

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 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 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.



Signature: [Handwritten Signature]

872504687B 09 JUN 2021

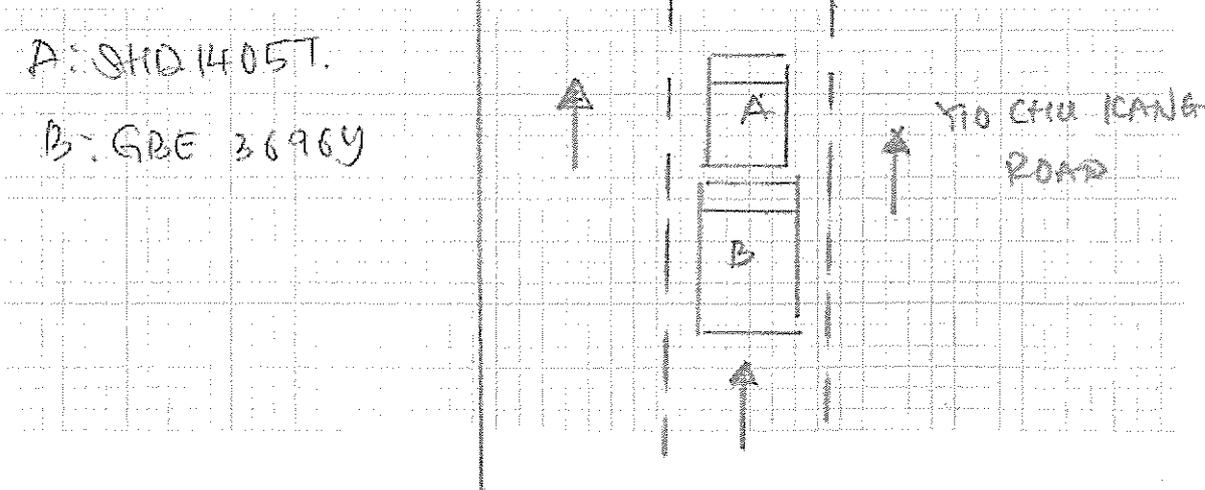
Signature: [Handwritten Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

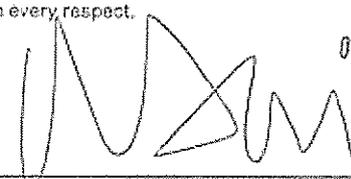
Refer to attached police report

Declaration

We declare the foregoing particulars are true in every respect.

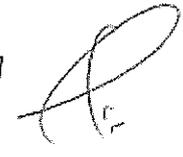


Policyholder's Signature / Date & Time

X 

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

09 JUN 2021



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210609/2030

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3
Report No T/20210609/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2021 12:59	Video Report No.:	Station Diary No.: 9
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Informant's Particulars			
Name of Informant: LAM KAH THONG		Address: APT BLK 68 GEYLANG BAHRU #10-3203 SINGAPORE 330068	
ID Type / ID No.: NRIC NO / S7250468B		Contact No.: Home/Office: Mobile: 82024508	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 02/02/1972	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2021 10:20	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3696Y	Car	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5		Slightly Damaged	0
SHD1405T	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT		Slightly Damaged	2



SINGAPORE
POLICE FORCE



T/20210509/2030

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20210509/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAKARIAH BIN WAHAB	ID No.	S1578330C
Related Vehicle	GBE3696Y (Car)	Contact No.	88624610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LAM KAH THONG	ID No.	S7250468B
Related Vehicle	SHD1405T (Car)	Contact No.	82024508
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and place while I was travelling on Yio Chu Kang Road towards Fernvale Link, as the traffic light turned red I gradually down and came to a complete stop, suddenly a vehicle(GBE3696Y) came from the rear and collided onto my vehicle(SHD1405T) rear bumper.

We then got out of our vehicle and exchanged our particular. After the traffic accident I suffered strain pain on my neck and back, I went to visit the doctor and was given 5 days MC.

I am lodging this report for record purposes and as requested by my Taxi Company (Premier).



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Tel No: 1800-7819999

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Report No T/20210609/2030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 1 CHEW JUN JIE JAYSON <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2021 12:59
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP168 <i>[Signature]</i>	

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBE3696Y

Date of Accident

09/06/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**

Period of Insurance **17/11/2020 - 16/11/2021**

Requested By **GOH WEE DEK (PREMIER AUTO...**

Requested Date **09/06/2021 14:27**

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**