

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 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 Report	03/04/2019 18:13
Date Of Accident	27/02/2019 07:30
Exact Location Of Accident	CTE BEFORE ANG MO KIO AVE 5 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME926Z
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	ZHONG YAN LIM
NRIC No	S8803360D
Date Of Birth	01/02/1988
Occupation	INDOOR
Date Of Driving Pass	16/06/2007
Driving Experience	11 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	+65-98412854
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 596A ANG MO KIO STREET 52 #26-315
Postcode	561596
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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 sketch plan.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5526Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF3L
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

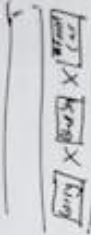
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Q. CTE Towards City →



X: marks point of impact

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on CTC towards city when I had to brake hard to prevent hitting the front car (SLJ 5526 Y). However, the lorry behind me (HBF 36) was not able to brake in time, hitting the rear of the blue car. The momentum of the impact caused the blue car to hit the front car, involving the 3 vehicles involved.

Damage to the blue car involved the rear car plate and a crack below the rear left lights.

I exchanged details with both drivers and took pictures of the accident.

DECLARATION

(I/We declare the foregoing particulars are true to the best of my/our knowledge)

Declarant's Signature

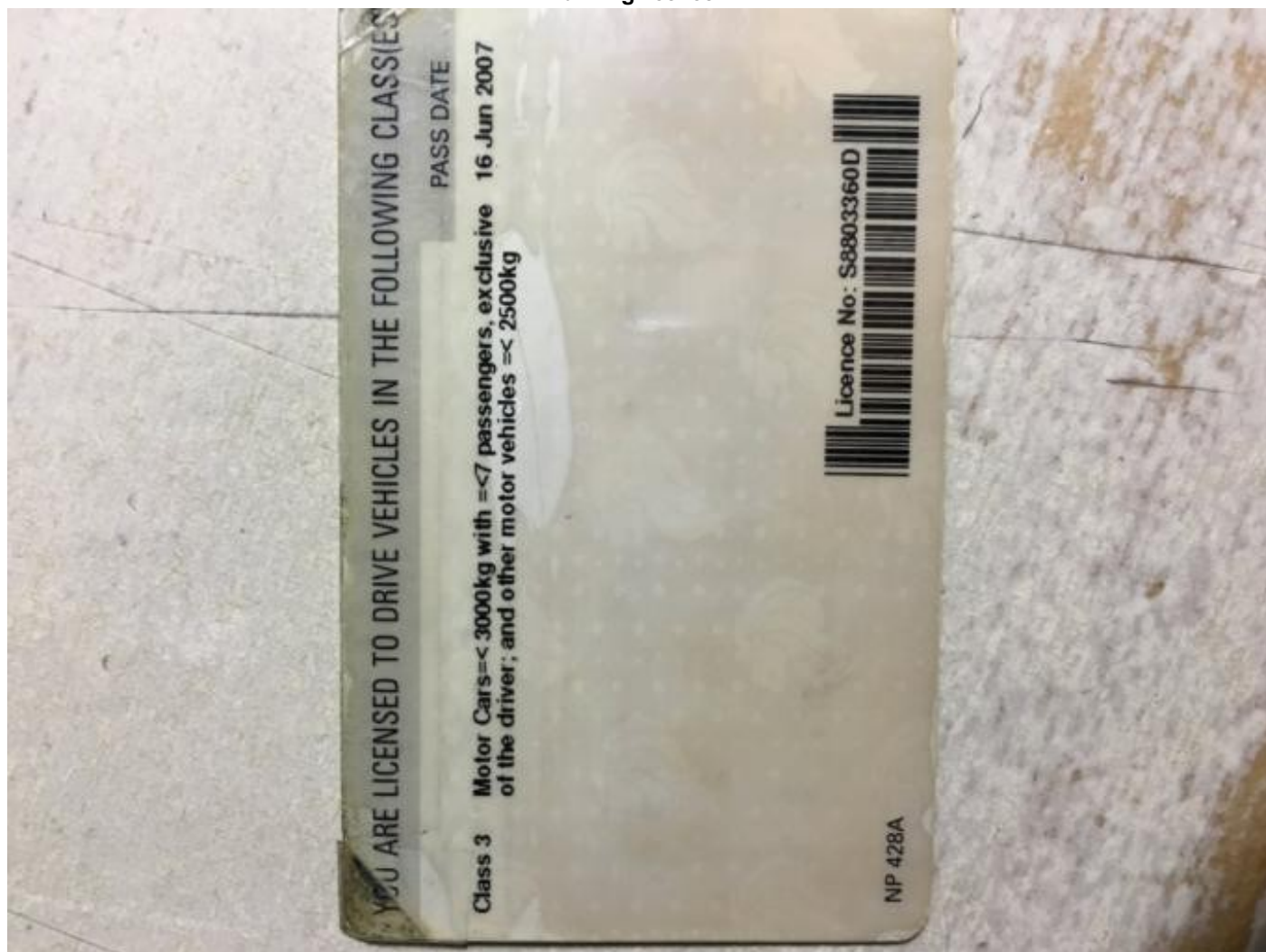
Date & Time

[Signature]

Date & Time 27/02/19 08:00 hrs



Witnessing Officer's Signature
Name
Date & Time



driving licence





3304718



NRIC No. **S8803360D**

Blood Group

-

Date of issue

10-02-2003



Address

**APT BLK 122 POTONG PASIR AVENUE 1
#21-151
SINGAPORE 350122**



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
4 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0000 Fax (65) 6224 0000
Operating Hours: Monday to Friday, 09:00 - 17:00
URL: www.gia.org.sg / 827 Reg. No.: S40061773A

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MBLU19043525 Vehicle Registration No: SMF926Z
Name(s) shown in NRIC: Bluecar East Asia Pte Ltd NRIC/FIN/Passport No: 201617259H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: 16 Science Park Drive, #04-01 DNV GL Technology Centre Singapore(118227)
Contact (Tel): 31654722 Mobile No.: 91263676
Email Address: Kumar.Nadarajan @ bluesg.com.sg
Date of Accident: 27 Feb 2019 Time of Accident: 730
Place of Accident: CTE before Ang Mo Kio Ave 5 exit
Insurance Company: MSCI

(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:

Claiming against Third party.



Policyholder / Driver's Signature
Date:

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