

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 Actual 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 14/12/2022 11:27 (SGT)
Reported by Driver
Date of Accident 08/12/2022 20:20 (SGT)
Exact Location of Accident Anchorvale Link, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD2359C

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) +65-92732218
Alternative Phone No (Office) +65-31637900

VEHICLE PARTICULARS

Manufacturer Bluecar
Model BLUECAR
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
Policy Number / Cover Note Number SD22V00091/VPZ/R02

DRIVER

Name of Driver ZHOU KUN
NRIC No S8582954H
Date Of Birth 10/07/1985
Occupation Indoor

Date Of Driving Pass 28/07/2016
Driving experience 6 YEARS AND 5 MONTHS
Gender Male
Mobile Number (Phone) +65-92732218
Alt. Phone Number -
Email Address CLAIMS@BLUESG.COM.SG
Address 604B PUNGOL ROAD #06-750
Address complement -
Postcode 822604
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 Side Swipe
Weather Conditions Raining
Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 2
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
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

PASSENGER 1

Name UNKNOWN
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

ON 08/12/22 AT ABOUT 2020HRS I WAS DRIVING VEHICLE A SMD2359C ALONG BLOCK 330 ANCHORVALE LINK WITH ONE PASSENGER. AS I WAS APPROACHING BEND MY VEHICLE FRONT RIGHT AND VEHICLE B UNKNOWN FRONT RIGHT GRAZED ONTO EACH OTHER. UNABLE TO EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN
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)	3

SKETCH PLAN**IMPORTANT NOTICE**

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 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)**
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

2215hrs 08/12/22

A. SMD2359C
B. UNKNOWN

BLK330B
ANCHORVALE
LINK



Describe Circumstances of the Accident

ON 08/12/22 AT ABOUT 2020HRS I WAS DRIVING VEHICLE A SMD2359C ALONG BLOCK 330 ANCHORVALE LINK WITH ONE PASSENGER. AS I WAS APPROACHING BEND MY VEHICLE FRONT RIGHT AND VEHICLE B UNKNOWN FRONT RIGHT GRAZED ONTO EACH OTHER. UNABLE TO EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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

2215hrs 08/12/22



Witnessed by Reporting Centre Personnel

IMAGES

