

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	19/07/2024 10:53 (SGT)
Reported by	Actual Driver
Date of Accident	17/07/2024 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEENS ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND2389D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BLUECAR EAST ASIA PTE LTD
Company Reg No	201617259H
Email Address	CLAIMS@BLUESG.COM.SG
Mobile Phone No	(Phone) +65-31637800
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bluecar
Model	BLUE CAR
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	50

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133047850-01

DRIVER

Name of Driver	YEE JUN YIT
Passport No/FIN	M4253217N
Date Of Birth	26/04/1991
Occupation	Indoor

Driving Pass Date	29/05/2023
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87758429
Alt. Phone Number	-
Email Address	YJUNYIT@YAHOO.COM
Address	6 EVERTON PARK
Address complement	#06-14
Postcode	080006
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BLUE SG
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	Collision - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I was traveling from 307 Jurong East Street to Queen Street on 17 Jul 2024 around 1600hours in BlueSG car FV03809 bearing vehicle registration number SND2389D.

Around 1615 hours to 1640 hours, upon turning from Middle Road left onto Queen Street, I kept a look out for the BlueSG parking space on the left. As I was traveling straight down Queen Street, I suddenly realised there was a vehicle emerging from my right, which I understand now to be emerging from Manila Street turning right onto Queen Street. I immediately stepped on the brakes but the collision happened nonetheless. The front of ComfortDelgro taxi bearing registration number SHC1124J collided into the driver side door.

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	SHC1124J
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-90625599
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.


19/07/2024
1035HRS

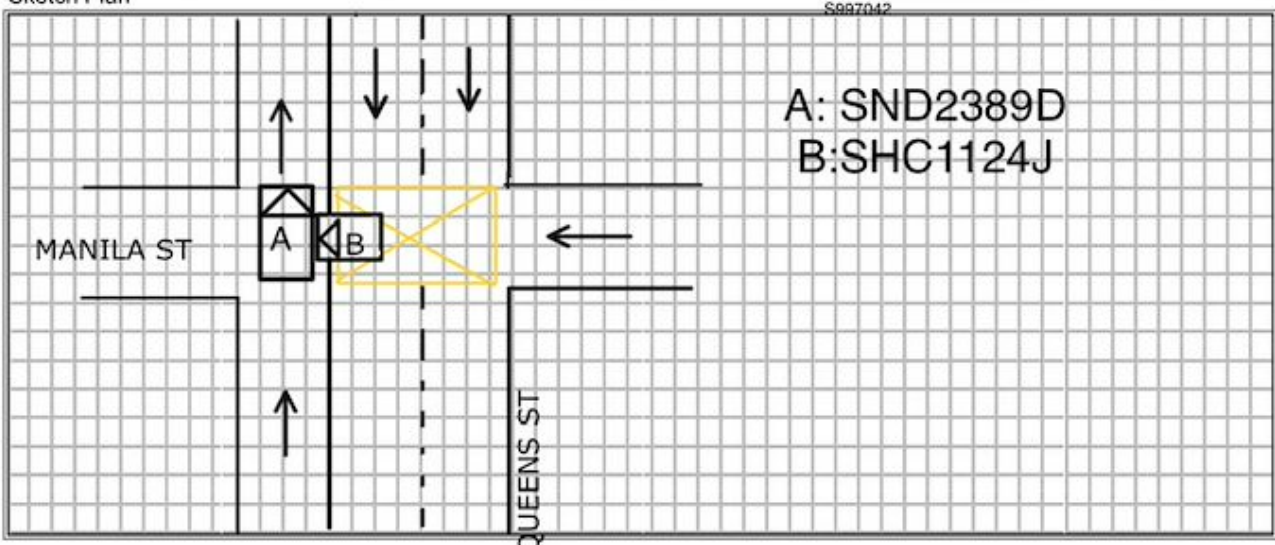
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
NUR ASYRAF BIN ZAINAL
S997042

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS

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

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

NUR ASYRAF BIN ZAINAL
S997042

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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: SN07247J0009 Vehicle Registration No: SND2389D
 Name (as shown in NRIC): BLUECAR EAST ASIA PTE LTD NRIC/FIN/Passport No: 201617259H
 (* / Vehicle Owner) (*) Please delete as appropriate
 Address: 48 CHANGI SOUTH STREET 1 # 03-01 SINGAPORE Singapore (486130)
 Contact (Tel): NA Mobile No.: NA
 Email Address: claims@bluesg.com.sg
 Date of Accident: 17/07/2024 Time of Accident: 16:15
 Place of Accident: QUEENS ST
 Insurance Company: INCOME INSURANCE LIMITED

(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:

Change in claim type/ details/ photo

Bluecar East Asia Pte Ltd

Policyholder / Signature
 Date:



Motor Service Centre

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: