

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 18/05/2022 17:18 (SGT)
Date of Accident 18/05/2022 08:50 (SGT)
Exact Location of Accident Hougang Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV372T

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 - Reporting only
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 SD22V00091/VPZ/R02
Cover Note Number -

DRIVER

Name of Driver LOO BOON KENT
NRIC No T0071132I

Date Of Birth	23/12/2000
Occupation	Outdoor
Date Of Driving Pass	07/10/2021
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85712820
Alt. Phone Number	-
Email Address	BOONKENT00@GMAIL.COM
Address	BLK 993A BUANGKOK LINK #05-281
Address complement	-
Postcode	531993
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	HENG ZHI LIANG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SNG8838U
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 GY1275C
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Goods vehicle
 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) -

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

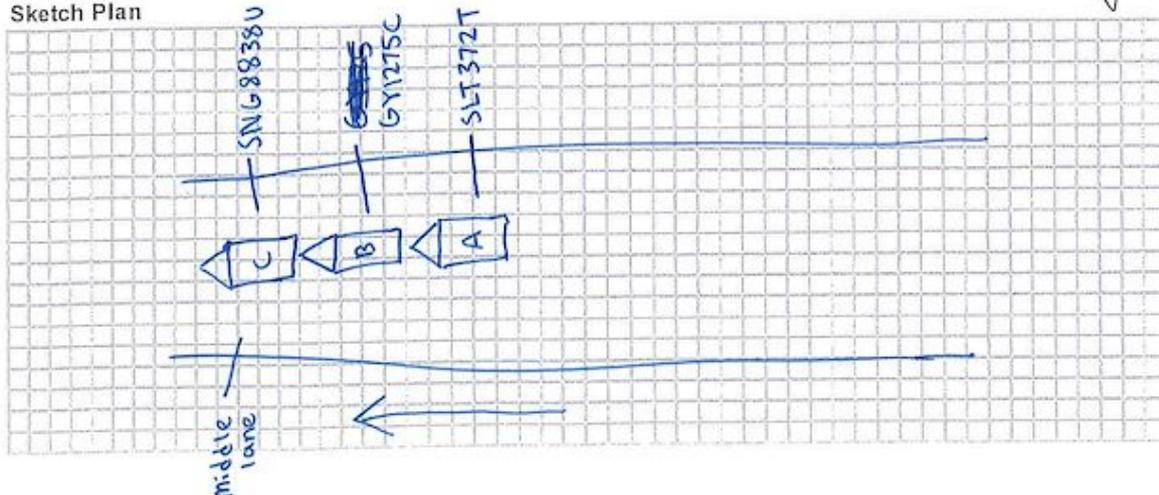
M 18/05/22

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along hougang ave 2 on the speed of 40km/h on the middle lane and then the lorry suddenly ebraked and I also ebraked but my vehical unable to stop in time as it was too sudden, causes me to bang on the lorry (GY1275C).

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

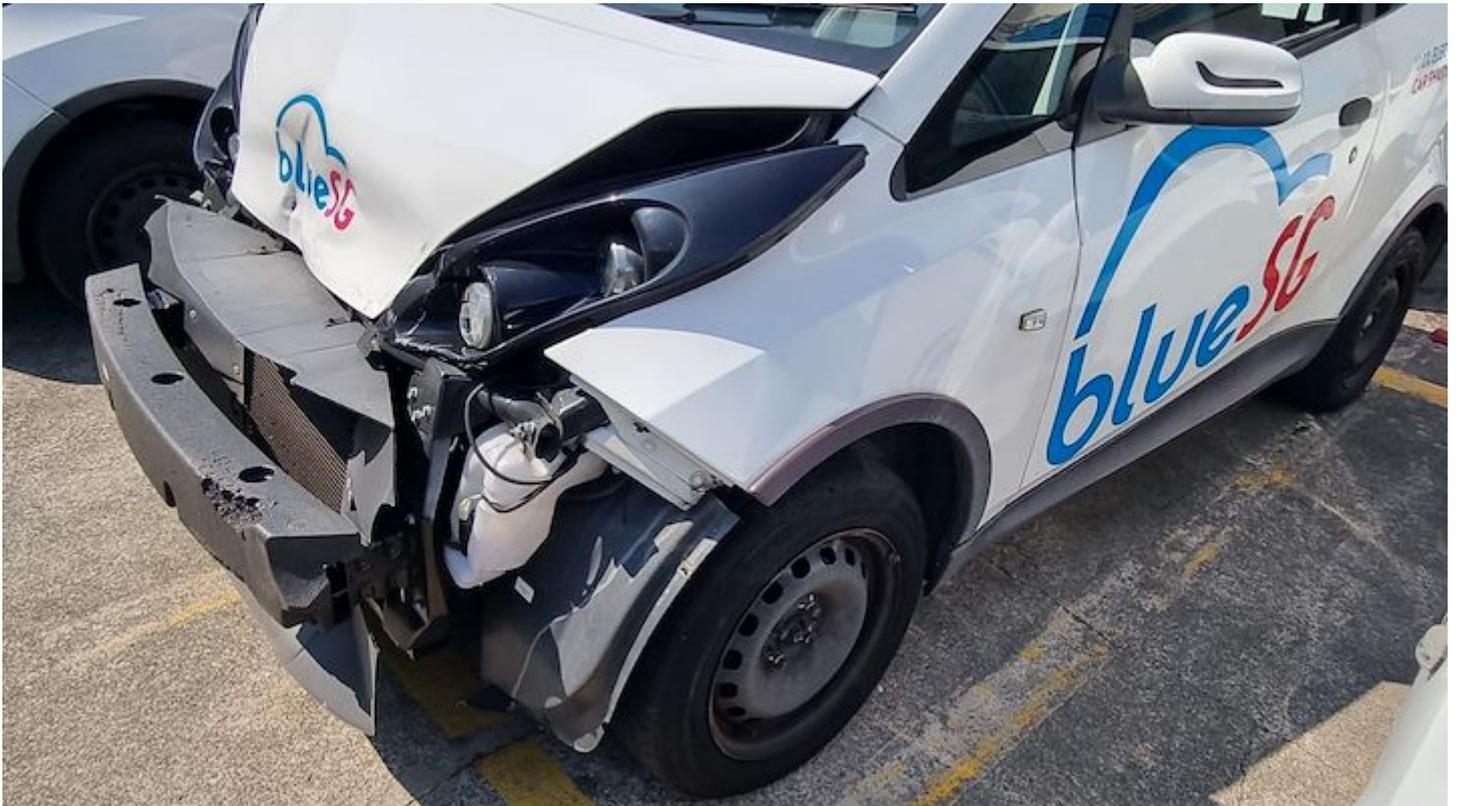
 16/05/22

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

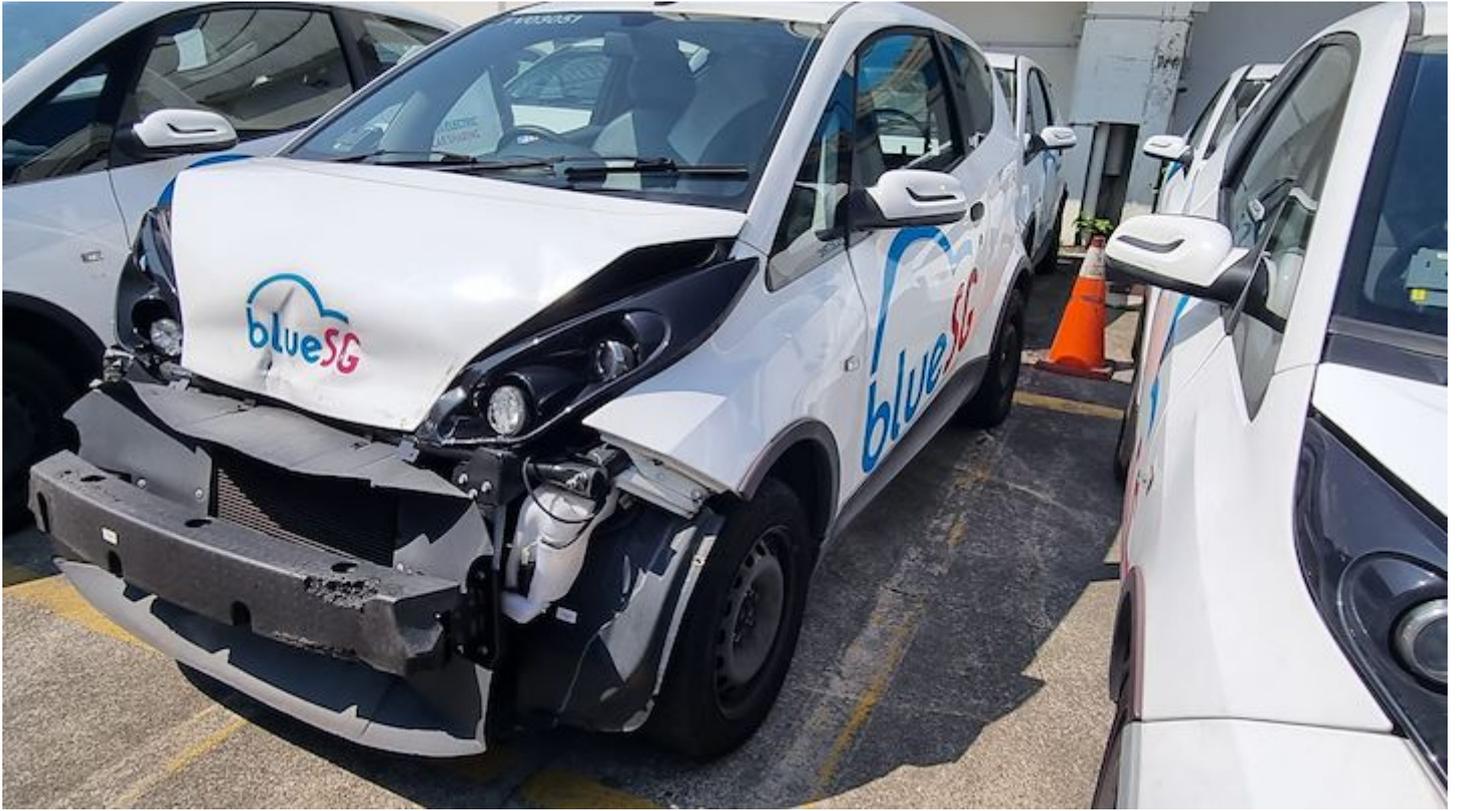


Witnessed by Reporting Centre Personnel









REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **T0071132I**

Name: **LOO BOON KENT**

Birth Date: **23 Dec 2000**
Issue Date: **07 Oct 2021**

003191828E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **T0071132I**

Name: **LOO BOON KENT**
吕文杰

Race: **CHINESE**
Date of birth: **23-12-2000**
Country/Place of birth: **MALAYSIA**

Sex: **M**

T0071132I



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class	Effective Date
Class 3 Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg	07 Oct 2021

NP 428A

Licence No: T0071132I



5678238

NRIC No. **T0071132I**

Date of issue: **06-12-2016**

APT BLK 993A BUANGKOK LINK #05-281
SINGAPORE 531893

NRIC No: **T0071132I** Date: **18/06/2020 (R)**

