SB0H249I0001 / BH Auto Service Pte Ltd
ENTRY DATE & TIME: 18/09/2024 18:31 (SGT)
SUBMITTED BY: Nicole Chong
VERSION: 1 (18/09/2024 18:31 (SGT))

Your NCD will be affected due to late reporting

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 witholding 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 First Submission	18/09/2024 18:31 (SGT)
Reported by	Actual Driver
Date of Accident	14/09/2024 12:45 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	BRADDELL RD TOWARDS UPPER S'GOON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH5704L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KH LEASING PTE LTD
Company Reg No	201611813C
Email Address	KAHUPLEASING@GMAIL.COM
Mobile Phone No	(Phone) +65-96565553
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	SUV
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1499
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0000823-01

DRIVER

Name of Driver	TAN WILLIAM
NRIC No	S1664349A
Date Of Birth	29/12/1964
Occupation	Outdoor
Driving Pass Date	18/07/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96565553
Alt. Phone Number	-
Email Address	WILL5553@YAHOO.COM.SG
Address	135 EDGEDALE PLAINS #13-04
Address complement	-
Postcode	820135
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	IVAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLOCE REPORT

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	GBG6344H
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMX2032P
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)	-

INJURED PERSONS DETAILS

INJURED 1

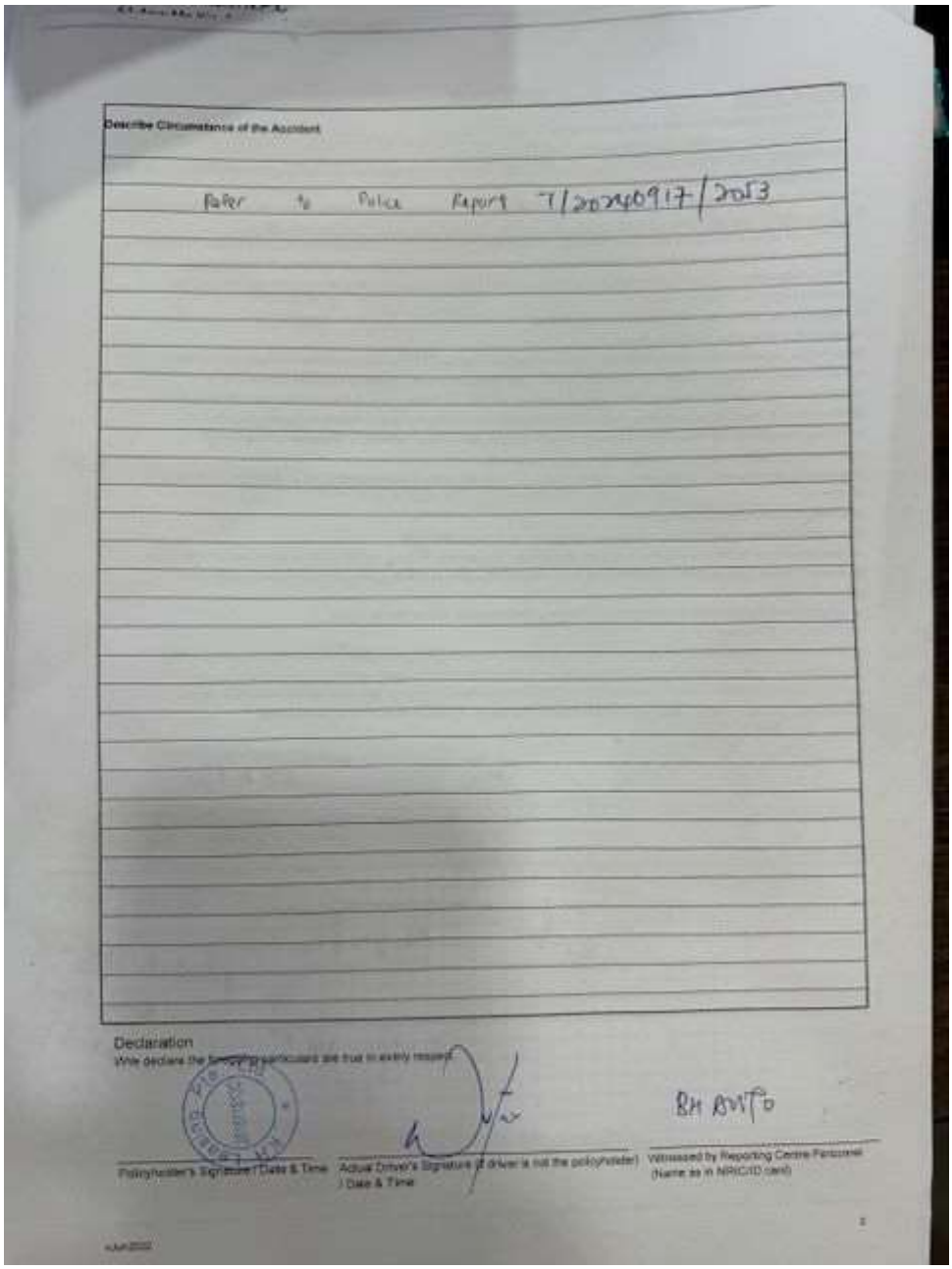
Name of injured person	TAN WILLIAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNH5704L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	TAN WILLIAM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN



Describe Circumstance of the Accident

Refer to Police Report T/20240917/2053

Declaration

I/We declare the [illegible] particulars are true in every respect.

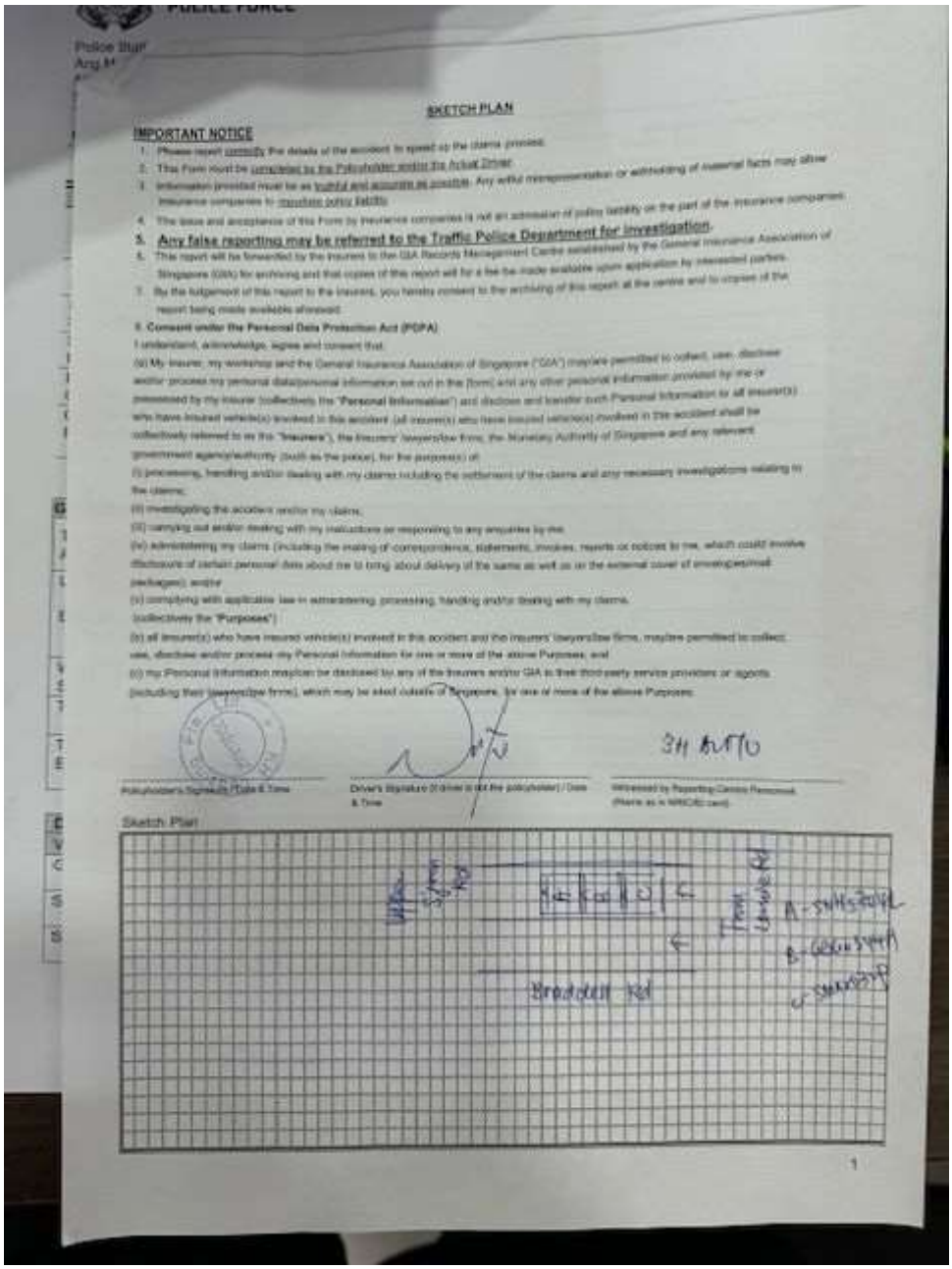
BH BNTD

Policyholder's Signature / Date & Time

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

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

SKETCH PLAN #2



POLICE FORCE

Police Stn/P
Arg 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 making 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.

3H AUTO

Policyholder's Signature / Date & Time

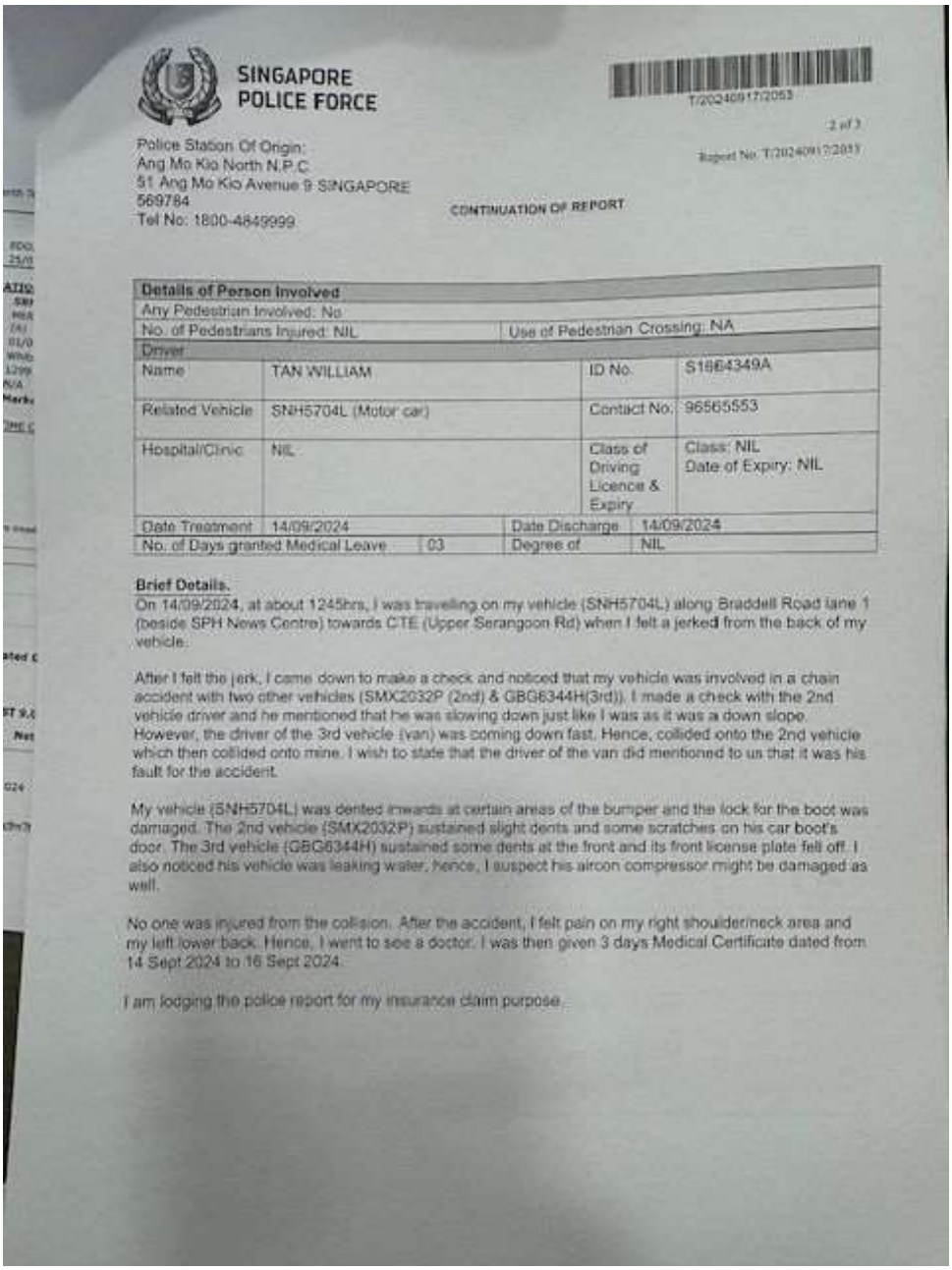
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

1

POLICE REPORT



SINGAPORE
POLICE FORCE

T/20240917/2053

2 of 3

Report No: T/20240917/2053

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN WILLIAM	ID No.	S1664349A
Related Vehicle	SNH5704L (Motor car)	Contact No.	96565553
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	14/09/2024	Date Discharge	14/09/2024
No. of Days granted Medical Leave	03	Degree of	NIL

Brief Details.
On 14/09/2024, at about 1245hrs, I was travelling on my vehicle (SNH5704L) along Braddell Road lane 1 (beside SPH News Centre) towards CTE (Upper Serangoon Rd) when I felt a jerked from the back of my vehicle.

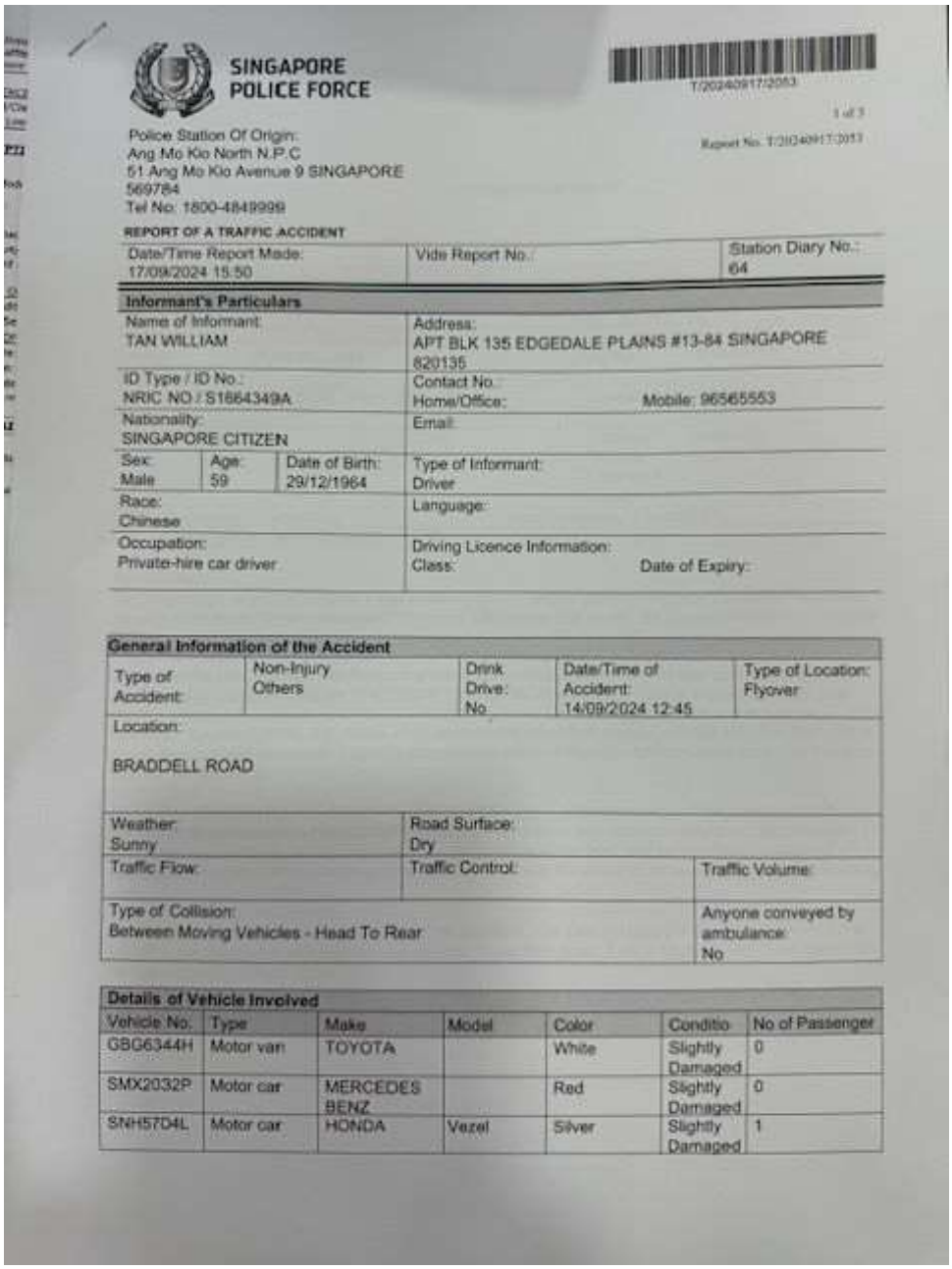
After I felt the jerk, I came down to make a check and noticed that my vehicle was involved in a chain accident with two other vehicles (SMX2032P (2nd) & GBG6344H(3rd)). I made a check with the 2nd vehicle driver and he mentioned that he was slowing down just like I was as it was a down slope. However, the driver of the 3rd vehicle (van) was coming down fast. Hence, collided onto the 2nd vehicle which then collided onto mine. I wish to state that the driver of the van did mentioned to us that it was his fault for the accident.

My vehicle (SNH5704L) was dented inwards at certain areas of the bumper and the lock for the boot was damaged. The 2nd vehicle (SMX2032P) sustained slight dents and some scratches on his car boot's door. The 3rd vehicle (GBG6344H) sustained some dents at the front and its front license plate fell off. I also noticed his vehicle was leaking water, hence, I suspect his aircon compressor might be damaged as well.

No one was injured from the collision. After the accident, I felt pain on my right shoulder/neck area and my left lower back. Hence, I went to see a doctor. I was then given 3 days Medical Certificate dated from 14 Sept 2024 to 16 Sept 2024.

I am logging the police report for my insurance claim purpose.

POLICE REPORT #2



SINGAPORE POLICE FORCE

T/20240917/2053

1 of 3

Report No. T/20240917/2053

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
17/09/2024 15:50		64

Informant's Particulars

Name of Informant: TAN WILLIAM	Address: APT BLK 135 EDGEDALE PLAINS #13-84 SINGAPORE 820135
ID Type / ID No.: NRIC NO./ S1864349A	Contact No.: Home/Office: Mobile: 96565553
Nationality: SINGAPORE CITIZEN	Email:
Sex: Age: Date of Birth: Male 59 29/12/1964	Type of Informant: Driver
Race: Chinese	Language:
Occupation: Private-hire car driver	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	14/09/2024 12:45	Flyover

Location:
BRADDELL ROAD

Weather:	Road Surface:	
Sunny	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBG6344H	Motor van	TOYOTA		White	Slightly Damaged	0
SMX2032P	Motor car	MERCEDES BENZ		Red	Slightly Damaged	0
SNH57D4L	Motor car	HONDA	Vezel	Silver	Slightly Damaged	1