SA0W22180001 / ALAN'S UNITED AUTO PTE LTD
ENTRY DATE & TIME: 08/01/2022 10:08 (SGT)
SUBMITTED BY: KENNY CHAN
VERSION: 1 (08/01/2022 10:08 (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 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 Submission	08/01/2022 10:08 (SGT)
Date of Accident	07/01/2022 07:40 (SGT)
Exact Location of Accident	Fulton Rd, Singapore
Additional Location Information	FULTON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG6813L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EL-MANDATE ADVISORY PTE LTD
Company Reg No	2XXXXX756G
Email Address	GINOKOH@EL-MANDATE.COM.SG
Mobile Phone No	(Phone) +65-96634019
Alternative Phone No	(Office) +65-64286012

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	2362

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCG21015166
Cover Note Number	-

DRIVER

Name of Driver	ALYNN TAN CHOR LUANG
NRIC No	SXXXX285J

Date Of Birth	24/11/1962
Occupation	Indoor
Date Of Driving Pass	22/02/1997
Driving experience	24 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96634019
Alt. Phone Number	-
Email Address	ALYNNTAN@EL-MANDATE.COM.SG
Address	6 FULTON ROAD
Address complement	-
Postcode	578890
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC7803H
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

SKETCH PLAN

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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/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

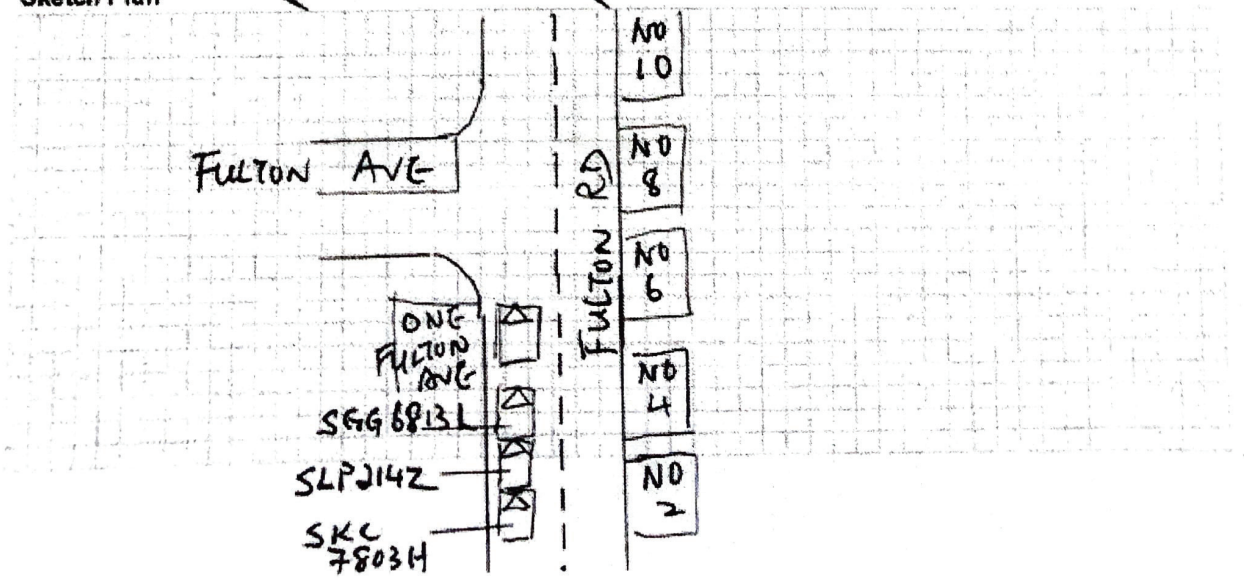
(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 07-01-2022 AT ABOUT 07.40 SUDDENLY I HEARD A LOUD BANG FROM OUTSIDE OF my HOUSE, I QUICKLY WENT OUT TO CHECK AND REALISED THAT MY VEHICLE WAS HIT BY SOME ONE VEHICLE WHICH WAS PARKED OUTSIDE OPPOSIT OF my HOUSE. THERE WAS 03 VEHICLE ALL TOGETHER, my VEHICLE WAS PARKED INFRONT OF SLP2142. THE VEHICLE SKC 7803H OUT OF SUDDEN COLLIDED ONTO SLP2142 AND THE IMPACT WAS PUSH FORWARD AND HIT ONTO my VEHICLE REAR, AT THAT TIME OF ACCIDENT THERE WAS NOBODY INSIDE BOTH OF THE VEHICLE (SGG6813L, SLP2142). NO ONE WAS INJURED. I'm MAKING THE REPORT TO CLAIM THE SKC7803H INSURANCE.

Declaration

I/We declare the foregoing particulars are true in every respect.

MANDATE ADVISORY PTE. LTD. * Co. Reg. No: 201608756G

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel