

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 12/11/2021 14:33 (SGT)
Date of Accident 11/11/2021 19:05 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV4406D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BLUECAR EAST ASIA PTE LTD
Company Reg No 201617259H
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 CHIN YONG HWEE
NRIC No S8008884A

| | |
|--|--------------------------------|
| Date Of Birth | 22/03/1980 |
| Occupation | Indoor |
| Date Of Driving Pass | 17/01/2004 |
| Driving experience | 17 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90110286 |
| Alt. Phone Number | - |
| Email Address | ANDYQIN1980@GMAIL.COM |
| Address | BLK 126A KIM TIAN ROAD #16-505 |
| Address complement | - |
| Postcode | 161126 |
| 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 | Clear |
| 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? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Queenstown Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004719999 |
| Alt. Police Station Phone No | (Fax) +65-64715299 |
| Police Station Address | No. 3 Queensway #01-03 Singapore 149073 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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 | SMV4822Z |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private hire |

| | |
|---|---|
| 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 | SDZ87R |
| Vehicle Manufacturer | Honda |
| 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 | SLM9315Y |
| 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 | CHIN YONG HWEE |
| Gender | Male |
| Phone No | (Phone) +65-90110286 |
| Address | BLK 126A KIM TIAN ROAD #16-505 |
| Address Complement | - |
| Post Code | 161126 |
| Approximate Age Years Old | 40 |
| Injuries Sustained | RIGHT WRIST PAIN, LEFT SHOULDER PAIN |
| Injured person in which vehicle? | SLV4406D |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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:

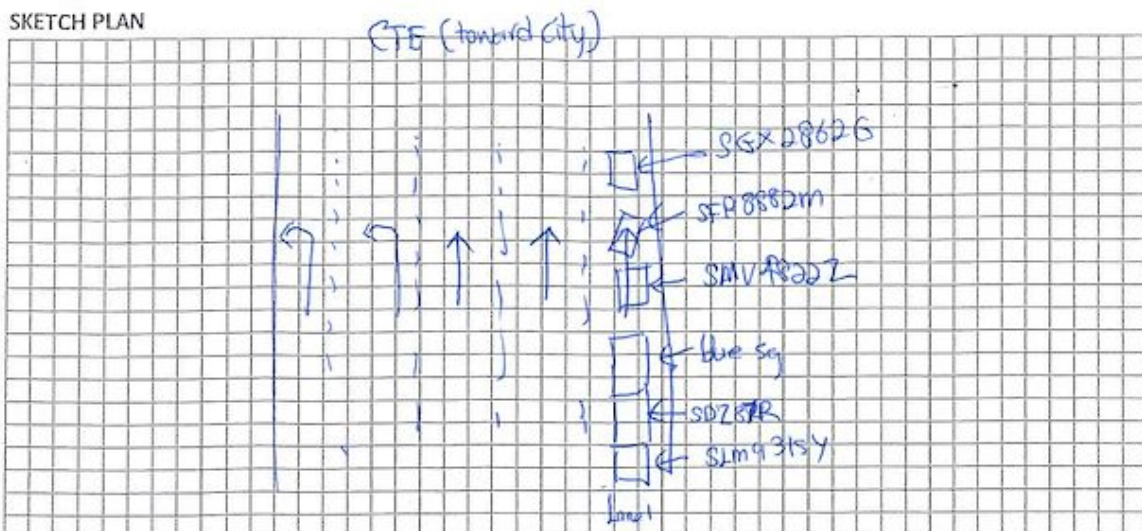
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the time of the incident, weather looks like going to rain and road condition was semi wet. Road visibility was clear. I was the only person in the bluesq car and was driving along CTE lane 1 (towards city) when I noticed the car in front of me (SMV 4822) was slowing down and stop. I also applied my brake and managed to stop safely behind the car.

After I stopped my car, I was about to put on the hazard light immediately to warn the driver behind me but I heard a loud bang and then my car surge forward due to momentum and hit the SMV 4822. After I recovered from the shock, I immediately turn off the engine, put on the hazard light, applied the handbrake and made a call to the bluesq contact centre to inform them of the incident.

While at the accident site waiting for bluesq tow truck, the LTA traffic marshal came to check on everyone. Then I notice there are 2 cars behind me. The one directly behind me was SDZ87R and the car hit my bumper and his car airbag was activated.

The car behind SDZ87R was SLM 9315Y and he ~~was driving~~ also knock the the SDZ87R bumper.

After taking the photos, we drove off in order not to disrupt traffic.

DECLARATION

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

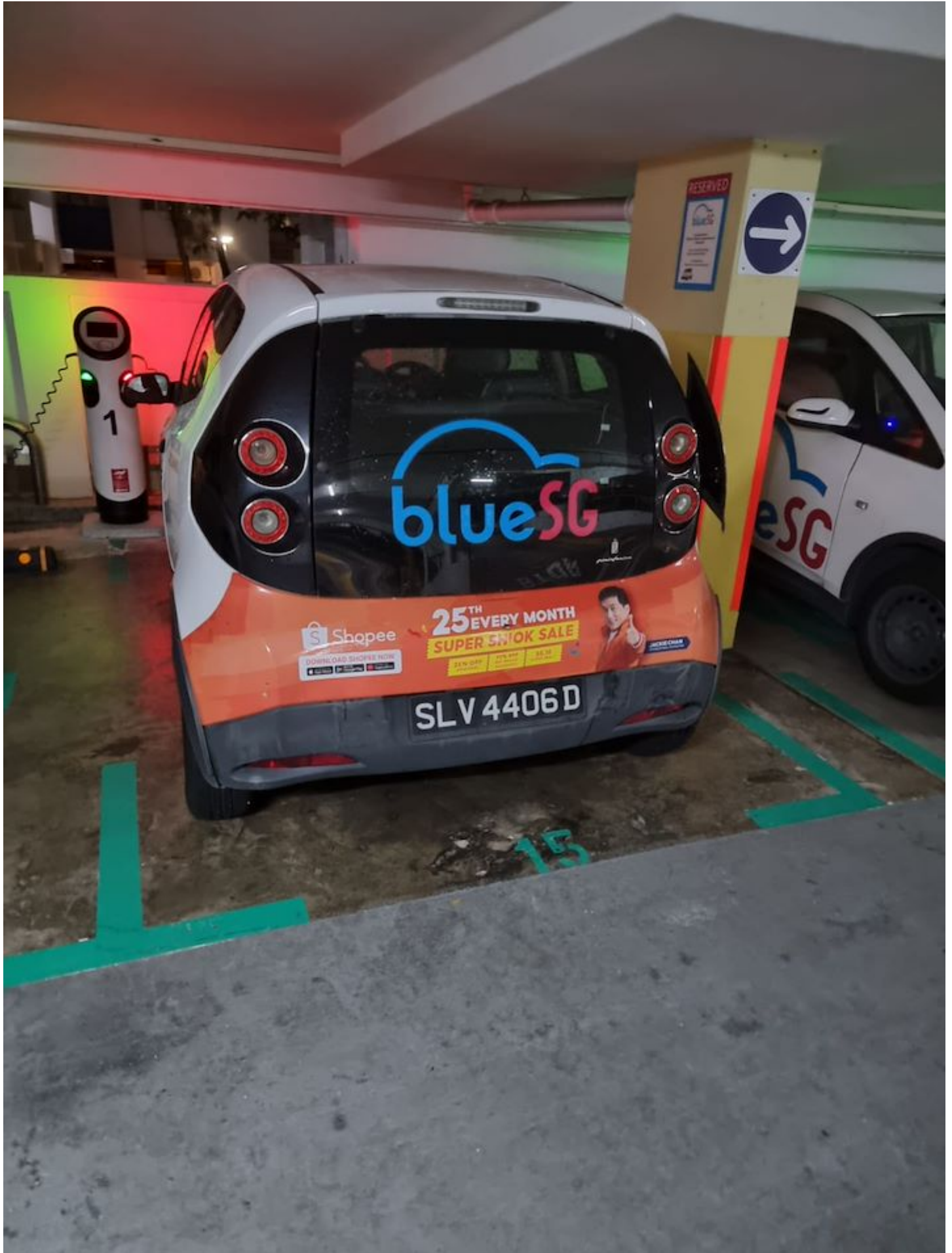
Policyholder's Signature
Date & Time:

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

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



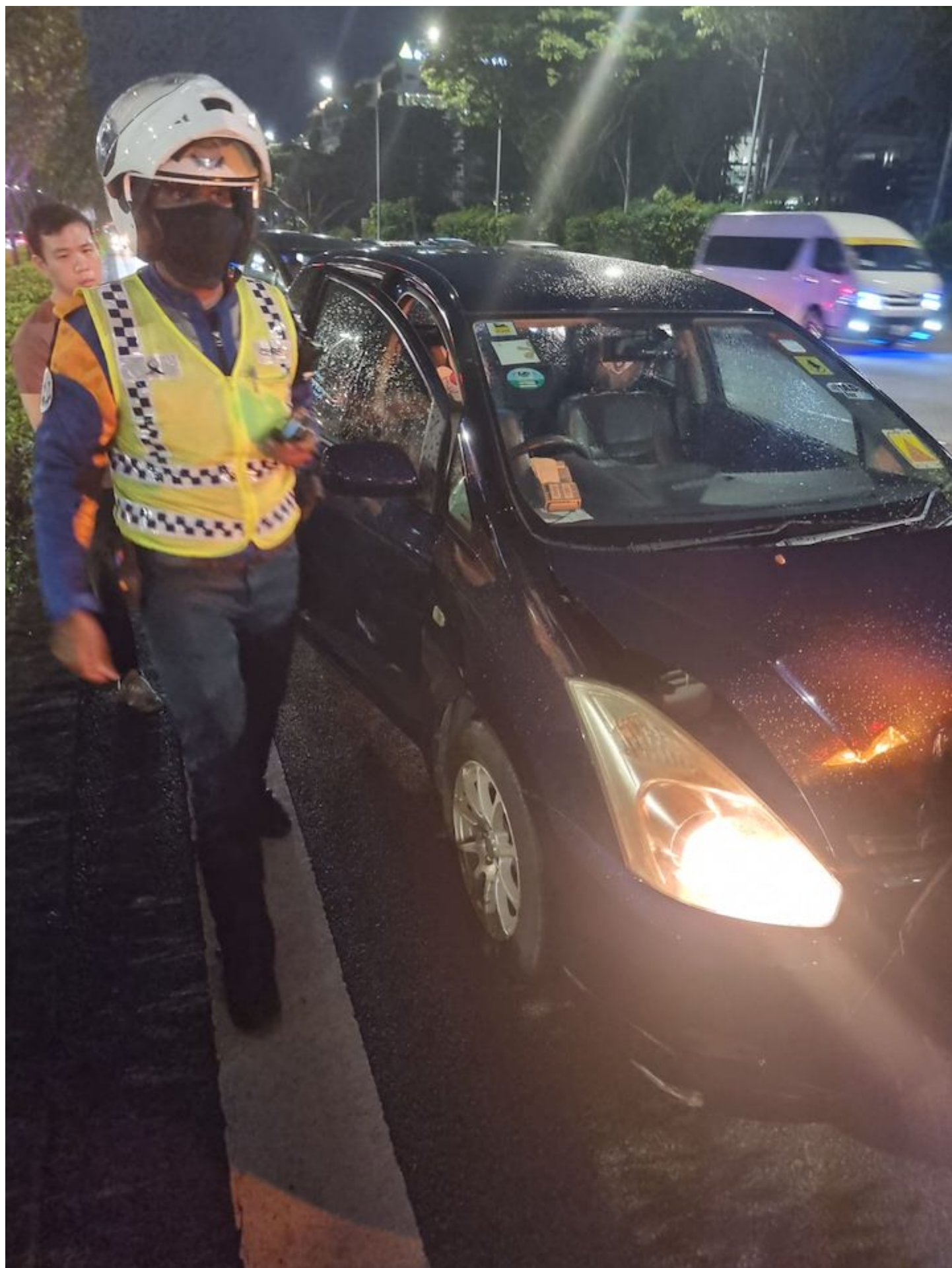




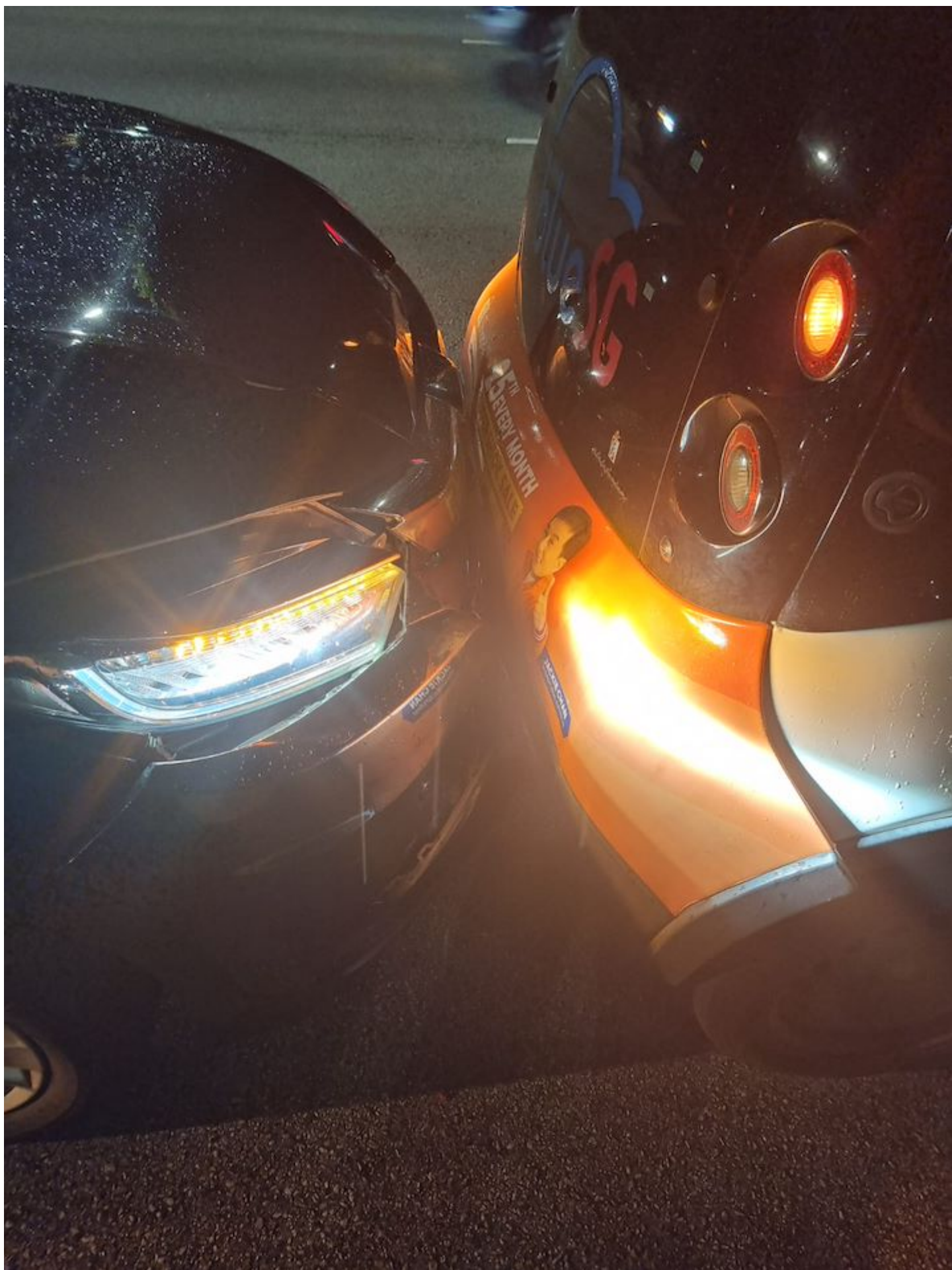






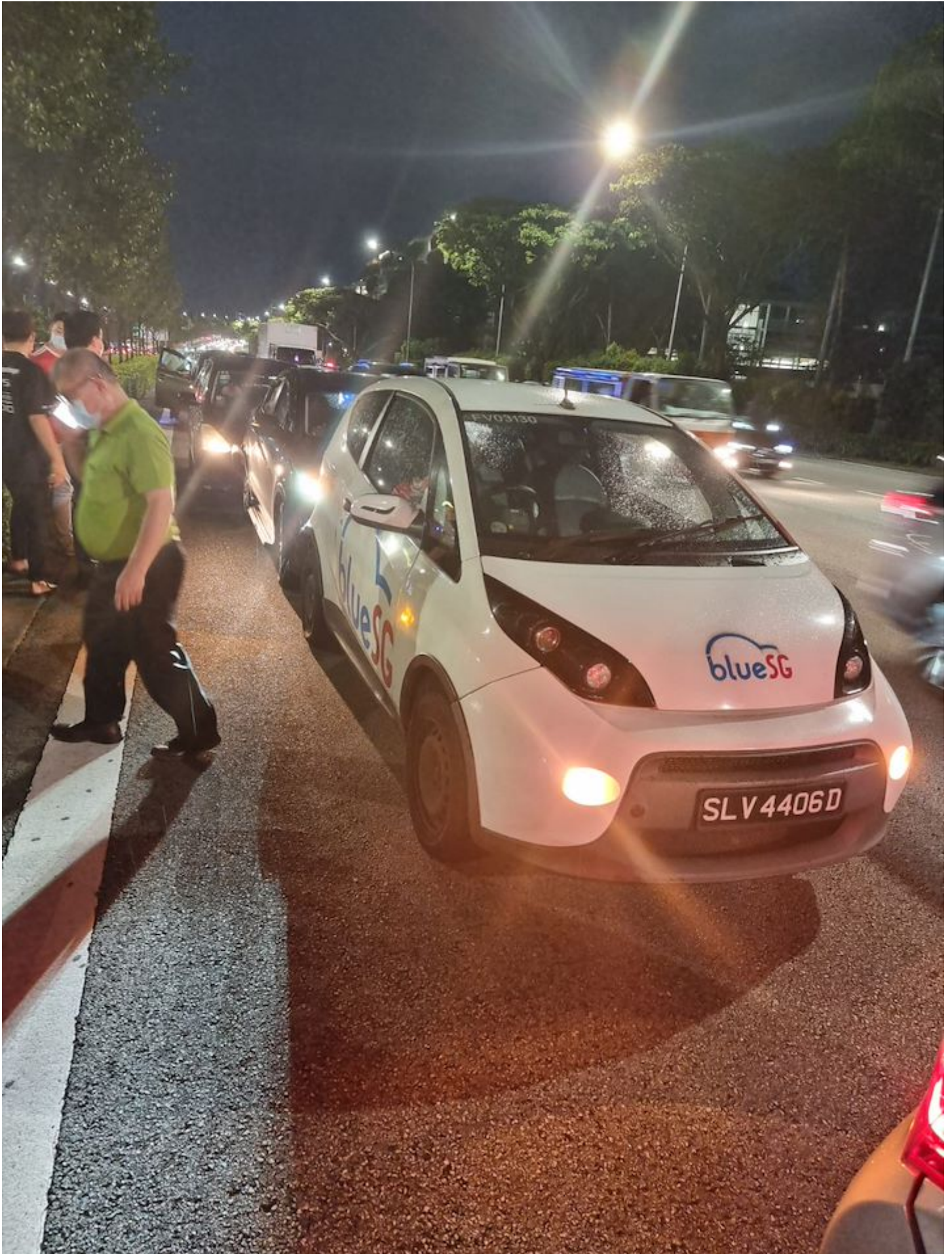




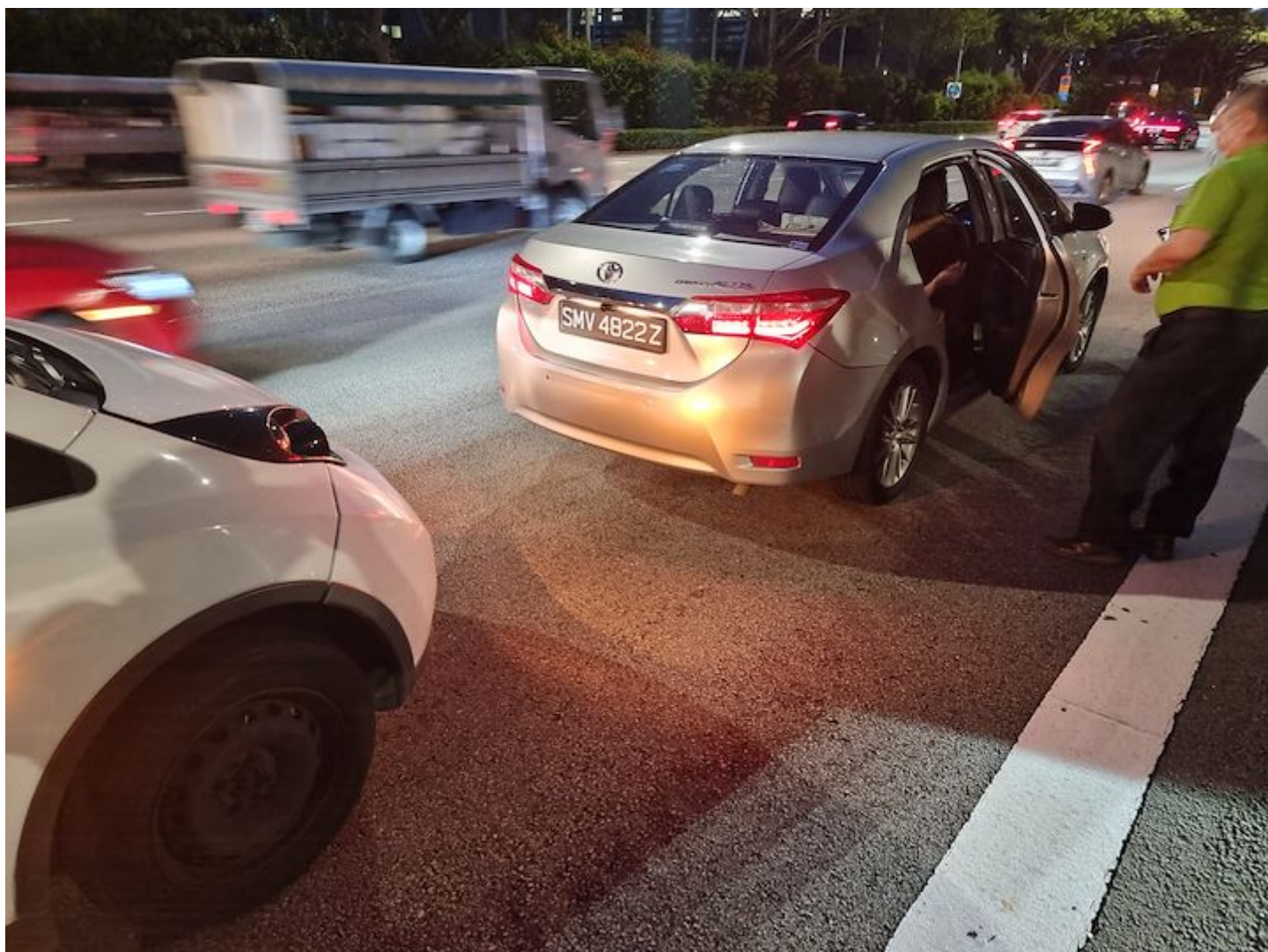














**SINGAPORE
POLICE FORCE**



T/20211112/2050

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20211112/2050

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 12/11/2021 13:14 | | Vide Report No.: | | Station Diary No.: 28 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHIN YONG HWEE | | | Address: APT BLK 126A KIM TIAN ROAD #16-505 SINGAPORE 161126 | | |
| ID Type / ID No.: NRIC NO / S8008884A | | | Contact No.: Home/Office: Mobile: 90110286 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: andyqin1980@gmail.com | | |
| Sex: Male | Age: 41 | Date of Birth: 22/03/1980 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: IT service manager | | | 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: 11/11/2021 19:05 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| 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 |
|-------------|------|---------|------------------|-------|------------------|-----------------|
| SDZ87R | Car | HONDA | VEZEL | Blue | Slightly Damaged | 0 |
| SLM9315Y | Car | TOYOTA | WISH | Black | | 0 |
| SLV4406D | Car | BLUECAR | | White | Slightly Damaged | 0 |
| SMV4822Z | Car | TOYOTA | COROLLA ALTIS | | Slightly Damaged | 0 |



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Tel No: 1800-4719999

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Report No. T/20211112/2050

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LEONARD | ID No. | NIL |
| Related Vehicle | SDZ87R (Car) | Contact No. | 83220615 |
| 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 | Unknown Driver | ID No. | NIL |
| Related Vehicle | SLM9315Y (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 | CHIN YONG HWEE | ID No. | S8008884A |
| Related Vehicle | SLV4406D (Car) | Contact No. | 90110286 |
| Hospital/Clinic | SHALOM CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 12/11/2021 | Date Discharge | 12/11/2021 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |



**SINGAPORE
POLICE FORCE**



T/20211112/2050

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Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 4

Report No. T/20211112/2050

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------|------------------|---|
| Driver | | | |
| Name | Unknown Driver | | ID No. NIL |
| Related Vehicle | SMV4822Z (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 |

Brief Details.

On 11/11/2021 at about 1905hrs, I was driving a BlueSG car, registration number SLV4406D, along CTE towards City at the extreme right lane. At that point of time, the road surface was damp after the rain. I observed that the car ahead of me (SMV4822Z) braked. Thus, I applied my brake and managed to stop in time. Suddenly, I felt an impact from the rear. Due to the impact, my car inched forward, causes my car to hit onto the car in front of me. I then alighted from my car and realized that I was involved in a chain collision, involving SDZ87R (behind me) and another car, SLM9315Y, at the extreme back. Subsequently, EMAS services and LTA traffic marshal arrived at scene. I managed to get the contact number of driver SDZ87R.

After the accident, I felt pain on the right shoulder and my right hand. On 12/11/2021, I went to Shalom Clinic & Surgery and was given 5days of MC. No camera installed in my car. I observed my car suffered some scratches on the bumper.



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T/20211112/2050

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

4 of 4

Report No. T/20211112/2050

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
D /
Sgt 1 NOORHIDAYAT BIN
WAHID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/11/2021 13:14

Officer In Charge Of Case:
TP / AEIT /
Insp (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:
SN 49

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8008884A



Name

CHIN YONG HWEE
(QIN YONGHUI)

泰永辉

Race

CHINESE

Date of birth

22-03-1980

Sex

M

S8008884A

Country/Place of birth

SINGAPORE



6380715



NRIC No. S8008884A



Date of issue

05-02-2020

Address

APT BLK 126A KIM TIAN ROAD
#16-505
SINGAPORE 161126

