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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 lectively referred to as the "Insurers"), the Insurers' law yers/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
- $\hbox{(v) complying w ith applicable law \ in administering, processing, handling and/or dealing w ith my \ claims.}$

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

A SHBBOST H

B A SHBBOS

ON 20/09/2021 @ 07:05HRS, I WAS DRIVING MY TAXI (SHB 8081 H) ALONG THE DRIVEWAY @ WOODLANDS DRIVE 53 (NEXT TO BLK 556).

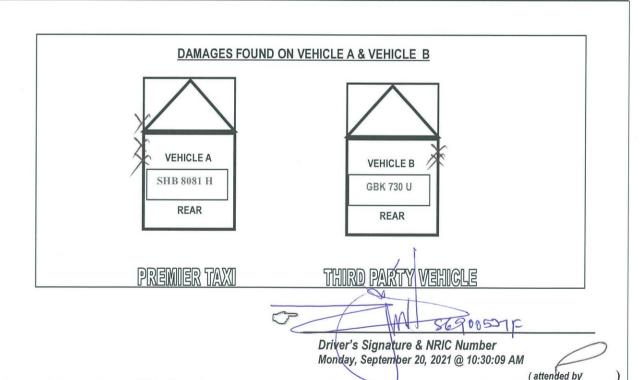
WHILE I WAS MOVING AHEAD – HEADING TOWARDS MY PASSENGERS PICK PUT AREA, SUDDENLY I FELT AN IMPACT FROM MY LEFT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (GBK 730 U - VAN) WHICH WAS INITALLY STATIONARY ON THE LEFT – HAD OPENED THE DRIVER'S DOOR ABRUPTLY & HIT ONTO THE LEFT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE LEFT PORTION & LEFT WING MIRROR. VEHICLE B HAD DAMAGES ON THE RIGHT FRONT DOOR.

NO INJURY INVOLVED.
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.



> Back to OneMotoring



Land Transport Authority 10 Sin Ming Drive Singapore 575701

GST Registration No.: M4-0006529-2

Print Date/Time : 20 Sep 2021 / 10:42:32

Receipt Date/Time: 20 Sep 2021 / 10:42:32

Tax Invoice/Receipt

Receipt No.: ITNET-00000-210920-001069

Previous Receipt No.:

| S/N Item Description/ Business Transaction Reference No. | | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|--|--------------------------|-------------------------------|------------------------|------------------------------|
| Result of Insurance Enquiry - GBK730U | | | | |
| As at 20 Sep 2021/07:05:00 | | | | |
| Insurance Co: AIG ASIA PACIFIC INSURAI | NCE PTE. LTD. | | | |
| 1 Insurance Enquiry - GBK730U | | | | |
| Enquiry Fee | | 7.00 | 0.49 | 7,49 |
| 20210920104129125542 | G 1 T | | | |
| | Sub-Total | 7.00 | 0.49 | 7.49 |
| | Total Before Rounding | 7.00 | 0.49 | 7.49 |
| | Rounding Difference | | | 0.04 |
| | Total Amount Payable | | | 7.45 |
| | Paid By | | | |
| | 462845XXXXXX8682 | eNETS (| Credit Card | 7.45 |
| | Total | | | 7.45 |
| | Cash Change | | | 0.00 |
| | Tendered Amount | | | 7.45 |
| | Excess Refundable Amount | | | 0.00 |

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.