

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 willful 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

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

Vehicle A: SMN 6805R
Vehicle B: SLP 5574B
Vehicle C: YJ 7506B

Describe Circumstance of the Accident

Refer to TP NO.

T/20241128/7084

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 & Time

Witnessed By Reporting Centre Personnel
(Name as in NRIC/ME card)



**SINGAPORE
POLICE FORCE**



T/20241128/7084

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

2 of 3

Report No. T/20241128/7084

CONTINUATION OF REPORT

Driver			
Name	RON CHEW ZHENG FENG	ID No.	T0415248J
Related Vehicle	SNN6805R (Motor car)	Contact No.	86009469
Hospital/Clinic	T M AUW CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious

Brief Details.

ON 27/11/2024 AT ABOUT 2200 HOURS AT ALONG HONG KAH FLYOVER. I WAS TRAVELLING STRAIGHT ON THE ABOVE MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT.

SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF 3 VEHICLES INVOLVED. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS GIVEN 07 DAYS MC FOR MY INJURY.

- (A) SNN6805R
- (B) SLP5574B
- (C) YJ7506M



**SINGAPORE
POLICE FORCE**



T/20241128/7084

3 of 3

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

Report No. T/20241128/7084

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:
28/11/2024 15:44

Classification Of Case: