SY03237H0006 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 17/07/2023 16:48 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (17/07/2023 16:48 (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 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 Submission 17/07/2023 16:48 (SGT) Reported by Actual Driver Date of Accident 06/07/2023 15:40 (SGT) Exact Location of Accident Singapore Additional Location Information CHANGI BUSINESS PARK VISTA SINGAPORE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK249T INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SIX FOUR PTE. LTD. Company Reg No 201614044D Email Address DAVID.AW@SIXFOURCOFFEE.COM Mobile Phone No (Phone) +65-84269229 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Exact purpose for which vehicle was being used at time of

accident Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle

Transmission Manual

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5131889770

DRIVER

Name of Driver DAVID AW HON HUA S7988960A Date Of Birth 16/05/1979 Occupation Outdoor

Date Of Driving Pass	25/02/2009
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number Alt. Phone Number	(Phone) +65-84269229
Email Address	- DAVID.AW@SIXFOURCOFFEE.COM
Address	470A FERNVALE LINK #03-412
Address complement	-
Postcode	791470
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2 No
Was any injured on veyed to hospital by ambulance?	No -
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance? Translator's name	No
Translator's ID	-
Translator's phone number	-
Translator's email	
Original language used in the statement	-
PASSENGER 1	
Name	UNKNOWN
Gender	Male
PASSENGER 2	
Name	LINIZNIONAINI
Gender	UNKNOWN Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given? If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED	
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	SLS4736S
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)	_

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SKETCH PLAN

MPORTANT NOTICE

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- 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' tawyers/taw 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/mall 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

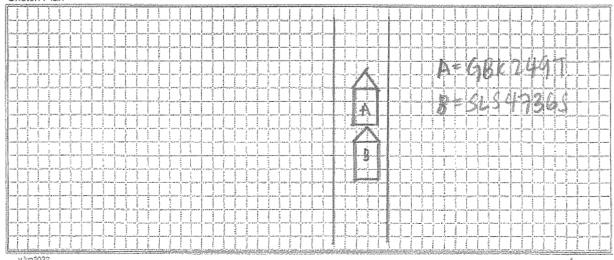
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their 2009) 33w firms), which may be alted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan







1 of 2

Report No. J/20230707/2042

POLICE REPORT (NP299)

Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Date/Time Report Made 07/07/2023 13:16	Vide Report No.		Station Diary No. 44	
Name Of Informant	Address) ,		The second secon
DAVID AW HON HUA	APT BLK 470A FERNVALE LINK #03-412 SINGAPORE 791470			
ID Type / ID No.	Contact	No.		appropries pro fin 1950. On the latter the standard and an electrical and an electri
NRIC NO / S7988960A	Home/Office Mobile		Mobile	
			84269229	
Nationality MALAYSIAN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
TECHNICIAN	Male	44	16/05/1979	Chinese
nstitution/School Name	Languaç	ge .	n territorio (territorio del controlo de la companio de la companio de la companio de la companio de la compan	
Date/Time Of Incident 06/07/2023 15:40	Location Of Incident CHANGI BUSINESS PARK VISTA SINGAPORE Changi Business Park Vista towards Changi Business Park Crescent			

Brief details.

On 06/07/2023 at about 1539hrs, I was driving my van (GBK249T) on the 1st Iane of the 4 Iane road along Changi Business Park Vista towards Changi Business Park Crescent. While I was at the T-Junction of Changi Business Park Vista and Changi Business Park Crescent, I noticed the traffic light was red and there was a car ahead of me. While waiting for the 'turn right arrow' to turn green, the car in front inch forward a little hence, I inched forward as well. However, I then realized that the traffic light was still red

Signature Of Officer Recording The Report: J / SGT 3 NURSHUHADAH BINTE SULAIMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/07/2023 13:16
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) Ang Teck Ming. Alan Contact No.: 67910000	Classification Of Case:





230707/2042

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230707/2042

thus I applied my breaks. Out of a sudden, I felt an impact from the rear of my van. A car (SLS4736S) had collided onto the left rear portion of my van. The driver and I subsequently alighted our vehicle to assess the damages and exchanged particulars. No one was injured. No government property damaged. I have an in-vehicle camera installed in my van however I am unsure if it is in working order. I was advised by my company to lodge a report for record purpose and insurance claim purposes.

J / SGT 3 NURSHUHADAH BINTE SULAIMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/07/2023 13:16
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / INSP (2) Ang Teck Ming, Alan Contact No.: 67910000	Classification Of Case: