SY09222M0007 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 22/02/2022 16:49 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (22/02/2022 16:49 (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.

- 4. The issue and acceptance of this is form by instrained 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 22/02/2022 16:49 (SGT) Date of Accident 19/02/2022 11:30 (SGT) Exact Location of Accident Singapore Additional Location Information TPN ST 45 HDB T81 CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SMQ21837

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner POH MINGHAO IVAN NRIC No SXXXX257B Email Address MRIVANPOH@GMAIL.COM Mobile Phone No (Phone) +65-97767245 Alternative Phone No (Home) +65-97767245

VEHICLE PARTICULARS

Manufacturer

Model S5 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? No - Claiming third party 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 GA583302/1 Cover Note Number

DRIVER

Name of Driver POH MINGHAO IVAN NRIC No SXXXX257B

Date Of Birth 26/05/1991 Occupation Indoor Date Of Driving Pass 19/01/2010 Driving experience 12 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-97767245 Alt. Phone Number (Home) +65-97767245 Email Address MRIVANPOH@GMAIL.COM Address BLK 490A TAMPINES ST 45 #05-211 Address complement Postcode 520490 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Collided into Parked Vehicle 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο 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? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBS3489F Vehicle Manufacturer Vehicle Model

Motorcycle

Vehicle Variant
Vehicle Colour
Vehicle Category

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)				_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that :

- (a) My insurer , my w orkshop 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;
- (ii) 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")

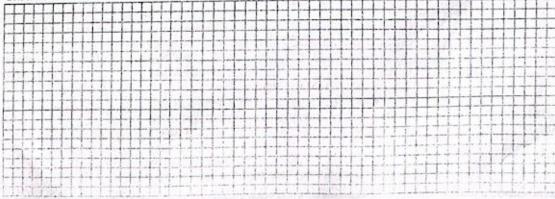
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/ar permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service pro (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purpos

22/02/2022 Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date

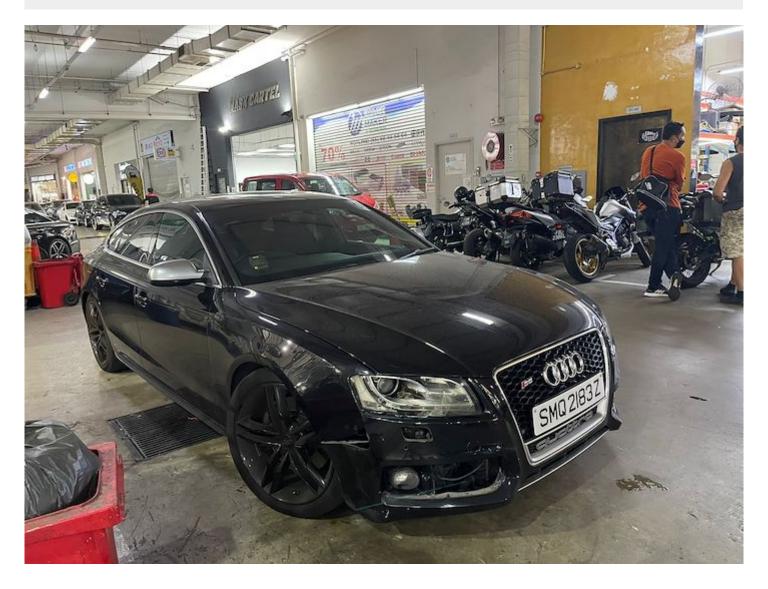
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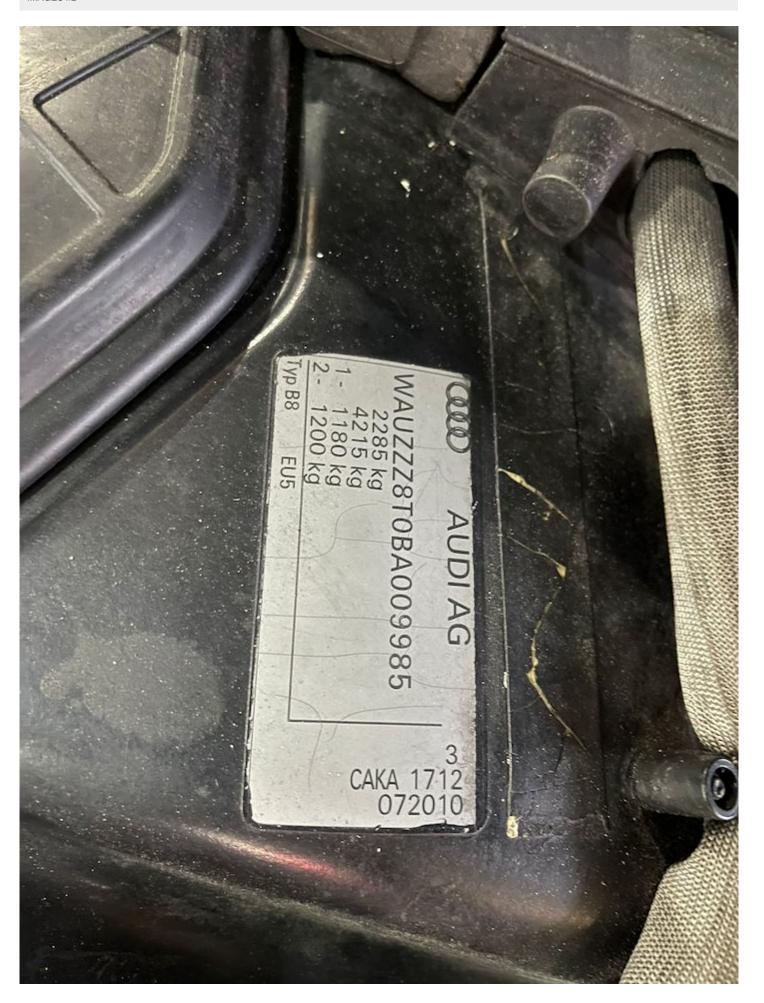
Sketch Plan



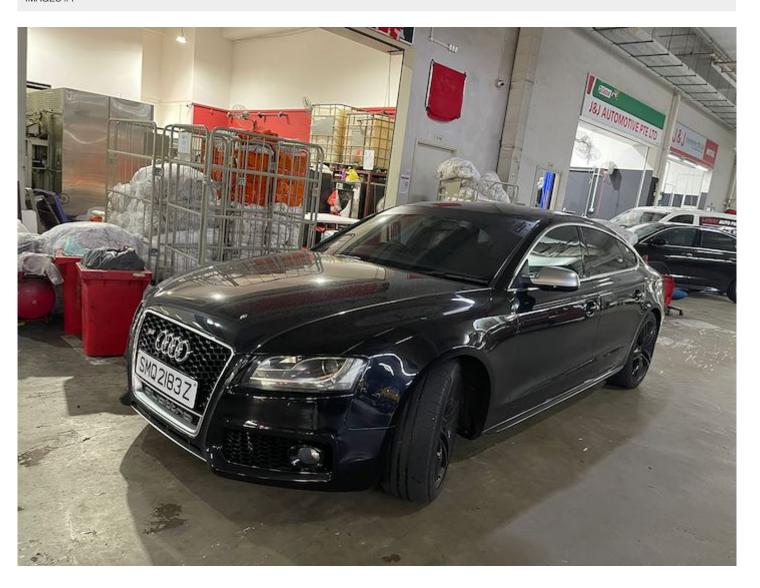
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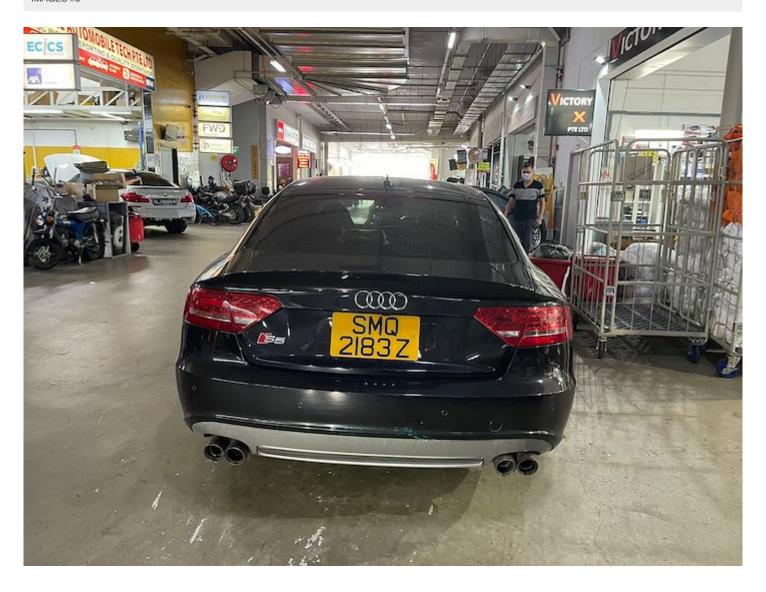
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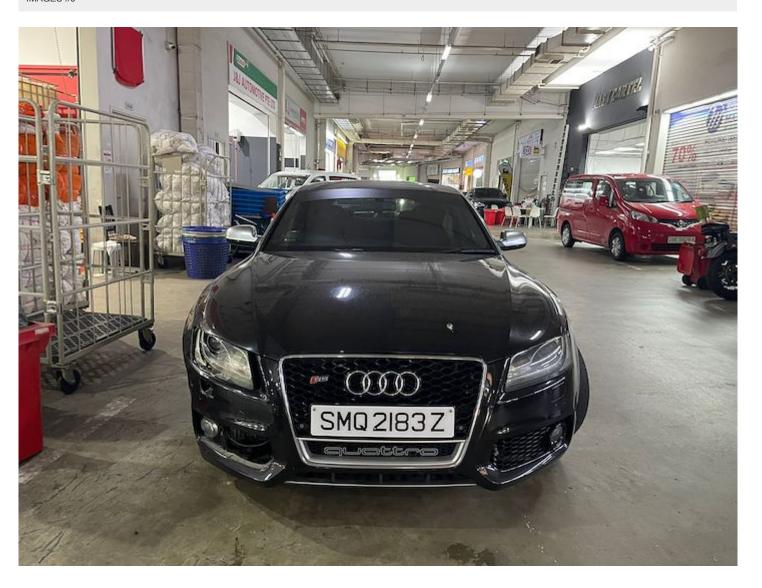




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20220219/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2022 17:38		fade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partice	ulars				
Name of Informant: POH MINGHAO, IVAN			Address: 490A TAMPINES STREET 45 #05-211 SINGAPORE 520490			
ID Type / ID No.: NRIC NO / S9118257B		57B	Contact No.: Home/Office: Mobile: 97767245			
National SINGAP	ity: ORE CITIZ	EN	Email: mrivanpoh@gmail.com			
Sex: Age: Date of Birth: Male 30 26/05/1991			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: IT service manager		0	Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/02/2022 11:30	Type of Location: Car Park
Location: TAMPINES S	TREET 45			
Weather:		Road Surface:	The second secon	Road Speed Limit:
Weather: Clear Traffic Flow: Two Way		Road Surface: Dry Traffic Control: Not Controlled	1 T	Road Speed Limit: 5 Km/h Traffic Volume: Jight

	ehicle Involve	1				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBS3489E	Motorcycle	-				0
GBF3781D	Van					0
SMQ2183Z	Car	AUDI	S5 SPORTBAC	Black	Seriously Damaged	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220219/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMQ2183Z	AXA INSURANCE SINGAPORE PTE LTD	GA583302/1	11/09/2021	10/09/2022	

Anni De destalanti	and and Min					
Any Pedestrian In					CONTRACTOR MANAGEMENT	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner		200		Name of the last		
Name	POH MINGHAO, IVAN			ID No.	S9118257B	
Related Vehicle	NIL			Contact N	lo. 97767245	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NI		
No. of Days gran	ted Medical Leave	NIL	Degree of	NI	L	

Brief Details.

I have a video clip. On 19th February 2022 3pm, I came down from my house to find my parked vehicle involved in a collison at hdb carpark T81. A police note has been left on my car with the involved parties. The other involved vehicles are GBF3781D and FBS3489E. A report has been made on their end G 20220219 0115. This incident was handled by Traffic Police SGT2 Syafiq.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220219/7010

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: 19/02/2022 17:38
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476185	Classification Of Case: