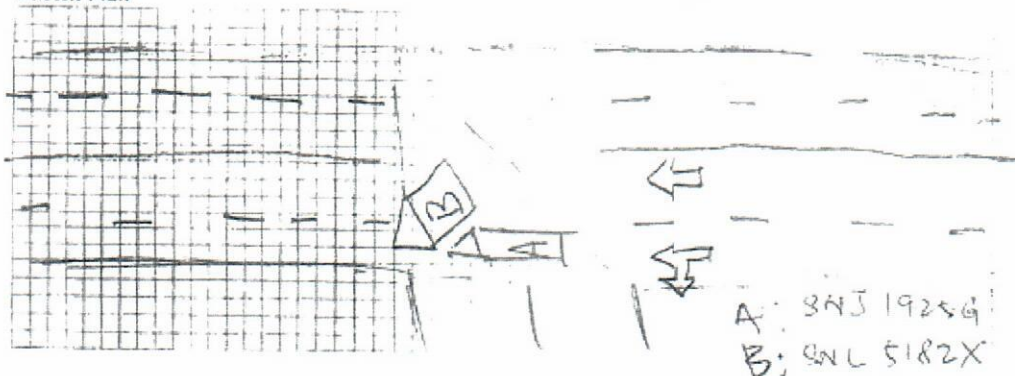
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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/paid 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





**SINGAPORE
POLICE FORCE**



J/20241030/7036

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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

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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 Interpreter;
Not applicable

Officer In-Charge Of Case;

Contact No.;

Signature Of Informant:

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

Date/Time:
30/10/2024 12:39

Classification Of Case: