

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	25/09/2020 20:59
Date Of Accident	22/09/2020 17:15
Exact Location Of Accident	YIO CHU KANG ROAD (PASSED LAMP POST NO. 293)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2661R
Insured/Policyholder	
Name Of Registered Owner	BLUECAR EAST ASIA PTE 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	LIM JIAN AN
NRIC No	SXXXX085I
Date Of Birth	14/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	17/01/2007
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91771834
Fax Number	
Contact Number	
Email Address	LIMJIANANJOE@GMAIL.COM

Address	BLK 671A EDGEFIELD PLAINS #04-507 SINGAPORE
Postcode	821671
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 - U-TURN
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LIM XUAN QI JANESEA 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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

A1 - I was Driving straight on my lane (Lane 2) A2 - Collision took place on my driver side (front) B1 - MPV suddenly dash out from the U-Turn into my lane (Lane 2) B2 - Collision took place on it left side of rear Brief Details : see attachment of police report No. T/20200922/7031, T/20201006/7001, T/20201006/7002 DAMAGES ON SMP2661R : Driver side front fender dent, Driver side wheel DAMAGES ON SBN6888T : left side of rear bump & rear Body 2 more police report update as attachment, T/20201006/7001, T/20201006/7002 (updated as at today: 06/10/2020)

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	SBN6888T
Vehicle Make/Model/Colour	GREY
Details Of Properties	LEFT SIDE OF REAR BUMPER & REAR BODY
Vehicle Category	PRIVATE CAR
Name of Driver	LAURELL

NRIC/Passport Number	
Contact Number	96569859
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM JIAN AN
Approximate Age	34
Injuries Sustain	WHIPLASH ON THE NECK AREA
Injured person in which vehicle?	SMP2661R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 671A EDGEFIELD PLAINS #04-507 SINGAPORE
Postcode	821671

Sketch Plan

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 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. The 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 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:

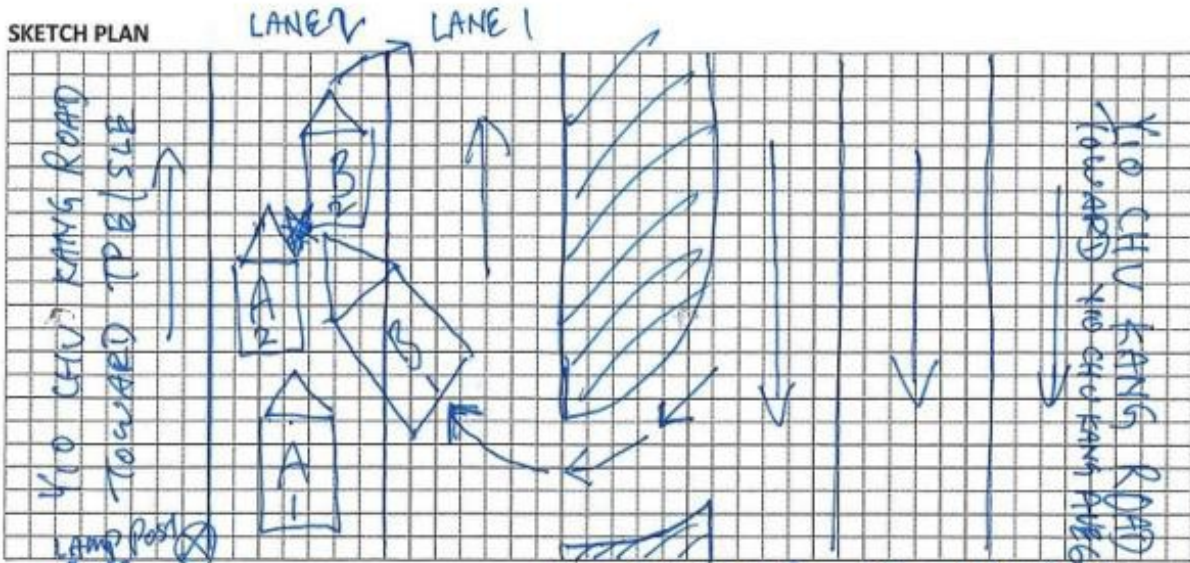
Driver's Signature
(If driver is not the policyholder)
Date & Time: 2.9/04/20 1320HRS

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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A - SMP2661R B - SBN688T

A1 - I WAS ~~DRIVING~~ Driving straight on my lane (Lane 2)
A2 - ~~was~~ collision ~~that~~ took place on my driver side (front)

B1 - MPV ~~was~~ Suddenly dash out from the U-Turn into my lane (Lane 2)
B2 - collision took place on it ~~was~~ left side of rear

Brief Details : see attachment of police report No. ~~7~~
T/20200922 / 7031

DAMAGES ON SMP2661R : Driver side front fender, ^{dent} Driver side
wheel.

DAMAGES ON SBN688T : ~~Left~~ left side of rear bumper & rear
Body.

DECLARATION

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

Policyholder's Signature
Date & Time:

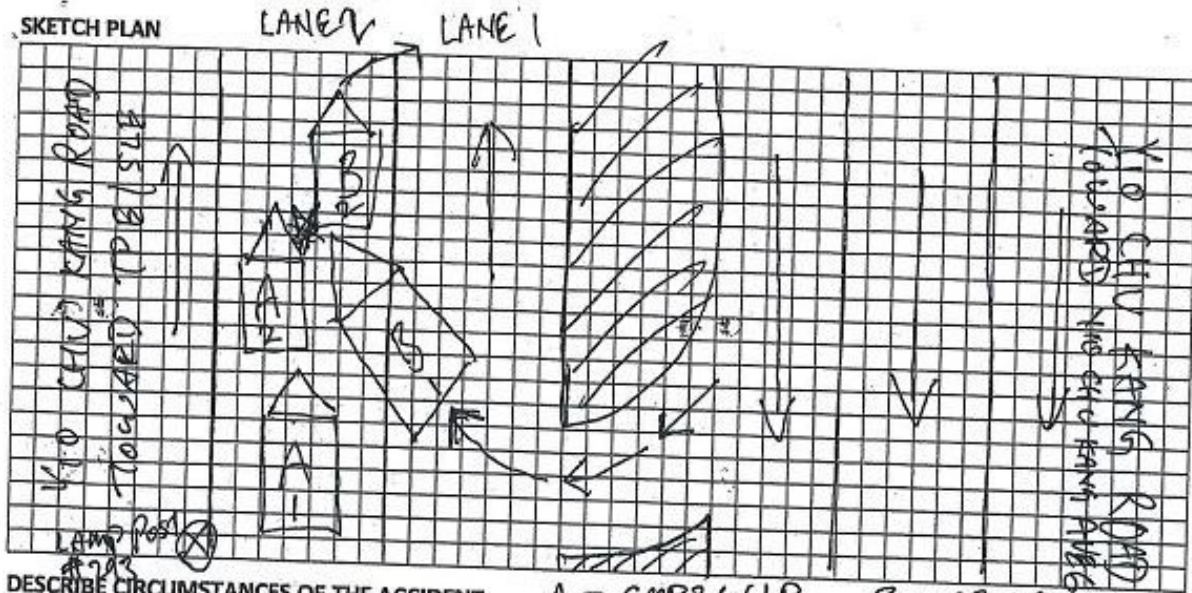
Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/09/20 1320HRS

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



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A - SMP2661R B - SBN688T

A1 - I WAS ~~DRIVING~~ Driving straight on my lane (Lane 2)

A2 - ~~was~~ Collision ~~that~~ took place on my driver side (front)

B1 - MPV ~~was~~ Suddenly dash out from the U-Turn into my lane (Lane 2)

B2 - collision took place on it ~~was~~ left side of rear

Brief Details : see attachment of police report No. ~~7031~~

T/20200922/7031, T/20201006/7001, T/20201006/7002 ~~def~~

DAMAGES ON SMP2661R : Driver side front fender, Driver side ~~was~~ wheel

DAMAGES ON SBN688T : ~~left~~ left side of rear bump & rear Body

2 more police report update as attachment, T/20201006/7001, T/20201006/7002 (updated as of today dated: 06/10/2020)

DECLARATION

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

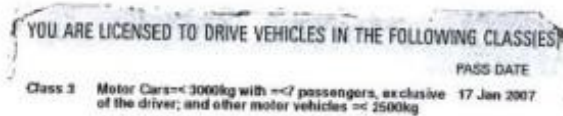
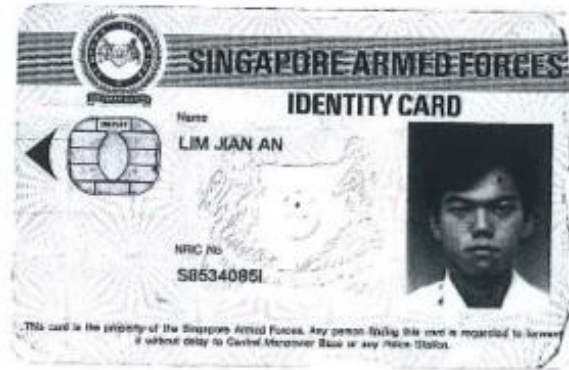
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24/09/20 1320HRS

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



Identification Card



NP 428A



Police Report



**SINGAPORE
POLICE FORCE**



T/20200922/7031

1 of 3

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

Report No. T/20200922/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2020 19:28		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM JIAN AN			Address: 671A EDGEFIELD PLAINS #04-507 SINGAPORE 821671		
ID Type / ID No.: NRIC NO / S8534085I			Contact No.: Home/Office: Mobile: 91771834		
Nationality: SINGAPORE CITIZEN			Email: limjiananjoe@gmail.com		
Sex: Male	Age: 34	Date of Birth: 14/10/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: AIR FORCE ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2020 17:45	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Drizzling		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SBN6888T	Car				Seriously Damaged	0
SMP2661R	Car				Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20200922/7031

2 of 3

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

Report No. T/20200922/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM XUAN QI JANESEA	ID No.	T1300485J
Related Vehicle	SMP2661R (Car)	Contact No.	91771834
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/09/2020	Date	22/09/2020
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	LIM JIAN AN	ID No.	S8534085I
Related Vehicle	SMP2661R (Car)	Contact No.	91771834
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/09/2020	Date	22/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SMP2661R WAS DRIVING STRAIGHT IN MY LANE ON LANE 2.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SBN6888T DASH OUT FROM THE U TURN FILTER LANE INTO MY LANE AND COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I AND MY DAUGHTER SUFFERED PAIN ON OUR NECK AND SHOULDER. MY DAUGHTER ALSO TRAUMATISED FROM THE ACCIDENT. SO WE WENT TO INTAMEDICAL 24 HR CLINIC TO CONSULT A DOCTOR. I RECEIVED 3 DAYS OF MC WHILE MY DAUGHTER RECEIVED 2 DAYS OF MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200922/7031

3 of 3

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

Report No. T/20200922/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

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

Date/Time:
22/09/2020 19:28

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201006/7001

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

1 of 4

Report No. T/20201006/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2020 02:21			Vide Report No.: T/20200922/7031		Station Diary No.:
Informant's Particulars					
Name of Informant: LIM JIAN AN			Address: 671A EDGEFIELD PLAINS #04-507 SINGAPORE 821671		
ID Type / ID No.: NRIC NO / S85340851			Contact No.: Home/Office: Mobile: 91771834		
Nationality: SINGAPORE CITIZEN			Email: limjiananjoe@gmail.com		
Sex: Male	Age: 34	Date of Birth: 14/10/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: AIR FORCE ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2020 17:15	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SBN6888T	Car				Seriously Damaged	1
SMP2661R	Car	OTHERS	rental vehicle BlueSG	White	Seriously Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20201006/7001

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

2 of 4

Report No. T/20201006/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM XUAN QI JANELSA	ID No.	T1300485J
Related Vehicle	SMP2661R (Car)	Contact No.	91771834
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/09/2020	Date	22/09/2020
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	LIM JIAN AN	ID No.	S8534085I
Related Vehicle	SMP2661R (Car)	Contact No.	91771834
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/09/2020	Date	22/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I MAKING AMENDMENT OF INCIDENT TIME OF ACCIDENT FROM FROM PREVIOUS REPORT AT 1745HRS AMENDED TO 1715HRS.

I WAS DRIVING RENTAL VEHICLE BLUESG

CROSS REFERENCE TO THE PREVIOUS REPORT, REPORT NO. T/20200922/7031.

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SMP2661R WAS DRIVING STRAIGHT IN MY LANE ON LANE 2.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SBN6888T DASH OUT FROM THE U TURN FILTER LANE INTO MY LANE AND COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I AND MY DAUGHTER SUFFERED PAIN ON OUR NECK AND SHOULDER. MY DAUGHTER ALSO TRAUMATISED FROM THE ACCIDENT. SO WE WENT TO INTEMEDICAL 24 HR CLINIC TO CONSULT A DOCTOR. I RECEIVED 3 DAYS OF MC WHILE MY DAUGHTER RECEIVED 2 DAYS OF MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201006/7001

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

3 of 4

Report No. T/20201006/7001

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20201006/7001

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

4 of 4

Report No. T/20201006/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

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

Date/Time:
06/10/2020 02:21

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201006/7002

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

1 of 3

Report No. T/20201006/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2020 02:43		Vide Report No.: T/20200922/7031		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM JIAN AN			Address: APT BLK 671A EDGEFIELD PLAINS #04-507 SINGAPORE 821671		
ID Type / ID No.: NRIC NO / S8534085I			Contact No.: Home/Office: Mobile: 91771834		
Nationality: SINGAPORE CITIZEN			Email: limjiananjoe@gmail.com		
Sex: Male	Age: 34	Date of Birth: 14/10/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: AIR FORCE ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2020 17:15	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBN6888T	Car					1
SMP2661R	Car	OTHERS	Rental vehicle White BlueSG	White	Seriously Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20201006/7002

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

2 of 3

Report No. T/20201006/7002

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM XUAN QI JANESEA	ID No.	T1300485J
Related Vehicle	SMP2661R (Car)	Contact No.	91771834
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/09/2020	Date	22/09/2020
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	LIM JIAN AN	ID No.	S8534085I
Related Vehicle	SMP2661R (Car)	Contact No.	91771834
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/09/2020	Date	22/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

Brief Details.

I MAKING AMENDMENT OF INCIDENT TIME OF ACCIDENT FROM FROM PREVIOUS REPORT AT 1745HRS AMENDED TO 1715HRS.
DISREGARD PREVIOUS REPORT MADE ON 06/10/2020 02:21 Report No. T/20201006/7001(I HAD MADE AN ERROR, IN DATE OF ACCIDENT)
I WAS DRIVING RENTAL VEHICLE BLUESG
CROSS REFERENCE TO THE FIRST PREVIOUS REPORT, REPORT NO. T/20200922/7031.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201006/7002

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

3 of 3

Report No. T/20201006/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

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

Date/Time:
06/10/2020 02:43

Classification Of Case:

GIA Addendum (Correction of Accident Time & subsequent Police Report)



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #12-03 SINGAPORE 048591
 Tel: (65) 6329 0010 Fax: (65) 6724 0050
 Opening Hours: Monday to Friday, 09:00 - 17:00
 Saturday 09:00 - 12:00
 URL: www.gia.sg / GST Ref No: 144012715

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: MIE120083816 Vehicle Registration No: SMP2681R
 Name (Lastname, NRIC): LIM JIAN AN NRIC/FIN/Passport No: S85340851
 (* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address: BLK 671A EDGEFIELD PLAINS #04-507 Singapore (821671)
 Contact (Tel): _____ Mobile No: 91771824
 Email Address: LIMJIANANJOE@GMAIL.COM
 Date of Accident: 22/09/2020 Time of Accident: 17:15
 Place of Accident: YIO CHU KANG ROAD
 Insurance Company: LIBERTY INSURANCE PTE LTD

(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:

TIME OF ACCIDENT SHOULD BE 17:15

INSTEAD OF 17:00

REFER TO SUBSEQUENT POLICE REPORT & SKETCH PLAN.

Policyholder / Driver's Signature
 Date: 06/10/2020

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
URN: 3168300206 / GST Reg. No.: M400017795

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 : MIE120083816 Vehicle Registration No: SMP2661R
Name (as shown in NRIC) : BLUECAR EAST ASIA PTE LTD NRIC/FIN/Passport No : 201617255H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 16 Science Park Drive, #04-01 DNV GL Technology Centre Singapore (118227)
Contact (Tel) : 31637900 Mobile No. :
Email Address : CLAIMS@BLUESG.COM.SG
Date of Accident : 22/09/2020 Time of Accident : 17:00
Place of Accident : YIO CHU KANG ROAD (PASSED LAMP POST NO. 293)
Insurance Company : LIBERTY INSURANCE PTE LTD

(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:

CONVERT FROM OD CLAIMS TO TP CLAIMS



Policyholder / Driver's Signature
Date:



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