

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 ability.
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 Report	27/06/2018 10:54
Date Of Accident	26/06/2018 16:40
Exact Location Of Accident	TRAFFIC LIGHT JUNCTION OF YIO CHU KANG AND ANG MO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5086S
Insured/Policyholder	
Name Of Registered Owner	BLUECAR EAST ASIA PTE. LTD.
Co Reg No	201617259H
Email Address	CLAIMS@BLUESG.COM.SG
Mobile Phone No	(LOCAL) +65-97365541
Alternative Phone No	OFFICE-31637900

Vehicle Particulars

Manufacturer	BLUECAR
Model	BLUECAR-(A)

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MSD/VPCP/18-000001
Cover Note Number	

Driver

Name of Driver	YEO DAI WEI
NRIC No	S1816062E
Date Of Birth	28/05/1967
Occupation	INDOOR
Date Of Driving Pass	12/10/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91801496
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 436B FERNVALE ROAD #14-182
Postcode	792436
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to circumstances in the sketch report.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCZ8703E
Vehicle Make/Model/Colour	LEXUS GS300
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN CHIH-SHUEN (LIN ZHIXUAN)
NRIC/Passport Number	S7570476C
Contact Number	96160319
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 Authorized Broker**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescindulate 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 data requested may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the Risk Services 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 lodgment 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/or transfer such Personal Information to all Insurers, who have insured vehicle(s) involved in this accident (all Insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firm, 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/are 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 used outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (c) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

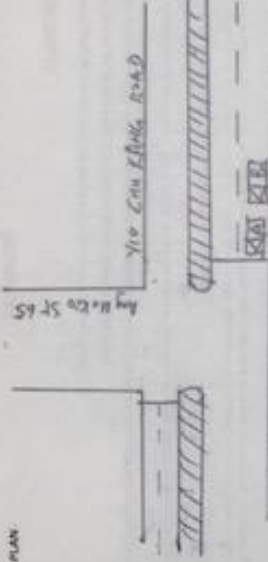
Reporting Centre Personnel's Signature
Name:
NIC/PIN No.:



26/6/2018
5:09 PM

Sketch Plan #2

SKETCH PLAN



Note: 'A' refers to insured vehicle (Blue) and 'B' refers to 3rd party vehicle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A (Blue) make a stop at Traffic Light Junction of Yio Chu Kong Road and Ang Mo Kio St 65. Vehicle B failed to stop and crashed into the rear bumper of Vehicle A (Blue). Note: Vehicle A (Blue) stop at the Traffic Light Junction when the Traffic Light turned from Green to Red

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

Reporting Centre Personnel's Signature
Name
NRIC/ID No.

26/7/2018
5:09 PM

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1816062E**
Name: **YEO DAI WEI**

Birth Date: **28 May 1967**
Issue Date: **05 Mar 2011**



 001943565K

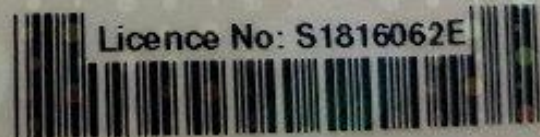
Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

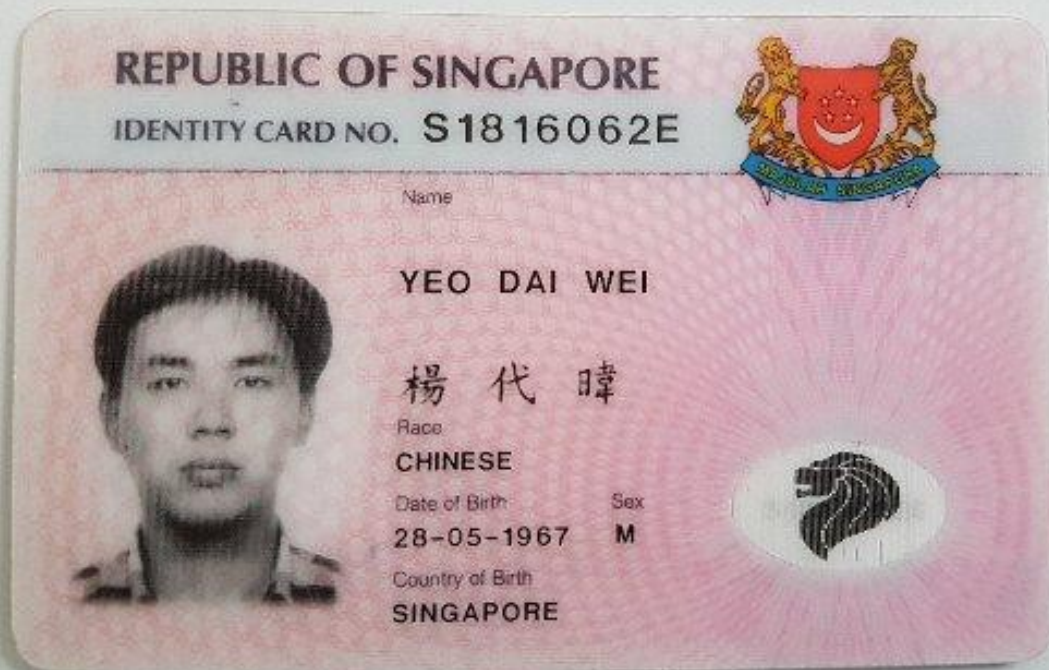
EFFECTIVE DATE

Class 3 Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg 12 Oct 1985

NP 428A



Identification Card



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

