SY0A217U0002 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 30/07/2021 16:54 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (30/07/2021 16:54 (SGT))

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 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.

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 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 30/07/2021 16:54 (SGT) Date of Accident 24/07/2021 20:10 (SGT) Exact Location of Accident Tampines Ave 11, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SMV91S**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PANG MUN HENG Passport No/FIN G0585455K Email Address JUNHUIKEK1@GMAIL.COM Mobile Phone No (Phone) +65-96991156 Alternative Phone No (Home) +65-96991156

VEHICLE PARTICULARS

Manufacturer **BMW** Model М3 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? Yes Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number GA560915/1 Cover Note Number

DRIVER

Name of Driver **KEK JUN HUI** NRIC No. S9975271H

Date Of Birth 22/03/1999 Occupation Indoor Date Of Driving Pass 10/04/2018 Driving experience 3 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-82225973 Alt. Phone Number Email Address JUNHUIKEK1@GMAIL.COM Address APT BLK 498H TAMPINES ST 45 #04-450 Address complement Postcode 526498 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child 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 Fire, explosion or lightning Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Nο Number of Passengers (Including Driver) 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKEIGH FLAN

IMPORTANT NOTICE

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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)

l understand, acknowledge, agree and consent that :

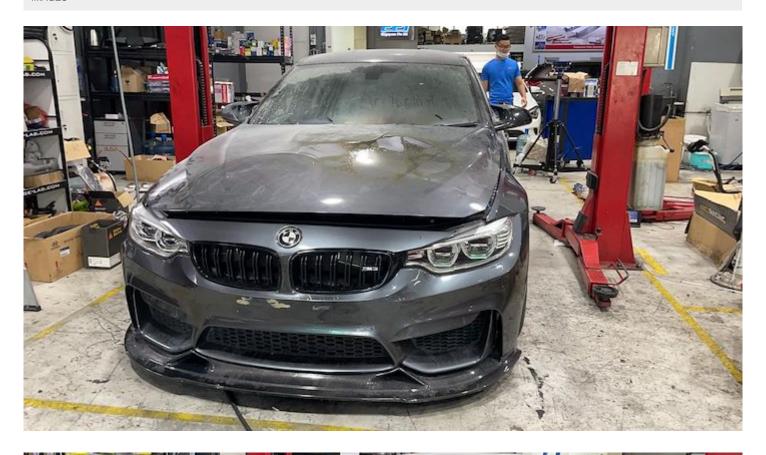
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

	<u>M</u> .	may
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		1/1/07/07/07/07/07/07/07/07/07/07/07/07/07/
		A: SMV918
	A	

Describe Circumstances of	uie Accident	4	Landa II
I was	travelling along	Tampines ove 10	bearing the number t and I saw Smoke turn to into engine and open I quickly call the
- DINJE (SWA	AIS). I WAS	it the traffic light	f and I saw smoke
(Oming out	f from my b	mnet. I quickly	Turn of into
tampines avi	erine 11 - I's	irtch was off my	engine and open
my bonnet	and vegisle	it cought fire:	I quickly call the
polite and	walle to a	Safe distance.	
	- 14HT 12		
7 72			
		-	
Declaration			
We declare the foregoing particula	rs are true in every respect.		
	and		7.10.0
	117		MAG
Policyholder's Signature / Date & Time	Driver's Signature (# driver & Time	is not the policyholder) / Date	Witnessed by Reporting Centre Personnel























1 of 3 Report No. T/20210730/7005

REPORT OF A TRAFFIC ACCIDENT

	e Report M 21 11:38	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
Name of KEK JUN	Informant: I HUI		Address: 498H TAMPINES STREET 4	5 #04-450 SINGAPORE 526498
ID Type	ID No.: 0 / S99752	71H	Contact No.: Home/Office:	Mobile: 82225973
Nationali SINGAP	ty: ORE CITIZ	'EN	Email: junhuikek1@gmail.com	
Sex: Male	Age: 22	Date of Birth: 22/03/1999	Type of Informant: Driver	0.000
Race: Chinese	100 1	All	Language: English	Institution / School Name:
Occupati Supervis			Driving Licence Information: Class:	Date of Expiry:

General Infor	mation of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2021 20:05	Type of Location: Straight Road
Location: TAMPINES A	VENUE 11			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Fire	ion:	l I comment de la comment		Anyone conveyed by ambulance: No

Details of V	emicie myo	iveu		- 24		2
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMV91S	Car	111			111	0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	T T





2 of 3 Report No. T/20210730/7005

CONTINUATION OF REPORT

Driver	v/			S.	20
Name	KEK JUN HUI			ID No.	S9975271H
Related Vehicle	SMV91S (Car)			Contact No	. 82225973
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	2000019 D	Date	NIL	-
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

I was travelling along Tampines ave 10 bearing the number plate SMV91S, when I came to a stop at tampines ave 10 traffic light, I saw there was smoke coming out from my car, I quickly turn into Tampines ave 11. When I open my bonnet, I realised there was a fire, I called the police and stayed a distance from the car





3 of 3 Report No. T/20210730/7005

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2021 11:38
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476423	Classification Of Case:
Authentication Stamp	J. L.

NP168





1 of 3 Report No. T/20210730/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 30/07/20	e Report N 21 11:38	/lade:	Vide Report No.:	Station Diary No.:
Informar	it's Partic	ulars		
Name of KEK JUN	Informant: I HUI		Address: 498H TAMPINES STRE	EET 45 #04-450 SINGAPORE 526498
ID Type /	ID No.: / S99752	71H	Contact No.: Home/Office:	Mobile: 82225973
Nationalit SINGAPO	y: DRE CITIZ	EN .	Email: junhuikek1@gmail.com	
Sex: Male	Age: 22	Date of Birth: 22/03/1999	Type of Informant: Driver	11.10/10
Race: Chinese	165	All	Language: English	Institution / School Name:
Occupati Supervise			Driving Licence Informa Class:	ttion: Date of Expiry:

General Infor	mation of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/07/2021 20:05	Type of Location: Straight Road
Location: TAMPINES A	VENUE 11			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Fire	ion:	l I comment de la comment		Anyone conveyed by ambulance: No

Details of V	emicie myo	iveu		- 24		2
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMV91S	Car	111			111	0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	T T