

## 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 .....	22/04/2023 21:09 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	15/04/2023 08:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Woodlands crossing towards Woodlands Centre Road
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMH7283H

#### 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) +65-88145615
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1200

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5133047850

#### DRIVER

Name of Driver .....	LAW HUEI KEONG
Passport No/FIN .....	G8618191L
Date Of Birth .....	01/11/1993
Occupation .....	Indoor

Date Of Driving Pass .....	27/07/2022
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88145615
Alt. Phone Number .....	-
Email Address .....	jasonhuiqiang@hotmail.com
Address .....	39 DEFU LANE 12
Address complement .....	-
Postcode .....	S539139
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 .....	4
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) .....	1
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 .....	-

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang North Neighbourhood Police Post
Police Station Address .....	Blk 27 Marsiling Drive Singapore 730027
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB1319U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	CHAN PUAY KHIANG
NRIC No .....	S1676784J
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	JMW2175
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	SKK9157J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	LIM WEI QI
NRIC No .....	S8408872B
Contact Number .....	(Phone) +65-91690512
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 .....	CHAN PUAY KHIANG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHB1319U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	LAW HUEI KEONG
Gender .....	Male
Phone No .....	(Phone) +65-88145615
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMH7283H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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

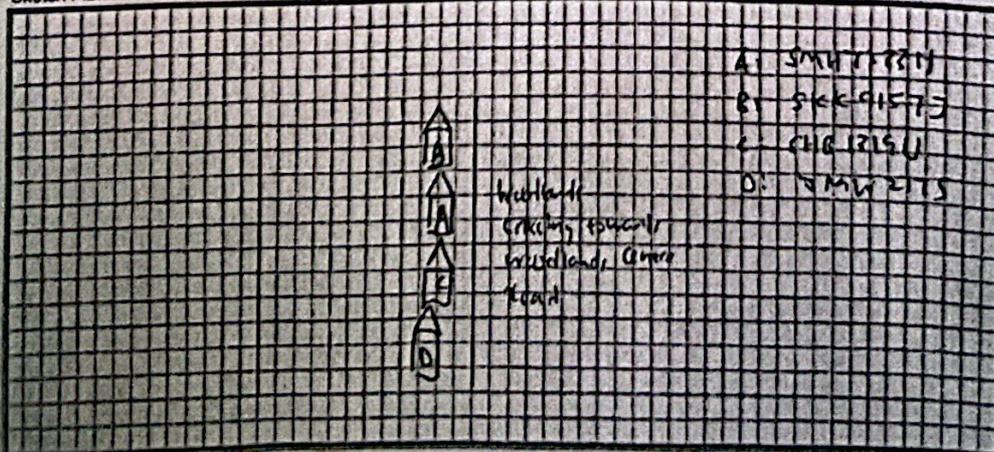
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

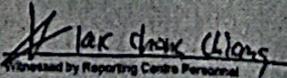
Refer to police report: T/20230415/2069

Declaration

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 22/04/2023

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230415/2064

1 of 3

Report No. T/20230415/2064

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/04/2023 14:20	Vide Report No.: L/20230415/0069	Station Diary No.: 13
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**Informant's Particulars**

Name of Informant: LAW HUEI KEONG		Address:	
ID Type / ID No.: FIN NO / G8618191L		Contact No.: Home/Office:	Mobile: 88145615
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 29	Date of Birth: 01/11/1993	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Manufacturing engineering technician		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2023 08:10	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Lamp Post Number: 523				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SMH7283H	Car	CITROEN	BLUESG	White	Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
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**SINGAPORE  
POLICE FORCE**



T/20230415/2064

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Report No. T/20230415/2064

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

**CONTINUATION OF REPORT**

Driver		ID No.	G8618191L
Name	LAW HUEI KEONG	Contact No.	88145615
Related Vehicle	SMH7283H (Car)	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		

**Brief Details.**

On the 14th of April 2023 at about 7:45am, I was tasked by my company BLUESG to collect 01 vehicle SMH 7283H (White/Citroen) from B/748 Bedok Reservoir Multi Storey Carpark and transfer it to B/34A Marsiling Drive Multi Storey Carpark. After collecting the car, I then travelled via Pan Island Expressway towards Bukit Timah Expressway before exiting near Woodlands Crossing. As I was approaching the exit at about 8:10am, I saw there were multiple vehicle upfront queuing on the extreme right lane of the 3-lanes due to Traffic Light. I then joined the queue behind SKK 9157J (Silver/Toyota Noah) when suddenly I felt a huge impact from the rear causing my vehicle to move forward and hit onto SKK 9157J rear.

I then composed myself and made a check and discovered that there was a chain collision involved between 01 Malaysian Bus JMW 2175 onto 01 Singapore Taxi SHB 1319U before the taxi hit onto my vehicle. My vehicle suffers shattered rear windscreen, totally dented rear boot, front bumper crack, front plate crack and left front fender dent. I wish to state that during the incident Traffic Police and Ambulance attended to all the involved parties, I was advice by the Traffic Police Officer to proceed to lodge a Traffic Accident Report at the nearest Police Station.



**SINGAPORE  
POLICE FORCE**



T/20230415/2064

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Report No. T/20230415/2064

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L/  
SR STAFF SGT MUHAMMAD  
HAFIS BIN BASIR

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/04/2023 14:20

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

Classification Of Case:

NP168