# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 02/10/2021 00:10 (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 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 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? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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? Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 (Fax) +65-63548749 Alt. Police Station Phone No 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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJV7727G

## Accident report SI0821A40002

Vehicle Registration Number

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)	_
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### **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 Gender Phone No	LEONARD TAN JIE MING Male (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

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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: 40 ct 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time: 40 ct 2021

Reporting Centre Personnel's Sign

Name:

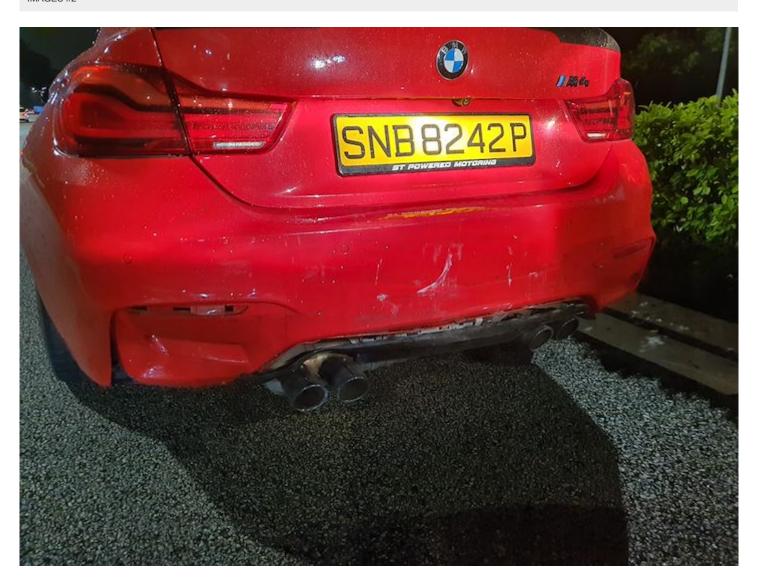
NRIC/FIN No.:

GIARMC SketchPlanForm V3

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CLARATION e declare the foregoing partic	culars are true in eve	ery respect.		R	eporting	*(e)	O EN OFFICE PERSONNEL	el's Sie		4

GIARMC SketchPlanForm\_V3

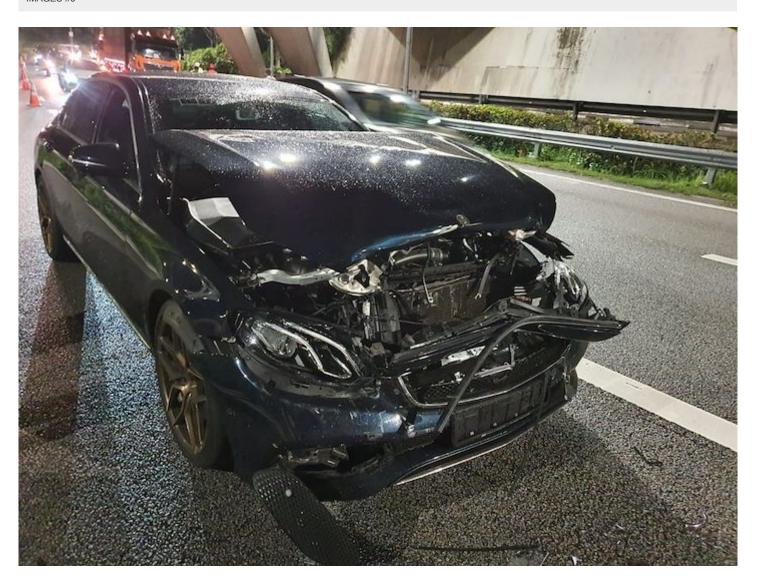






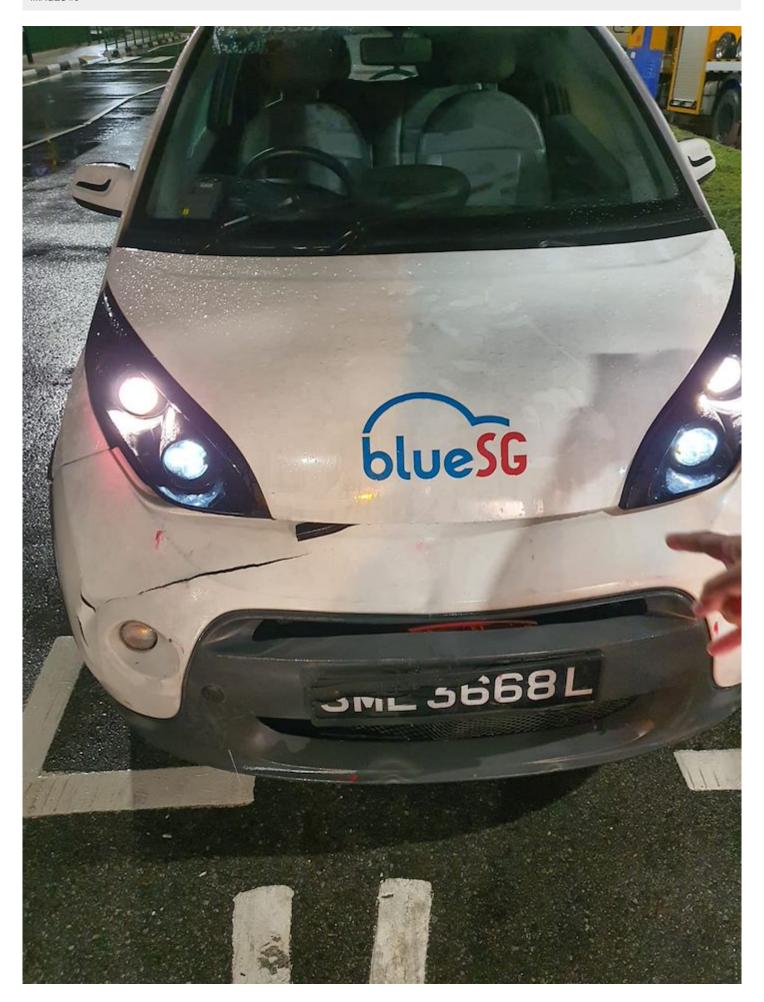
















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Report No. T/20211002/2007

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 OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2021 02:46			Vide Report No.: E/20211002/0007	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: _AM KAI SI		Address: APT BLK 149 TAMPINES ST 521149	REET 12 #08-84 SINGAPORE	
ID Type / ID No.: NRIC NO / S9831756B			Contact No.: Home/Office:	Mobile: 82825487	
National SINGAP	ity: ORE CITIZ	EN	Email:	K.	
Sex: Male	Age: 23	Date of Birth: 29/09/1998	Type of Informant: Driver	`*x1	
Race: Chinese			Language:	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulanc	Drink e Drive: No	Date/Time of Accident: 02/10/2021 00:10	Type of Location Bend	
	EXPRESSWAY				
Lamp Post Number: 932 Weather: Road Drizzling Wet		ad Surface: et	(3)	Road Speed Limit:	
Traffic Flow: One Way	1.00	affic Control: at Controlled		Traffic Volume:	
Type of Collis	sion: ring Vehicles - Head To Rear	II.	Anyone conveyed by ambulance: No		

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





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Report No. T/20211002/2007

Police Station Of Origin: Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194 CONTINUATION OF REPORT

Tel No: 1800-2519999

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNB8242P	Car	BMW	M4 COMPETITI ON PACKAGE S	Red	Slightly Damaged	0

Any Pedestrian Ir	volved: No						
No. of Pedestrian			Use of Pedestrian Crossing: NA				
Driver			SECTION SEC				
Name	Saiyid Faris Bin Nur		ID No.		T0016003I		
Related Vehicle	SJV7727G (Car)			Conta	ct No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disch	narge	NIL		
	ted Medical Leave	NIL	Degree of		NIL		
Driver	STEEL STEEL STEEL STEEL	male koa o		and the state of	( A 25 L	THE CONTRACTOR OF THE PARTY OF	
Name	Kris Chew Yee Fong			ID No.		S7615303E	
Related Vehicle	SLS9886J (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
	ted Medical Leave	NIL	Degree of			t	
Driver	ted Wedical Ecove		Participation of the Sales		ability.	· · · · · · · · · · · · · · · · · · ·	
Name	JONAS LAM KAI SE	EN	AND THE PROPERTY OF THE PARTY O	ID No.		S9831756B	
Related Vehicle	SML3668L (Car)			Contact No.		82825487	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
	ted Medical Leave	NIL	Degree of		NIL		





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Report No. T/20211002/2007

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

194 CONTINUATION OF REPORT

Passenger	T. C. A.C.			ID No.		S9937027J
Name	Leonard Tan Jie Ming			ID 140.	1	033310210
Related Vehicle	SML3668L (Car)			Contact No.		91991354
Hospital/Clinic	TAN TOCK SENG HOSPIT		0,000 0,		Class: NIL Date of Expiry: NIL	
Date Treatment	02/10/2021 Date			charge NIL		
	ted Medical Leave NIL	1	Degree of	Injury	Slight	and the second discount of the second of the
Driver						
Name	Syed Ibrahim Syed Jummal	khan		ID No.		S9373782B
Related Vehicle	SNB8242P (Car)			Contact No.		81777933
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch			
No of Dave grap	ted 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.



Sketch Plan



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Report No. T/20211002/2007

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

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 Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2021 02:46
Officer In Charge Of Case: TP / GIT / Sr Staff Staff STAFF PRINTE ZAKARIA SN 168 Contact Staff Staff STAFF CONTACT STAFF	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	





