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SKETCH PLAN

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 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 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, 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.

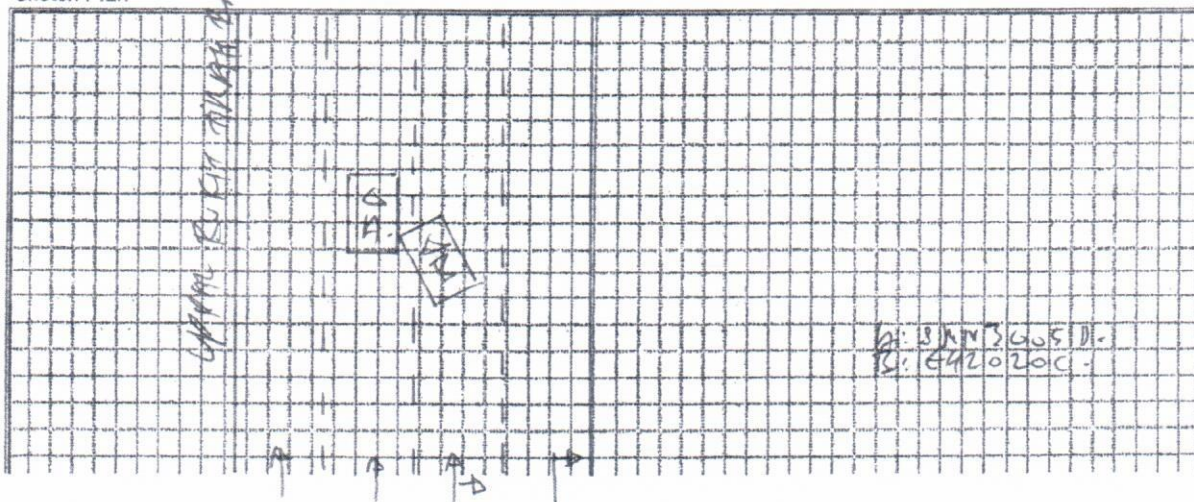


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

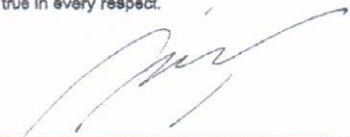
POLICE REPORT.

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

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SINGAPORE
POLICE FORCE

T/20240827/7031

1 of 3

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

Report No: T/20240827/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2024 11:17		Vide Report No.		Station Diary No.	
Informants Particulars					
Name of Informant: Low Sian Teck			Address: 445 chao chu kang ave 4 #06-311 SINGAPORE 680445		
ID Type / ID No: NRIC NO / S1603319G			Contact No: Home/Office: Mobile: 91615555		
Nationality: SINGAPORE CITIZEN			Email: tomcruisr@gmail.com		
Sex: Male	Age: 61	Date of Birth: 09/06/1963	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B.3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury: Others:	Drink Drive: No	Date/Time of Accident: 26/08/2024 07:25	Type of Location: Straight Road
Location: JALAN ANAK BUKIT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EH2020C	Motor car	TOYOTA	veilfire	White		0
SMN3005P	Motor car	HONDA	vezel	White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMN3005P	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD	DMHCSNA00023042 301	19/09/2023	18/09/2024

SINGAPORE
POLICE FORCE

T/20240827/7031

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

Report No: T/20240827/7031

CONTINUATION OF REPORT

Details of Person Involved	
Any Pedestrian involved: No	



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SINGAPORE
POLICE FORCE

T/20240827/7031

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Police Station Of Origin
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Tel No: 65470000

Report No: T/20240827/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW SIAN TECK	ID No.	S1603319G
Related Vehicle	SMN3005P (Motor car)	Contact No.	91615555
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B.3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

I was travelling along upper bukit timah road towards town on 26/08/2024 around 7.25am. I was going straight and there was a traffic light at the junction, suddenly a vehicle on the right cut into my lane and hit my vehicle from the right. I felt a huge impact from the rear right side of my vehicle. driver of EH2020C (white vauxhall) refused to exchanged particulars



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Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No: T/20240827/7031



CONTINUATION OF REPORT

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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T/20240827/7031

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Report No. T/20240827/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No. 65476404

Signature Of Informant
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time
27/08/2024 11:17

Classification Of Case

NP168