

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:



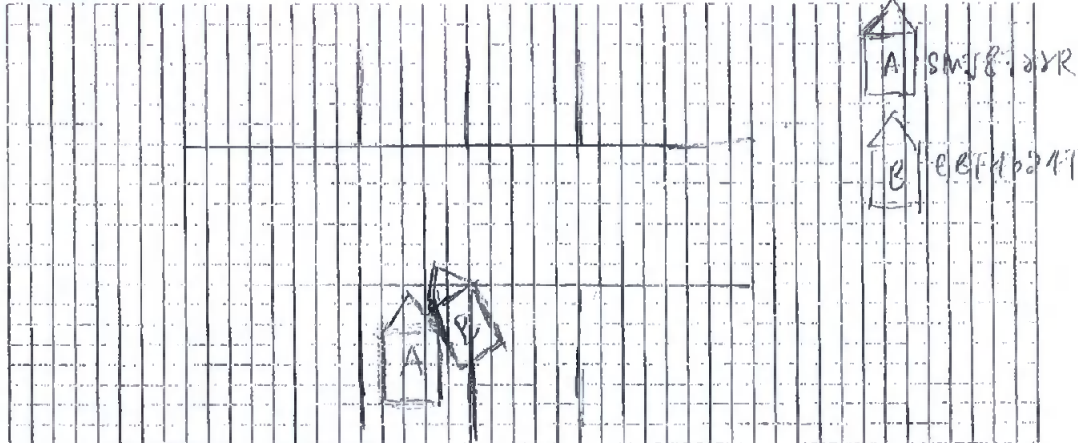
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per 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 & Time:


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

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



L/20200825/7043

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POLICE REPORT (NP299)

Report No. L/20200825/7043

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 25/08/2020 19:33		Vide Report No.		Station Diary No.	
Name Of Informant ZULFADLY BIN MOHAMAD ABU BAKAR		Address 771 YISHUN AVENUE 3 #04-245 SINGAPORE 760771			
ID Type / ID No. NRIC NO / S9513789Z		Contact No. Home/Office: Mobile: 96268499			
Nationality SINGAPORE CITIZEN		Email Address ZUL_FADLY1995@HOTMAIL.COM			
Occupation Desktop Engineer		Sex Male	Age 25	Date of Birth 22/04/1995	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 25/08/2020 16:00 - 25/08/2020 16:10		Location Of Incident 292 YISHUN STREET 22 HDB-YISHUN SINGAPORE 760292			

Brief details.

On 25/08/2020 at about 1530hrs, I had parked my car (A black coloured Mercedes C180) bearing plate number SMJ8722R at the above-mentioned location. When I returned to my car at about 16400hrs, I notice that my front bumper had white scratch marks and that it had slightly pop off the vehicle chassis. There was also a note on the windscreen stating that the Mr Cheng (A1) had accidentally hit the car and provided his contact number, 93898592.

I checked my in car camera and notice that the incident happened at 1600hrs.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2020 19:33
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Common Statement Pg. 2



**SINGAPORE
POLICE FORCE**



L/20200825/7043

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200825/7043

A1, driving a white coloured van Toyota Hiace bearing plate number GBF4624T, was exiting his car park lot (Lot No. 188) and had misjudged the turning radius of his vehicle thus scrapping his left side of the van on my car. Noticing as such, he reversed his van and exited that lot again. A1 later placed the note on my windscreen at 1608hrs before taking some pictures of the vehicle.

I contacted A1 at his contact number and managed to get through to him. He had expressed his concern on claiming with insurance however I wish to proceed with insurance claim.

I'm lodging this report for insurance claim purposes only.

Subjects Involved			
Victim			
Person Name	ZULFADLY BIN MOHAMAD ABU BAKAR		
ID Type	NRIC NO	ID No	S9513789Z
Gender	Male	Age	25
Race	Malay	Language	English
Occupation	Desktop Engineer	Address	771 YISHUN AVENUE 3 #04-245 SINGAPORE 760771
Mobile No	96268499	Is Informant A Victim?	Yes
Person Name	ZULFADLY BIN MOHAMAD ABU BAKAR (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2020 19:33
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

