

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 Authorized 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 thereof.
 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 be 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' law firms/firm, 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.
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
 - (c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/firm), which may be located outside of Singapore, for one or more of the above Purpose(s).

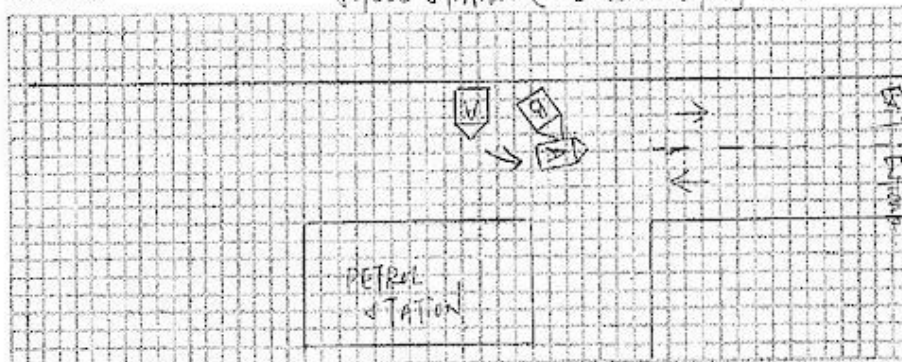
Policyholder's Signature & Time

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

Witness by Reporting Centre Personnel

Sketch Plan

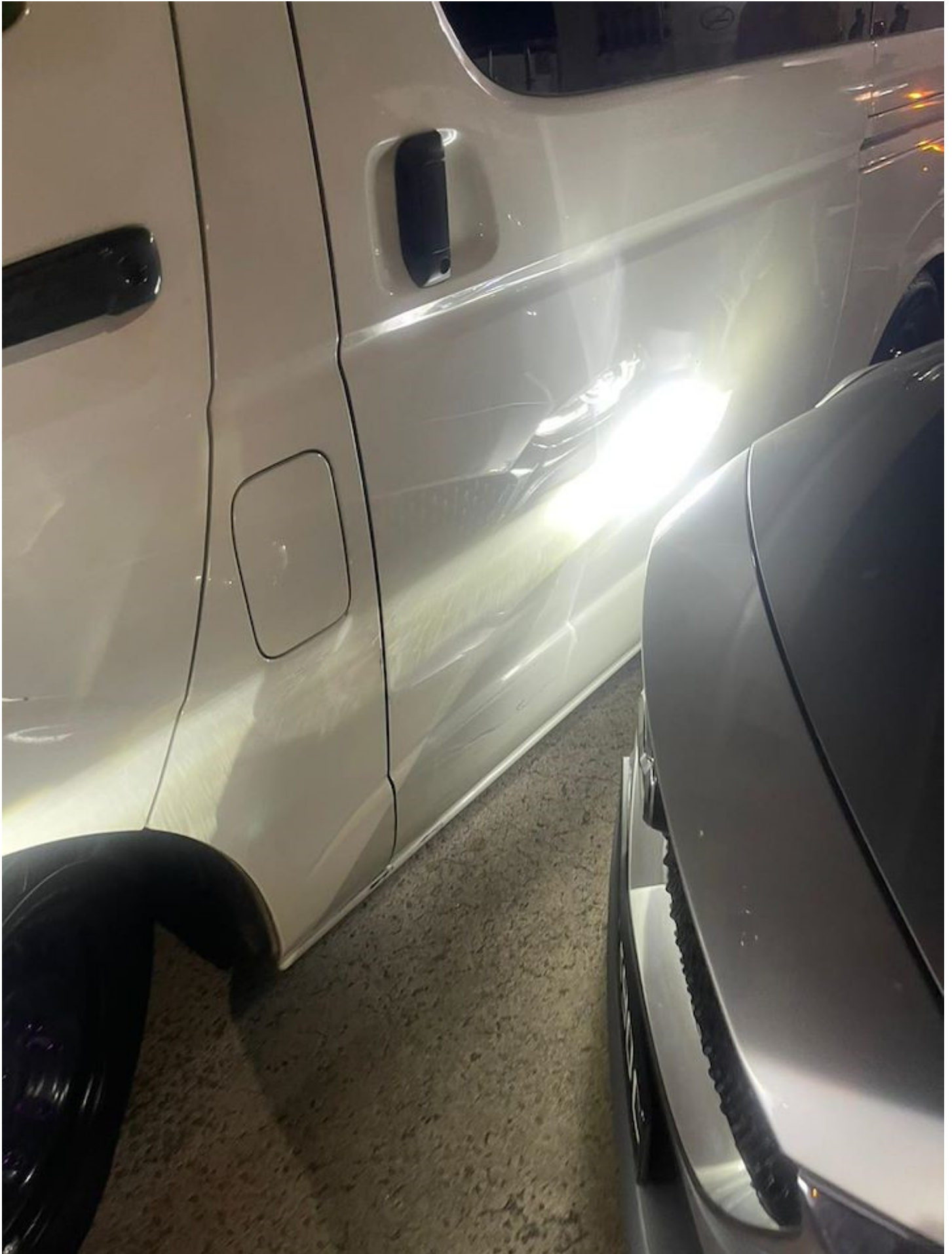
HELL STATION @ 1 New Lanyang Link



A = GN6288R

B = JMD7390C



















Describe Circumstance of Accident

I PARKED MY VEHICLE AT PETROL STATION AND VEHICLE SMD7390C WAS PARKED BESIDE ME. WHILE I READY TO MOVE ON, I SLOWLY TO MOVE OUT MY VEHICLE AND TURN TO MY LEFT TO THE EXIT. THEREAFTER VEHICLE SMD7390C MOVING OUT HIS VEHICLE. ALL OUT OF SUDDEN VEHICLE SMD7390C COLLIDED ONTO MY VEHICLE LEFT MIDDLE PORTION.

I DID REQUEST TO VIEW CCTV FROM THE SHELL AUTHORITY BUT UNABLE TO HAVE A COPY OR RECORD FROM THEM. FROM THE FOOTAGE, MY VEHICLE WAS MOVING AND TURNING AHEAD OF VEHICLE SMD7390C. BUT VEHICLE SMD7390C STILL COLLIDED ONTO MY VEHICLE WHEN MY VEHICLE WAS IN FRONT OF HIM.

Declaration

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


Policyholder's Signature /
Date & Time




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

Witness by Reporting
Centre Personnel