

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.

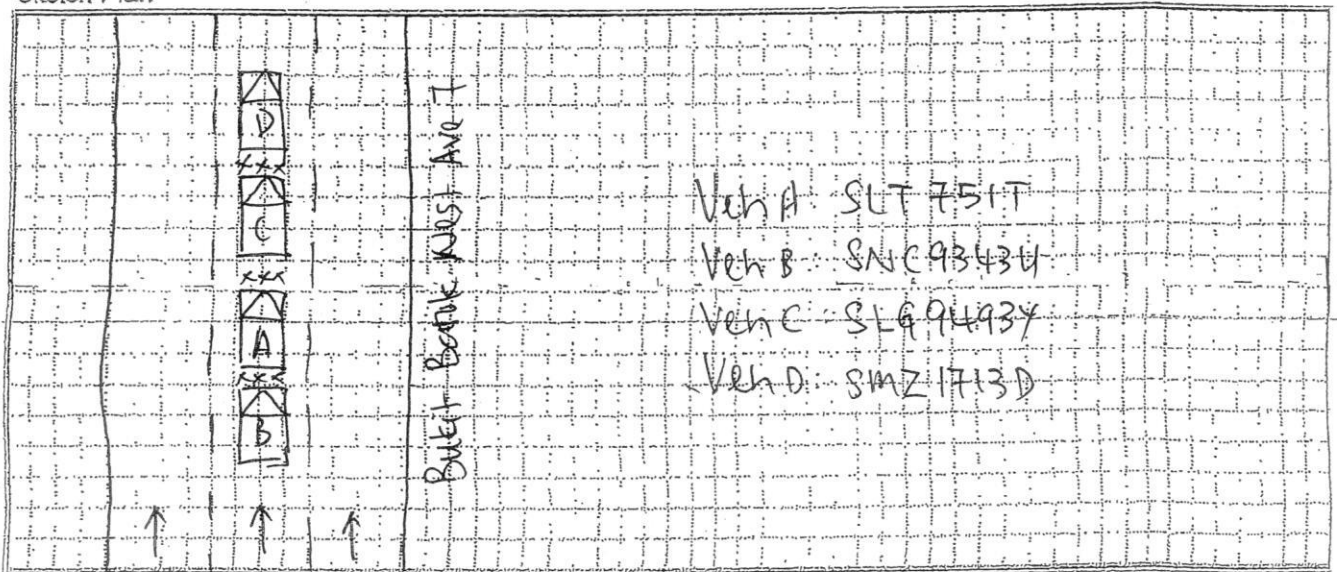
Sol

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

Refer to police report

Report No : T/20240610/7022

Declaration

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

Policyholder's Signature / Date & Time

Sol

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

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



**SINGAPORE
POLICE FORCE**



T/20240610/7022

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

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Report No. T/20240610/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLT751T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700057003-06	17/10/2023	16/10/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SOH SENG WAT		ID No.	S02131911
Related Vehicle	SLT751T (Motor car)		Contact No.	82227080
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury	Slight

Brief Details.

ON ABOVE DATE & TIME, I WAS DRIVING MY VEHICLE A (SLT751T) TRAVELING ALONG BUKIT BATOK ROAD TOWARDS PIE ON SECOND LANE OF A 3-LANES, ROAD. SOMEWHERE BEFORE BUKIT BATOK WEST AVENUE 7, VEHICLE C (SLG9493Y) AHEAD SLOWED DOWN AND STOPPED DUE TO TRAFFIC LIGHT WAS RED. OUT OF SUDDEN, VEHICLE B (SNC9343U) CAME FROM REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. DUE TO THE IMPACT, MY VEHICLE SURGED FORWARD AND COLLIDED ONTO THE REAR PORTION OF VEHICLE C. AFTER ACCIDENT, I ALIGHTED AND REALISED I WAS INVOLVED IN A 4 CAR CHAIN ACCIDENT.

VEHICLE FOLLOWING
SMZ1713D
SLG9493Y
SLT751T
SNC9343U



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T/20240610/7022

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

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Report No. T/20240610/7022

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 10/06/2024 11:15
Classification Of Case:

VEHICLE NO: SLT 751T

MAKE & MODEL : Mitsubishi Attrage

AUTO / MANUAL

DATE OF ACCIDENT	9 / 6 / 2024	*CC. 1.2
TIME OF ACCIDENT	1305 HR	AM / <input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	Along Bukit Batok Road towards PIE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Soh Yee Leng, Danny	
EMAIL	sohsengwat@gmail.com	Office: MOBILE: 9363 2690
NRIC	S7807250D	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	1700057003-06	
NAME OF DRIVER	AS ABOVE / IF NO: Soh Seng Wat	
NRIC	S0213191Z	
DATE OF BIRTH	11 / 2 / 1947	
ANY PASSENGER	YES / <input checked="" type="radio"/> NO	
NAME OF PASSENGER		
GENDER OF PASSENGER	<input checked="" type="radio"/> MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	29 / 5 / 1975	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile: 82227080	Office:
EMAIL	sohsengwat@gmail.com	
ADDRESS	BLK 301 Jurong East Street 32 #05-42 S (600301)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes: Reg No:	INSURER:
RELATIONSHIP	Employee / If No: Son	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other: <input checked="" type="radio"/>	
ANY INJURIES	<input checked="" type="radio"/> If yes: Who? Soh Seng Wat	
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> No / If yes: Who?	
POLICE REPORT	<input checked="" type="radio"/> If yes: Where? Traffic Police	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> YES: WHO?	
VEHICLE B NO.	SNC 93434 Any Passenger:	
NAME	Er Cheng Poh	
CONTACT NO.		
VEHICLE C NO.	SLG 9493Y Any Passenger:	
VEHICLE D NO.	8MZ 1713D Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO	
Person Reporting	<input checked="" type="radio"/> Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	
	Front & rear portion	

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