

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 Submission 04/10/2021 17:58 (SGT)
Date of Accident 01/10/2021 23:59 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML3668L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BLUECAR EAST ASIA PTE LTD
Company Reg No 2XXXXX259H
Email Address CLAIMS@BLUESG.COM.SG
Mobile Phone No (Phone) +65-31637900
Alternative Phone No (Office) +65-31637900

VEHICLE PARTICULARS

Manufacturer Bluecar
Model BLUECAR (A)
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 1600

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number SD21V00611/VPZ/R01
Cover Note Number -

DRIVER

Name of Driver JONAS LAM KAI SEN
NRIC No SXXXX756B

Date Of Birth	29/09/1998
Occupation	Indoor
Date Of Driving Pass	14/01/2020
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82825487
Alt. Phone Number	-
Email Address	JONASLAM1998@GMAIL.COM
Address	BLK 149 TAMPINES STREET 12 #08-84
Address complement	-
Postcode	521149
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEONARD TAN JIE MING
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE 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	SJV7727G
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNB8242P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLS9886J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEONARD TAN JIE MING
Gender	Male
Phone No	(Phone) +65-91991354
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	22
Injuries Sustained	-
Injured person in which vehicle?	SML3668L
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLANIMPORTANT NOTICE

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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: 4 Oct 2021

Driver's Signature

(If driver is not the policyholder)

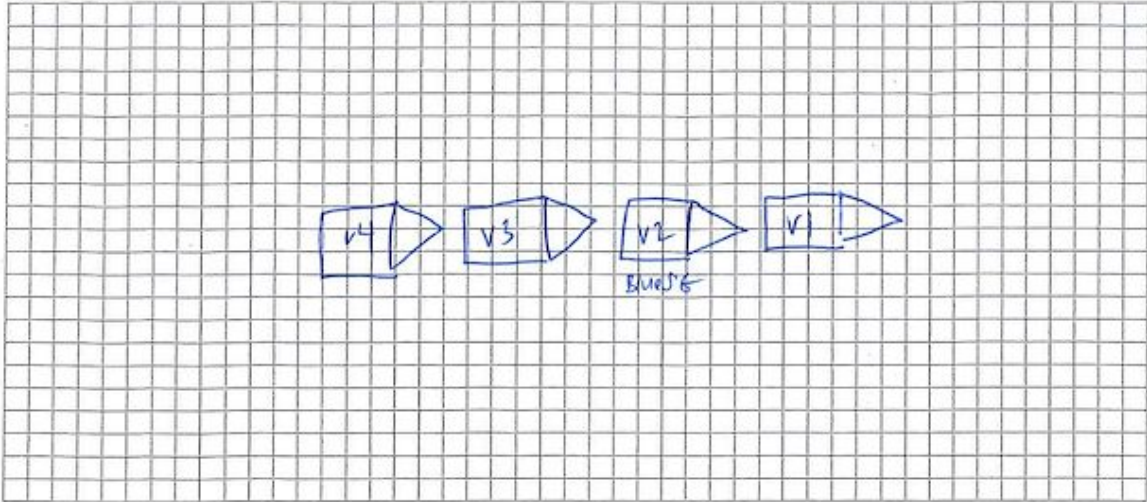
Date & Time: 4 Oct 2021

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

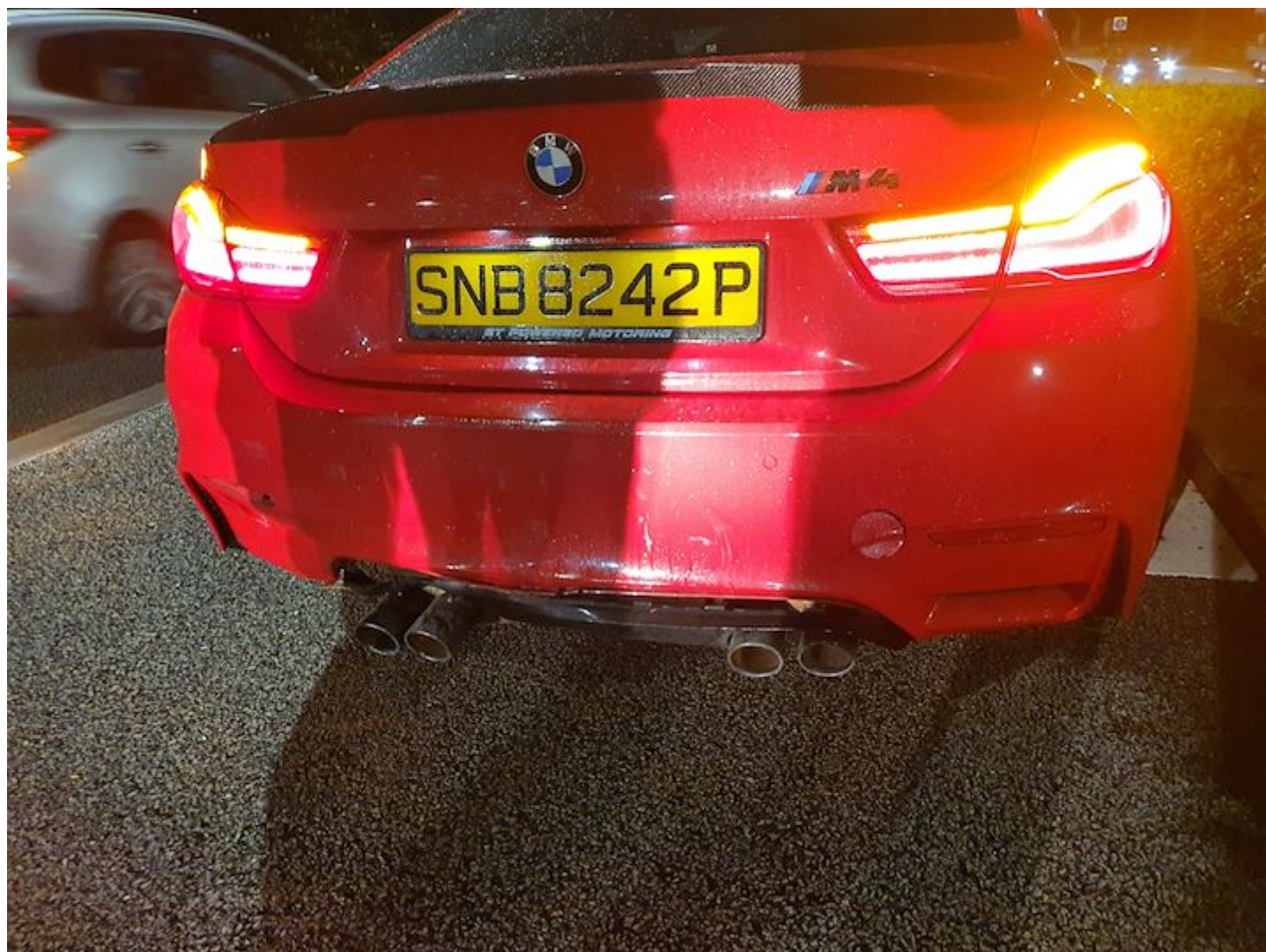
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 4 Oct 2021

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



[Handwritten signature]

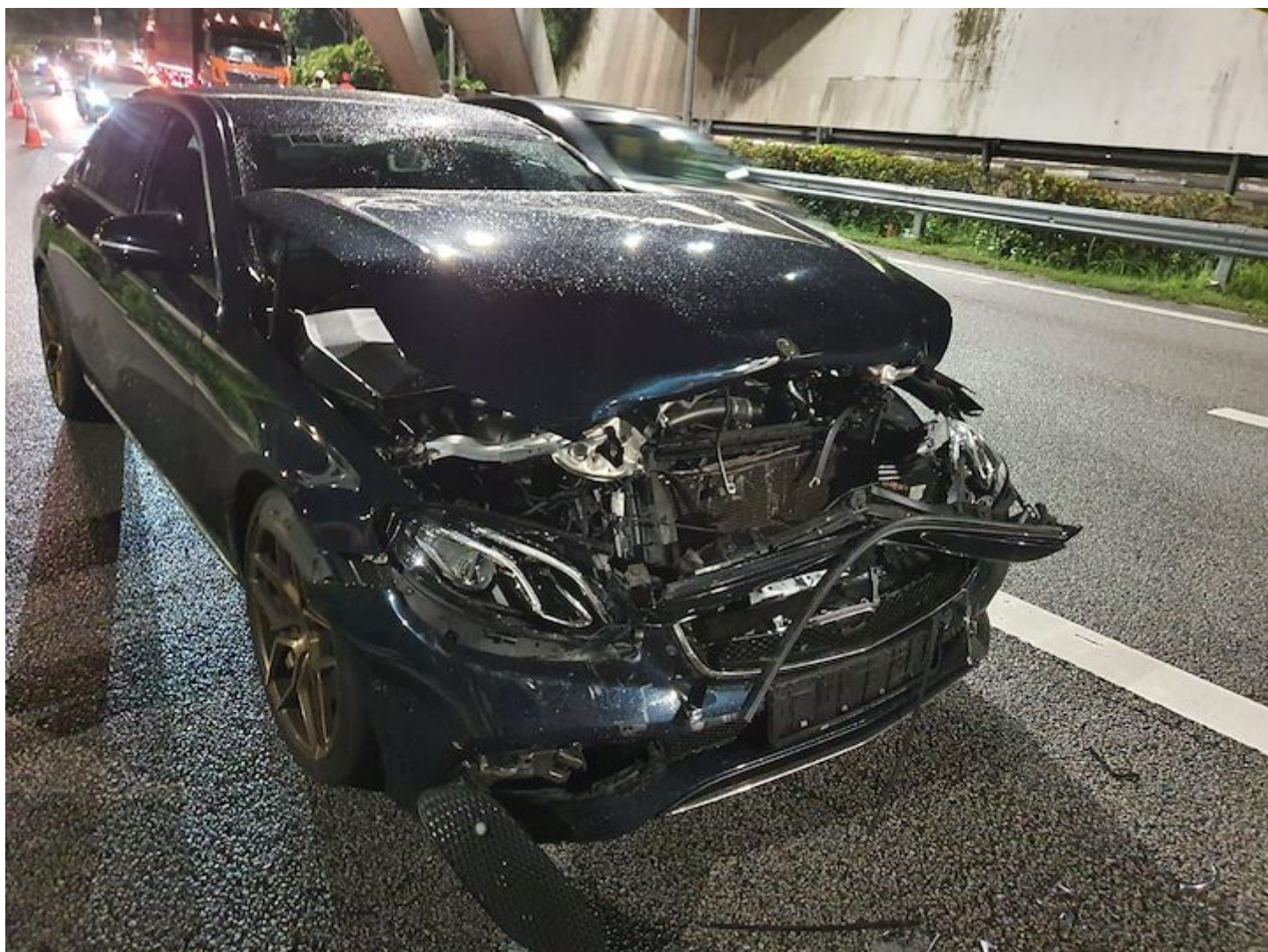




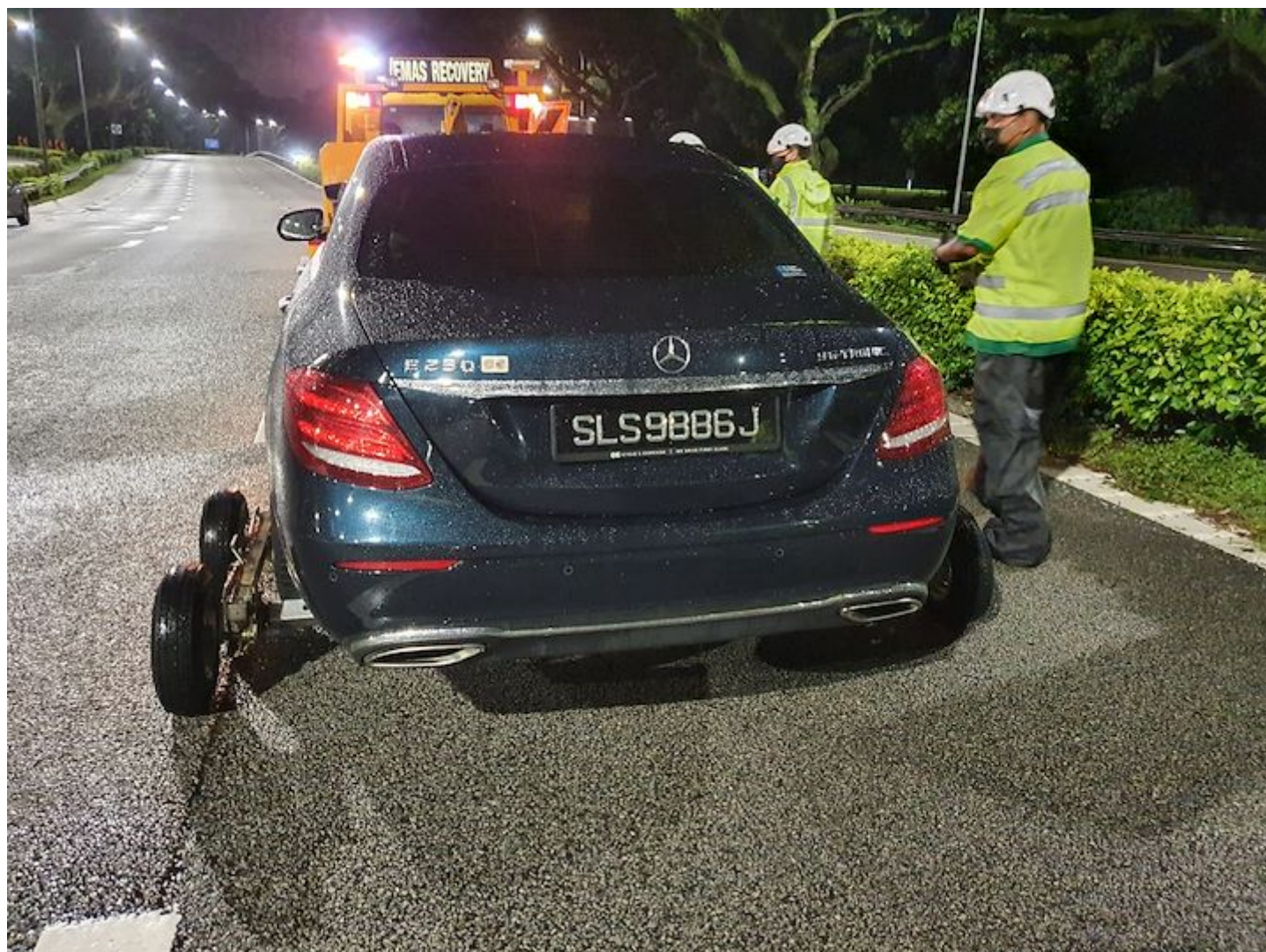


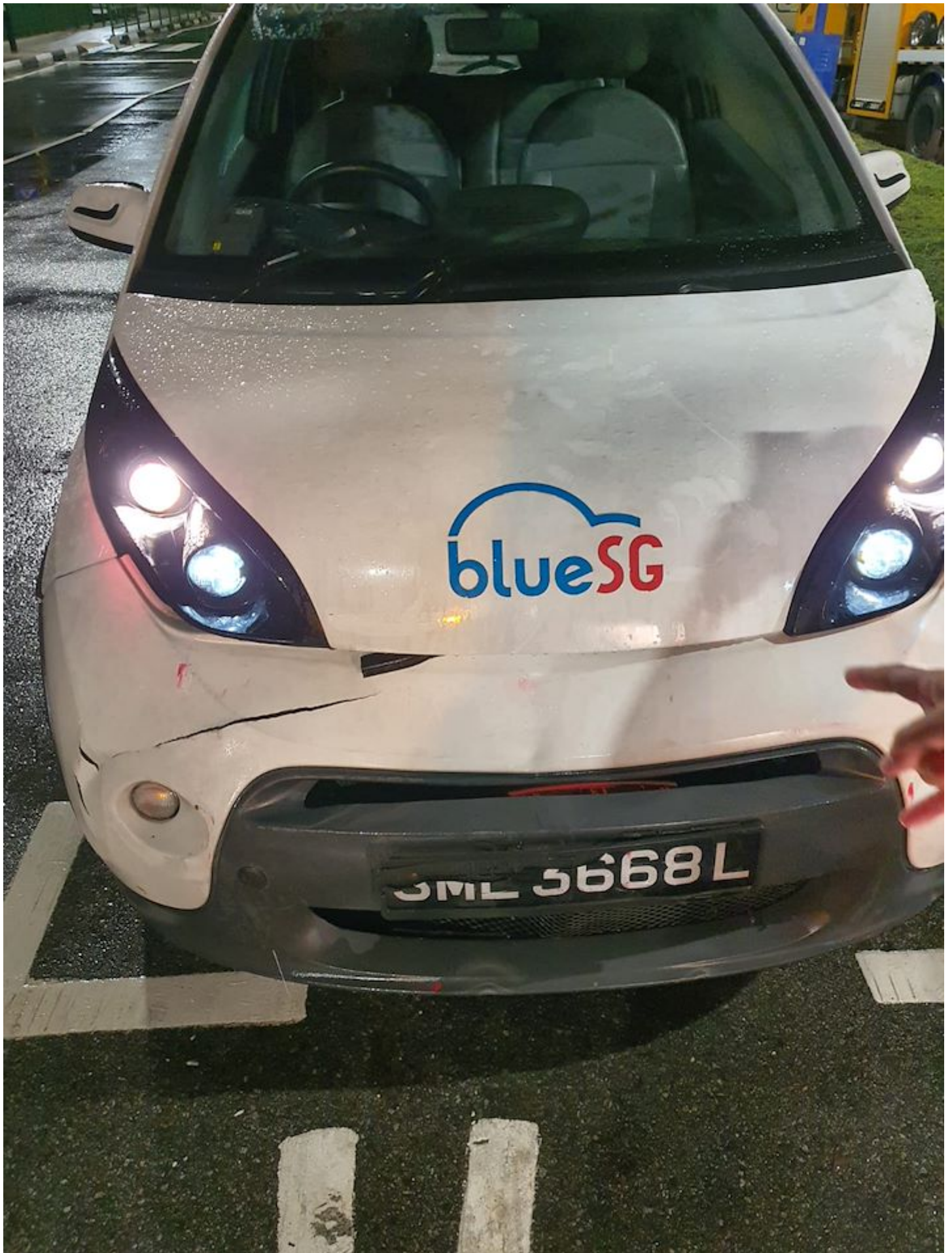














**SINGAPORE
POLICE FORCE**



T/20211002/2007

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20211002/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2021 02:46	Vide Report No.: E/20211002/0007	Station Diary No.: 19
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Informant's Particulars

Name of Informant: JONAS LAM KAI SEN			Address: APT BLK 149 TAMPINES STREET 12 #08-84 SINGAPORE 521149		
ID Type / ID No.: NRIC NO / S9831756B			Contact No.: Home/Office: Mobile: 82825487		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 29/09/1998	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/10/2021 00:10	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 932				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
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
SJV7727G	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Brown	Slightly Damaged	1
SLS9886J	Car	MERCEDES BENZ	E250 AVG (R18 LED)	Green	Seriously Damaged	0
SML3668L	Car	BLUECAR	BLUECAR	White	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211002/2007

2 of 4

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20211002/2007

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNB8242P	Car	BMW	M4 COMPETITION PACKAGE S-A	Red	Slightly Damaged	0

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Saiyid Faris Bin Nur Qarnain		ID No.	T0016003I
Related Vehicle	SJV7727G (Car)		Contact No.	NIL
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
Driver				
Name	Kris Chew Yee Fong		ID No.	S7615303E
Related Vehicle	SLS9886J (Car)		Contact No.	NIL
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	Slight
Driver				
Name	JONAS LAM KAI SEN		ID No.	S9831756B
Related Vehicle	SML3668L (Car)		Contact No.	82825487
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20211002/2007

3 of 4

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Tel No: 1800-2519999

Report No. T/20211002/2007

CONTINUATION OF REPORT

Passenger			
Name	Leonard Tan Jie Ming	ID No.	S9937027J
Related Vehicle	SML3668L (Car)	Contact No.	91991354
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Syed Ibrahim Syed Jummakhan	ID No.	S9373782B
Related Vehicle	SNB8242P (Car)	Contact No.	81777933
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.

V1 SNB8242P

V2 SML3668L (Towed)

V3 SJV7727G

V4 SLS9886J (Towed)

On 02/10/2021 at about 0010hrs, I was driving a BlueSG car (V2) along PIE(Changi) on Lane 1. The weather was drizzling and road conditions wet. While travelling on a bend, I observed that V1 was stopped along the bend. I applied the brakes however to brakes was not responsive. As a result, I collided onto V1.

I alighted the vehicle, together with my friend and we spoke to the driver of V1. We were still along Lane 1. I was physically at the Road shoulder along Lane 1 while my friend was in front of V2. About a few minutes later V3 which was oncoming, collided with the rear of V2, followed by V4. The oncoming collision caused my V2 to collided onto my friend who was in the way. The subsequent collision did not hit onto V1.

V1 left prior to ambulance and traffic police's arrival. My friend was conveyed to Tan Tock Seng Hospital. I spoke to the Traffic Police officer and was advised to lodge an accident report.



**SINGAPORE
POLICE FORCE**



T/20211002/2007

4 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20211002/2007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

E /

Sgt 3 MUHAMMAD ASH
SHAHIDI BIN MOHAMED
PADILLAH

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

02/10/2021 02:46

Officer In Charge Of Case:

TP / GIT /

Sr Staff **SUBMANIAPPA ZAKARIA** SN 168
Contact No: 65474885

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



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: SI0821A40002 Vehicle Registration No: SML3668L
 Name (as shown in NRIC): JONAS LAM KAI SEN NRIC/FIN/Passport No: SXXXX756B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: +65-82825487
 Email Address: _____
 Date of Accident: 02/10/2021 Time of Accident: 00:10 (SGT)
 Place of Accident: PIE, Singapore
 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:

TO AMEND DATE AND TIME FROM 02/10/2021 00:10 (SGT) TO 01/10/2021 23:59 (SGT)



Policyholder / Driver's Signature
Date:



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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Marking: **S9831756B**
Name: **JONAS LAM KAI SEN (LIN JIASHENG)**

Birth Date: **29 Sep 1998**
Issue Date: **14 Jan 2020**

003017351B

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9831756B

Name: **JONAS LAM KAI SEN (LIN JIASHENG)**
林佳盛

Race: **CHINESE**
Date of birth: **29-09-1998** Sex: **M**
Country of birth: **SINGAPORE**

29091998

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ **14 Jan 2020**

NP 428A

Licence No: S9831756B

4983744

NRIC No: S9831756B

Date of issue
12-04-2013

Address
APT BLK 149 TAMPINES STREET 12
#08-B4
SINGAPORE 521149