

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 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.

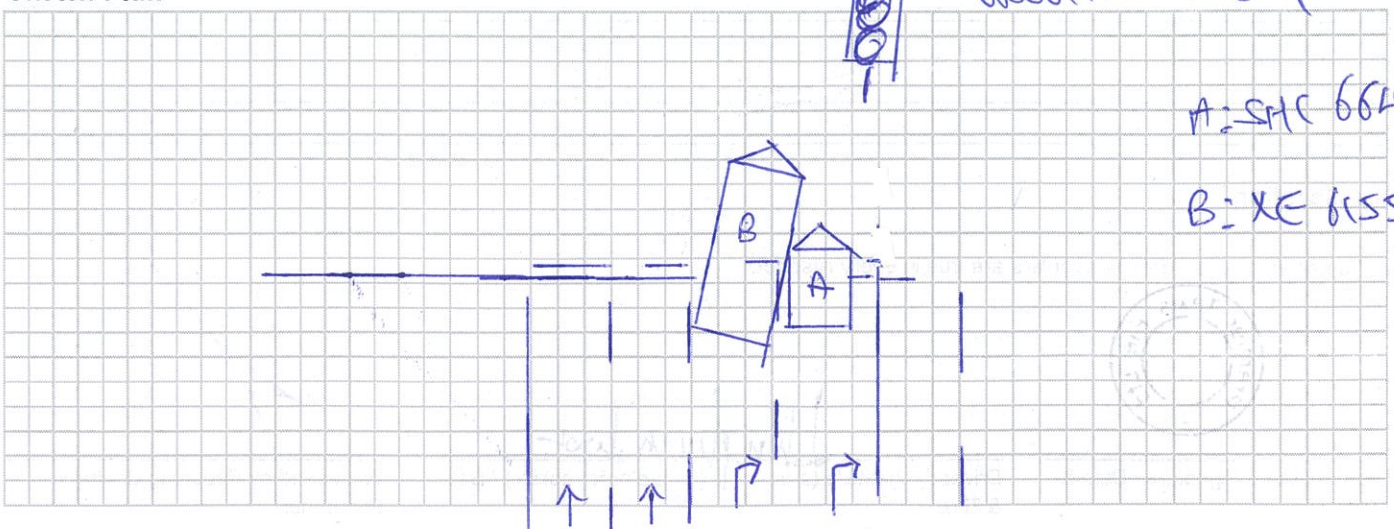


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. In the bottom right corner, there is a faint, circular embossed or stamped mark, possibly a logo or seal, which is partially visible. The rest of the page is blank.

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



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



Witnessed by Reporting Centre
Personnel

Describe Circumstance of the Accident.

ON 07.05.21 @1115HRS, I WAS DRIVING MY TAXI SHC6641A, STATIONARY ALONG WOODLANDS AVE 2, JUNCTION OF WOODLANDS AVE 9.

MY TAXI WAS STATIONARY ON THE EXTREME RIGHT LANE WAITING FOR CLEARANCE / TRAFFIC LIGHT IN FAVOUR BEFORE MAKING U-TURN.

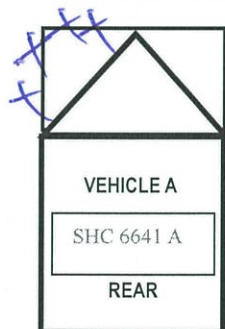
AS I WAS MOVING AHEAD SLIGHTLY, SUDDENLY I FELT AN IMPACT FROM THE FRONT LEFT PORTION. VEHICLE B(XE6155L) WHICH WAS ON THE 2ND LANE, ENCROACHED INTO MY PATH AND COLLIDED ONTO THE FRONT LEFT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI DAMAGE ON THE FRONT LEFT PORTION.

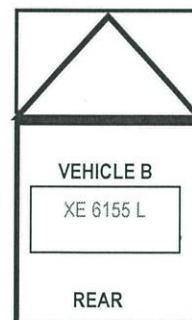
VEHICLE B(XE6155L) NO VISIBLE DAMAGE.

BOTH VEHICLE NO PASSENGER ON BOARD.

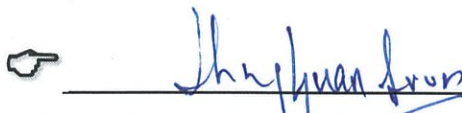
DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

_____

Driver's Signature & NRIC Number
Friday, May 07, 2021 @ 1:29:02 PM

(attended by)


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

XE6155L

Date of Accident

07/05/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**Period of Insurance **28/01/2021 - 27/01/2022**Requested By **GOH WEE DEK (PREMIER AUTO...**Requested Date **07/05/2021 14:00****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**