

# G 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

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 01/06/2022 16:16 (SGT) 31/05/2022 22:30 (SGT) Date of Accident

Exact Location of Accident PIE, Singapore

BETWEEN EUNOS EXIT AND BEDOK RESERVOIR ditional Location Information

untry/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMN2050P

#### INSURED/POLICYHOLDER

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

## VEHICLE PARTICULARS

BLUECAR (A) Model .... 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 No - Reporting only your vehicle? Private car Vehicle Category ..... Transmission ..... Auto 1600

# INSURANCE COMPANY

Liberty Insurance Pte Ltd Name of Insurance Company Comprehensive Type of Coverage Yes Fleet Policy SD22V00091/VPZ/R02 **Policy Number** Cover Note Number

#### DRIVER

Name of Driver NRIC No

DON ENG TIAN JIN SXXXX834Z

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 law yers/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 malling 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/mallpackages); 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' law yers/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 lawyets/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

8 Time

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

Time & Isme
Sketch Plan

escribe Circumstances of the Acc	cident	
was driving alone DIE	the de die it is a differ the owner exit.	
( I PATE OF A	will had come on a will stood I make the to stood It	1
THE WALL WALLE WALLE	and the total and the second of the thing I will	
nif by a taxi from the	near and ended up being sandwiched between being was a chain accident involving 7 cars.	th
cors, following that, the	one was a drain accident involving 7 cars.	
		-
		San La
		1
		-
Declaration  We declare the foregoing particulars are to	true in every respect.	
WWe decisie the foregoing parassaries	ST STATE OF THE ST	EE TO
and principal larger than the second	Janey 01/06/22 243 lande 19	TO S

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel