

## 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.

*[Signature]*

*[Signature]*

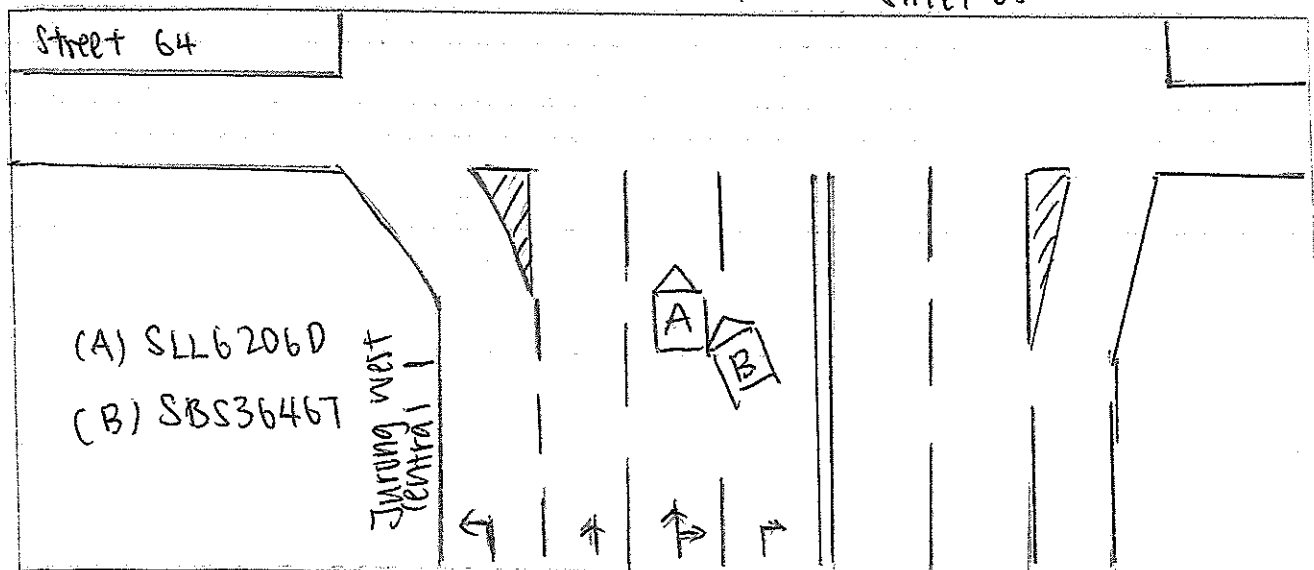
Policyholder's Signature Date & Time

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

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

Sketch Plan

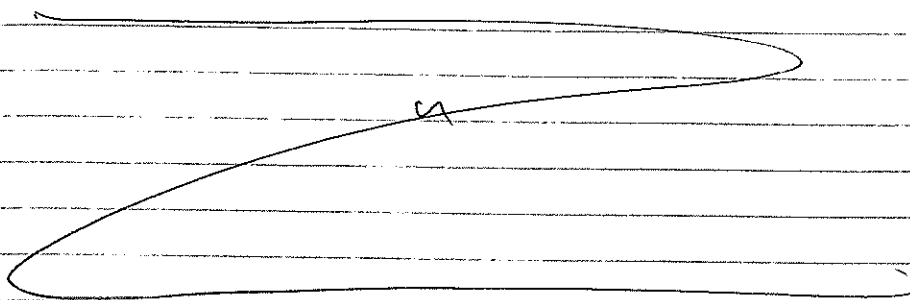
towards Street 65



Describe Circumstance of the Accident

Attached traffic police report

no: T/ 20240930/ 7104



Declaration

I/we declare the foregoing particulars are true in every respect

First person's Signature Date & Time

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

Witness(es) Residing Same Residence Name as in NR 012 card



# SINGAPORE POLICE FORCE



T/20240930/7104

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

1 of 3

Report No. T/20240930/7104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2024 17:08			Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>						
Name of Informant: SIM KOK LEONG			Address:			
ID Type / ID No.: NRIC NO / 380G			Contact No.: Home/Office:		Mobile:	
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver			
Race: Chinese			Language: English			
Occupation: Private-hire car driver			Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2024 14:15	Type of Location: X-Junction
Location:  JURONG WEST CENTRAL 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS3646T	Bus/Coach/Mini bus					0
SLL6206D	Motor car	HONDA	VEZEL 1.5X CVT	Brown		2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLL6206D	NTUC Income Insurance Co-Operative Limited	5137006391-01	14/03/2024	28/02/2025



**SINGAPORE  
POLICE FORCE**



T/20240930/7104

Police Station Of Origin:  
Traffic Police  
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Report No. T/20240930/7104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUO BIN	ID No.	
Related Vehicle	SBS3646T (Bus/Coach/Minibus)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	SIM KOK LEONG	ID No.	
Related Vehicle	SLL6206D (Motor car)	Contact No.	
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

**Brief Details.**

On the above mentioned date and time,  
I was driving (own car) PH vehicle plate no.SLL6206D with 2 passengers,  
Travelling straight at Jurong West central 1,  
towards Jurong West st 65 at lanes 2, the road have 3 lanes, when my vehicle reached the X Junction at Jurong West st 64  
Traffic light was in red, I stopped and stationary my vehicle, Arrow in green to turning right a SBS3646T,coming from behind turning right towards Jurong West st 64. Suddenly collided my vehicle from the rear side bumper dented.  
After accident I felt unwell, I went to W Y Teh family clinic and surgery consult doctor and was given 5 days MC.



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Report No. T/20240930/7104

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

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

Date/Time:  
30/09/2024 17:08

Classification Of Case:

NP168