

## 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	03/02/2020 13:08
Date Of Accident	22/01/2020 22:30
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE EXIT 20 ADAM ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6865J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BLUECAR EAST ASIA LTE LTD
Co Reg No	2XXXXX259H
Email Address	CLAIMS@BLUESG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-31637900

### Vehicle Particulars

Manufacturer	BLUECAR
Model	BLUECAR-(A)
Exact Purpose for which vehicle was being used at time of accident	CAR RENTAL BY OWNER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD19V15488/VPZ/R00
Cover Note Number	

### Driver

Name of Driver	ONG WEI YUAN
NRIC No	SXXXX502E
Date Of Birth	22/07/1988
Occupation	INDOOR
Date Of Driving Pass	28/01/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97964339
Fax Number	
Contact Number	
EEmail Address	JUINO@ME.COM

Address	BLK 453B FERNVALE ROAD #13-519 SINGAPORE 792453
Postcode	792453
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	4
Was any body injured in the Accident?	YES
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.	YES
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : SIM HUI ZI GENDER: : FEMALE
Passenger 2	NAME: : ONG YU RU AYL GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

CAR B BRAKE HARD. CAR A (ME) BRAKE HARD AND KISS CAR B, NO DAMAGES. CAR C HIT MY CAR FROM REAR, PUSHING MY CAR TO HIT CAR B, NO DAMAGES. CAR D HIT CAR C, CAR C HIT MY CAR A AGAIN FROM THE REAR. 22/JAN/2020, 22:30 hrs.

#### 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	SKA15Y
Vehicle Make/Model/Colour	VW GOLF R
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	ENG MIN LEE, EMILY
NRIC/Passport Number	SXXXX717Z
Contact Number	97979494
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJN8913X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	GOH TEE CHOW, RANDY
NRIC/Passport Number	SXXXX400Z
Contact Number	93259117
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ONG WEI YUAN
Approximate Age	31
Injuries Sustain	LOWER BACK PAIN (PENDING MEDICAL REPORT)
Injured person in which vehicle?	SLT6865J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	453B FERNVALE ROAD #13-519
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	SIM HUI ZI
Approximate Age	35
Injuries Sustain	BACK OF HEAD PAIN (PENDING MEDICAL REPORT)
Injured person in which vehicle?	SLT6865J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	20 TEBAN GARDENS ROAD #18-101
Postcode	



## Sketch Plan

### 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 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 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.
- (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 (d) 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: 23/01/2020

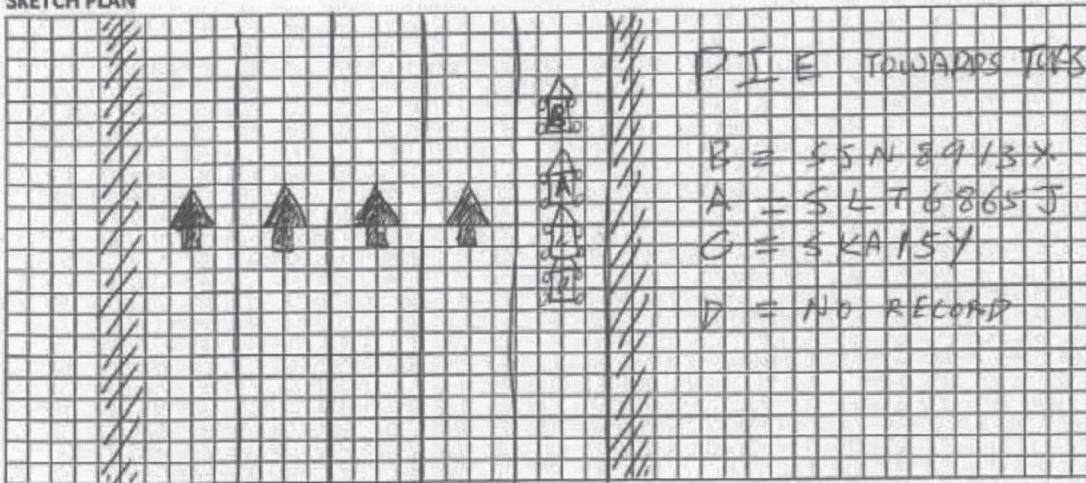
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





### Sketch Plan #2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

CAR A BRAKE HARD

CAR A (ME) BRAK HARD AND KISS CAR B, NO PANAGIES

CAR C HIT MY CAR FROM REAR, PUSHING MY CAR TO HIT CAR B, NO DAMAGES

CAR D HIT CAR C, CAR C HIT MY CAR AGAIN FROM THE REAR

22/JAN/2020, 22:30 hrs

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 23 / JAN / 2020

4:45 PM

Reporting Centre Personnel's Signature \_\_\_\_\_

Name: \_\_\_\_\_

NRIC/FIN No.:





## Police Report 1



**SINGAPORE  
POLICE FORCE**



T/20200123/7037

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200123/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2020 15:53		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG WEI YUAN			Address: APT BLK 453B FERNVALE ROAD #13-519 SINGAPORE 792453		
ID Type / ID No.: NRIC NO / S8826502E			Contact No.: Home/Office:		Mobile: 97964339
Nationality: SINGAPORE CITIZEN			Email: juino@gmx.com		
Sex: Male	Age: 31	Date of Birth: 22/07/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: After sales adviser/Client account service executive			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/01/2020 22:30	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN8913X	Car					0
SLT6865J	Car					0
	Car			Black	Seriously Damaged	0
	Car			White	Seriously Damaged	0



## Police Report 2



**SINGAPORE  
POLICE FORCE**



T/20200123/7037

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200123/7037

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	GOH TEE CHOW, RANDY	ID No.	S9011400Z
Related Vehicle	SJN8913X (Car)	Contact No.	93259117
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ONG WEI YUAN	ID No.	S8826502E
Related Vehicle	SLT6865J (Car)	Contact No.	97964339
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	KWEK JIN HAN	ID No.	S9518834F
Related Vehicle	(Car)	Contact No.	96611931
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



Police Report 3



**SINGAPORE  
POLICE FORCE**



T/20200123/7037

3 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200123/7037

CONTINUATION OF REPORT

Driver			
Name	ENG MIN LEE EMILY	ID No.	S7808717Z
Related Vehicle	(Car)	Contact No.	97979494
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Video x1 exceeding 2mb

Lane 1 on PIE towards Tuas, before exit 20 to Adam Road

Car 1 brake hard,  
Car 2 (me) brake hard and kiss car 1, no damages.  
Car 3 hit my car from the rear, pushing my car to hit car 1.  
Car 4 hit car 3, car 3 hit my car again from the rear.





**SINGAPORE  
POLICE FORCE**



T/20200123/7037

4 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200123/7037

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NOR HIDAYU BINTE ABDUL SAMAD  
Contact No.: 65476423

Authentication Stamp  
NP186

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
23/01/2020 15:53

Classification Of Case: