

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 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 Registration 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 -
Injured person in which vehicle? -

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

Describe Circumstance of the Accident

Refer to Police Report 7/20240917/2053

Declaration
We declare the foregoing particulars are true in every respect.

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)

2


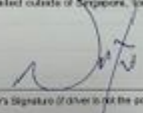
vJun2022

Police Station
Ang 34

SKETCH PLAN

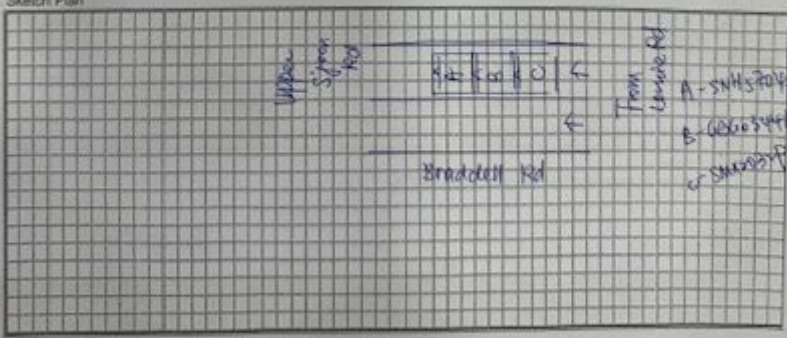
IMPORTANT NOTICE

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 willful misrepresentation or withholding of material facts may allow insurance companies to invalidate 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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.
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/postal 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/are 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/O card) _____

Sketch Plan



1


**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 lodging the police report for my insurance claim purpose.

SINGAPORE POLICE FORCE		T/20240917/2053				
Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4848999		Report No. T/20240917/2053 1 of 3				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 17/09/2024 15:50		Vide Report No.: Station Diary No.: 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 / S1664349A		Contact No.: Home/Office: Mobile: 96565553				
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 59	Date of Birth: 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: No	Date/Time of Accident: 14/09/2024 12:45	Type of Location: Flyover			
Location: BRADDELL ROAD						
Weather: Sunny		Road Surface: 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	Condition	No of Passenger
GBG6344H	Motor van	TOYOTA		White	Slightly Damaged	0
SMX2032P	Motor car	MERCEDES BENZ		Red	Slightly Damaged	0
SNH5704L	Motor car	HONDA	Vezel	Silver	Slightly Damaged	1