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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 3. Information provided must be as truthful and accurate as possible. Any wiltul 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 flability 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** 

Date of Accident **Exact Location of Accident** 

Additional Location Information

Country/State of Loss

Singapore TPN ST 45 HDB T81 CARPARK Singapore

22/02/2022 16:49 (SGT)

19/02/2022 11:30 (SGT)

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMQ2183Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

**Email Address** Mobile Phone No.

Alternative Phone No.

POH MINGHAO IVAN

(Home) +65-97767245

SXXXX257B

MRIVANPOH@GMAIL.COM (Phone) +65-97767245

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Audi

**S5** 

Private use

No - Claiming third party

Private car

Auto 0

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AXA Insurance Pte Ltd Comprehensive

Nο

GA583302/1

DRIVER

Name of Driver

NRIC No

POH MINGHAO IVAN SXXXX257B



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number Email Address

Address Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

26/05/1991

Indoor 19/01/2010

12 YEARS AND 1 MONTH

Male

(Phone) +65-97767245 (Home) +65-97767245 MRIVANPOH@GMAIL.COM

BLK 490A TAMPINES ST 45 #05-211

520490

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collided into Parked Vehicle

Clear Drv

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Νo 2 No

Yes 0

No

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police?

Police Station Name Police Station Phone No. Alt. Police Station Phone No.

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes Nο Nο

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category

FBS3489E

Motorcycle

Accident report SY09222M0007

Page 2 of 16

Name of Driver	-
Contact Number	-
Address	~
Address complement	-
Postcode	-
nsurance Company Name	-
Nature Of Damage	-
Details of property demaged in accident	-
No. Of Passenger (Including Driver)	-

#### **SKETCH PLAN**

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Oriver.
- Information provided must be as <u>truthful and acquirate as posetible</u>. Any wiful misrepresentation or withholding of malerial facts may
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- 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 evaluable aforesaid.
- 8. Consent under the Porsonal Data Protection Act (PDPA)

i understand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General insurence 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 vahicle(s) involved in this accident (all insurer(s) who have insured vahicle(s) involved in this accident shall be collectively referred to as the "Insurers" in 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (h) 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(a) who have insured vehicle(a) involved in this accident and the insurers' law yers/law firms, may/appermitted 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 histories and/or GiA to their third party service pro I ers or agent (including their lawyers/law firms), which may be sted outside of Singapore, for one or more of the above Purpos s

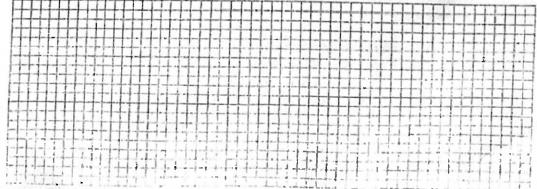
M 22/02/2022

Policyholder's Signature / Dale &

Orliver's Signature (if driver is not the policyholder) / Date

Wantered by Reparting Centre

Sketch Plan



**cs** Scanned with CamScanner

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408665 Tel No: 65470000

1 of 3

Report No. T/20220219/7010

REFURI	NE W TRUSKE	CAUCULENT				
Date/Time Report Made: 19/02/2022 17:38			Vide Report No.:	Station Diary No.:		
Informa	int's Partic	ulars				
	Informant: NGHAO, IV		Address: 490A TAMPINES STREET 4:	5 #05-211 SINGAPORE 520490		
	/ ID No.: 0 / S91182	578	Contact No.: Home/Office	Mobile: 97767245		
	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			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	
TAMPINES S	TREET 45				
Weather: Clear		Road Surface: Dry		oad Speed Limit:	
OF THE SAME		The second secon		Traffic Volume: Light	
Traffic Flow: Two Way Type of Collis		Traffic Control: Not Controlled			

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. 1/20220219/7010

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ2183Z	AXA INSURANCE SINGAPORE PTE LTD	GA583302/1	11/09/2021	Blancatt Activity Blanchmarket

<b>Details of Perso</b>	n Involved					
Any Pedestrian I	nvolved: No		1 1 1 2 2 2 1 2 1			01211402753A
No. of Pedestriar	Use of Pedestrian Crossing: NA					
Vehicle Owner						arigo rack
Name	POH MINGHAO, IV	/AN		ID No.		S9118257B
Related Vehicle	NIL			Contact No.		97767245
Hospital/Clinic	NIL			Class Driving Lloend Expiry	3	Class: NiL Date of Expiry: NiL
Date	NIL		Date	1	NIL	S 197 A S 1995 A S 2
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

## 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 collision at high 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 Sysfiq.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408885 Tel No: 65470000

Report No. T/20220219/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

HP146	
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ISMAIL BIN AMZAH Contact No.: 65476165	Classification Of Case:
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2022 17:38
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singonsa. No signature is required.