



## 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 ..... 12/08/2021 12:44 (SGT)  
Date of Accident ..... 11/08/2021 14:40 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TWDS CITY BEFORE ALEXANDRA  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD8184E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GLS SHIPPING (S) PTE LTD  
Company Reg No ..... 201632068R  
Email Address ..... lennon\_ywchin@glsshopping.sg  
Mobile Phone No ..... (Phone) +65-90672627  
Alternative Phone No ..... (Office) +65-68628184

#### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fuso  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2998

#### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... Z21VC05007524  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... CHIN YEW WEN  
NRIC No ..... S1737239D

Date Of Birth .....	28/03/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	11/06/1984
Driving experience .....	37 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96672627
Alt. Phone Number .....	-
Email Address .....	lennon_ywchin@glssshipping.sg
Address .....	BLK 497B TAMPINES ST 45 #07-30
Address complement .....	-
Postcode .....	521497
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 .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	6
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 11/08/2021 AT ABOUT 1440HRS, I WAS TRAVELLING ALONG AYE TOWARDS CITY BEFORE ALEXANDRA ON LANE 2. TRAFFIC WAS SLOW, MY FRONT VEHICLE SLOW DOWN AS I SLOWED DOWN TOO. SPLIT SECONDS LATER, I FELT A HUGE IMPACT FROM THE REAR AND PUSHES MY VEHICLE TO HIT ONTO THE FRONT VEHICLE. I CAME OUT FROM VEHICLE AND I NOTICED I WAS INVOLVED IN A 6 CARS COLLISION.

#### 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 .....	SKX5346M
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBE6506T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLM2231B
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 .....	VEHICLE D
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SLL3525C
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 .....	VEHICLE E
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number .....	GBB4833C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE F
No. Of Passenger (Including Driver) .....	-

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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 the (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 insurer's 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 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.
  - (d) My Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation, and management in present and all future claims.
  - (e) The information so collected under (d) above may be shared/ disclosed.
    - (i) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (ii) For complying with requirements under any regulations, laws, or court orders.

  
Policyholder's Signature

Date & Time:

  
Driver's Signature

(If driver is not the policyholder) Name:

Date & Time:

Reporting Centre Personnel's Signature

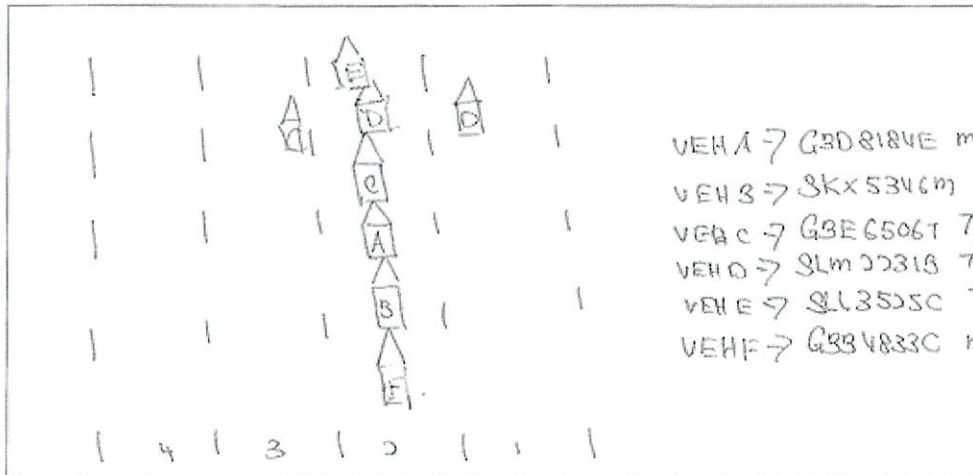
NRIC/FIN No:

I hereby authorise SME Motor P/L Send my accident report to:

 reports@maxmotors.com.sg



### Sketch Plan



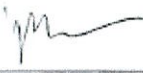
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/08/2021 at about 1440hrs, I was travelling along AYE -> only  
 before Alexander on Lane 3. Traffic was slow, my front vehicle slow down  
 as I slow down too. 5pm seconds later I felt a huge impact from  
 the rear and pushed my vehicle to hit onto the front vehicle. I came out  
 from vehicle and I noticed I was involved in a 6 cars chain collision.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

X   
 Policyholder's Signature  
 Date & Time

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

Reporting Centre Personnel's Signature  
 Name :  
 NRIC / FIN NO:























