

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 Authorised 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 Police for investigation.
6. The 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.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

 30233709F
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 66278234Q

Describe Circumstance of the Accident.

ON 23/05/2018 @ 1314HRS, I WAS DRIVING MY TAXI (SHB 8943 X) ALONG NG TENG FONG GENERAL HOSPITAL TOWER B DRIVEWAY.

WHILE I WAS MOVING, I NOTICE VEHICLE B (SHA 8729 D) WAS STATIONARY ON MY LEFT ALIGHTING HIS PASSENGER THEN I OVERTOOK HIS VEHICLE AS INTENDED TO ALIGHT MY PASSENGER.

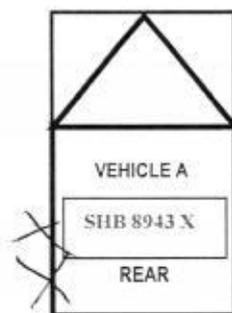
IN THE MIDST OF FILTERING, SUDDENLY I FELT AN IMPACT. VEHICLE B MOVED OUT FROM STATIONARY AND MOVE FORWARD WITHOUT CHECKING FOR ANY VEHICLE.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT REAR PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT RIGHT PORTION.

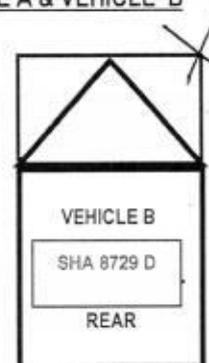
NO INJURY INVOLVED.

MY TAXI HAVE ONE PASSENGER ONBOARD AND VEHICLE B DON'T HAVE PASSENGER.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



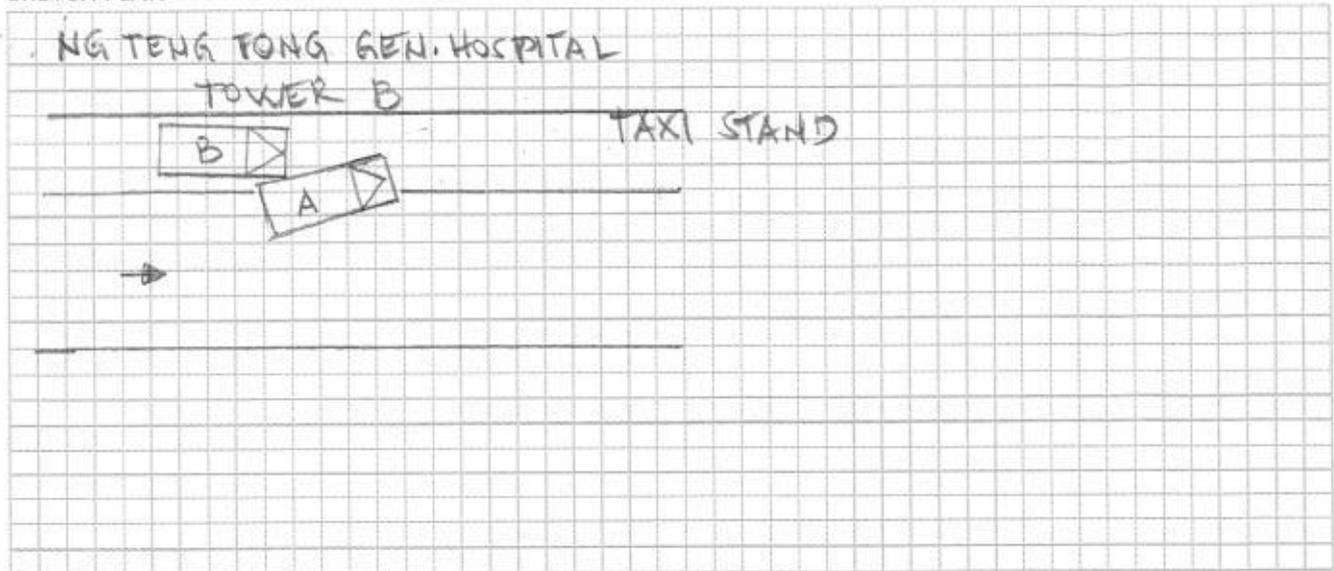
THIRD PARTY VEHICLE

 80233709F

Driver's Signature & NRIC Number
Wednesday, May 23, 2018 @ 3:04:17 PM

(attended by)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB8943X

B: SHA8729D

DECLARATION

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

Policyholder's Signature
Date & Time:



Joh 50233709F
Driver's Signature
(If driver is not the policyholder)
Date & Time:

ROU
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 66278234Q