

# 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	05/05/2021 17:22 (SGT)
Date of Accident	04/05/2021 10:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BIDADARI PARK DRIVE AND UPPER ALJUNIED ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number YP486B

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GIN CHIA CO PTE LTD
Company Reg No	198900622E
Email Address	tehhss50@gmail.com
Mobile Phone No	(Phone) +65-98528668
Alternative Phone No	+65-98528668

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEB21ER4SDEB
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VC05006515
Cover Note Number	15/12/2020 TO 14/12/2021

### DRIVER

Name of Driver	TEH HOCK SENG
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NRIC No .....	S2614836G
Date Of Birth .....	19/01/1961
Occupation .....	Outdoor
Date Of Driving Pass .....	01/01/2016
Driving experience .....	5 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98326415
Alt. Phone Number .....	-
Email Address .....	tehhss50@gmail.com
Address .....	APT BLK 616 CHOA CHU KANG ST 62 #04-273 (S) 680616
Address complement .....	-
Postcode .....	-
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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	10
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 3

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 5

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 6

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 7

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 8



Name ..... UNKNOWN PASSENGER  
Gender ..... Male

PASSENGER 9

Name ..... UNKNOWN PASSENGER  
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 04/05/2021 at around 1035hrs, I drive my lorry YP486B approaching at the traffic light junction of bidadari park drive and upper aljunied road. Traffic light was red at that time and apply my brake however due to my nervous reaching at the junction and I accidentally step accelerator and my lorry dashed forward to hit the lorry GBH6383P who came from my right. After that, my lorry continue forward to hit the car SLR8417S rear right portion who was came from my left. Nobody was injured.

#### 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 ..... GBH6383P  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... MOHAN SATHISHKUMAR  
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 ..... SLR8417S  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... LEE CHEE WOH  
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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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.

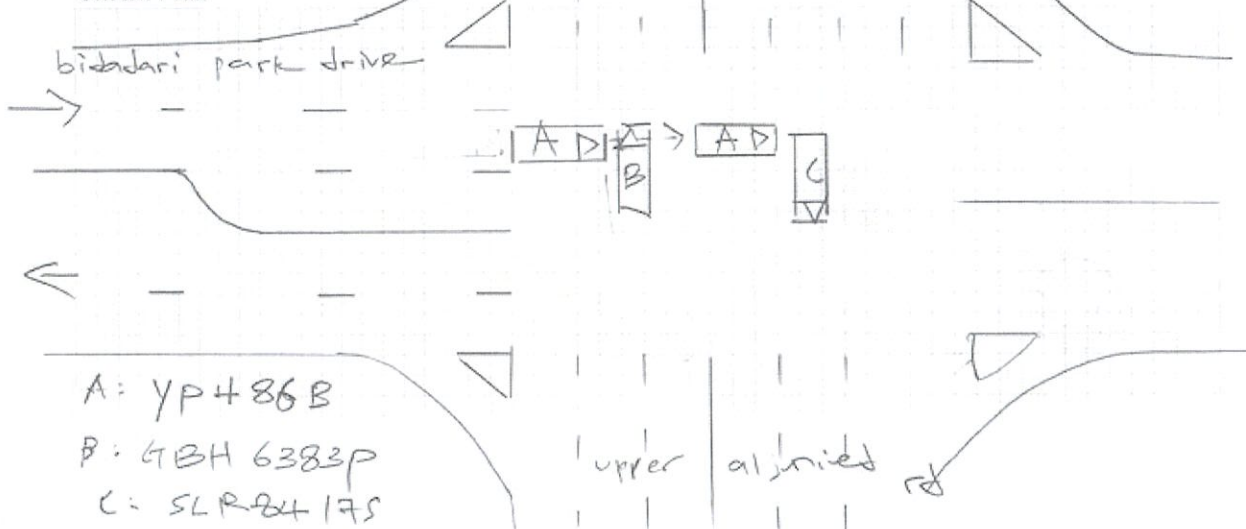


Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

000120 Circumstances of the Incident

## 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

Witnessed by Reporting Centre  
Personnel



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*Det. 5.5.21 4.47P.M*







