SA1E23530001 / ALAN'S UNITED AUTO PTE LTD ENTRY DATE & TIME: 03/05/2023 18:23 (SGT) SUBMITTED BY: KHONG SHI JIE VERSION: 1 (03/05/2023 18:23 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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.

- 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.
 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 03/05/2023 18:23 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/05/2023 14:34 (SGT) xact Location of Accident Singapore Additional Location Information CHANGI EXHIBITION CENTRE OPEN CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SMM9214T

INSURED/POLICYHOLDER Is company? No Name Of Registered Owner **KEANE TAN GUAN YU** NRIC No SXXXX472J

Mobile Phone No (Phone) +65-83990375

Alternative Phone No.

VEHICLE PARTICULARS

Email Address

Vehicle Registration Number

.√lanufacturer Mitsubishi Model Attrage 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

Private use

No - Claiming third party

KEANE_TAN_97@HOTMAIL.COM

Private car Auto 1193

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

ERGO Insurance Pte. Ltd. DMPG23000971

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KEANE TAN GUAN YU SXXXX472J 15/11/1997 Indoor

Date Of Driving Pass 14/05/2018 Driving experience 5 YEARS Gender Male Mobile Number (Phone) +65-83990375 Alt. Phone Number **Email Address** KEANE_TAN_97@HOTMAIL.COM Address BLK 54 MARINE TERRACE, #05-37 Address complement Postcode 440054 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 Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name DANIEL NG JUN WEN Gender Male PASSENGER 2 . Jame LIM SWEE HOE Gender Male PASSENGER 3 Name SENG MEI LIN Gender **Female** PASSENGER 4 Name LIM TJIONG HANN Gender Female **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

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT5501R
Vehicle Manufacturer	<u> </u>
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	- F
Vehicle Category	Private car
Name of Driver	TAN LYE HUAT
NRIC No	SXXXX860D
Contact Number	(Phone) +65-98530613
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Petails of property damaged in accident	227
.o. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>operative</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wiful 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurence 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 ladgement 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)

Lunderstand, acknowledge, agree and consent that:

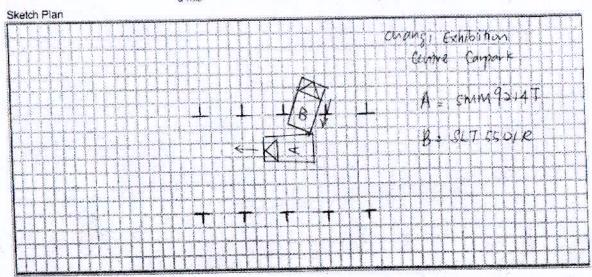
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose. and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 agencylauthority (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 dalms:
- (ii) investigating the accident and/or my claims;
- (#ii) carrying out another dealing with my instructions or responding to any enquiries by mer
- (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

forfar \$6/2023

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

Witnessed by Reporting Centre Personne



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				- Marie Carlos C	

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

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Onver's Signature (if driver is not the policyholder)/ Date & Tone

Witnessed by Restoring Centre Personnel (Name as in NRICTO card)

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