

SKETCH PLAN

IMPORTANT NOTICE

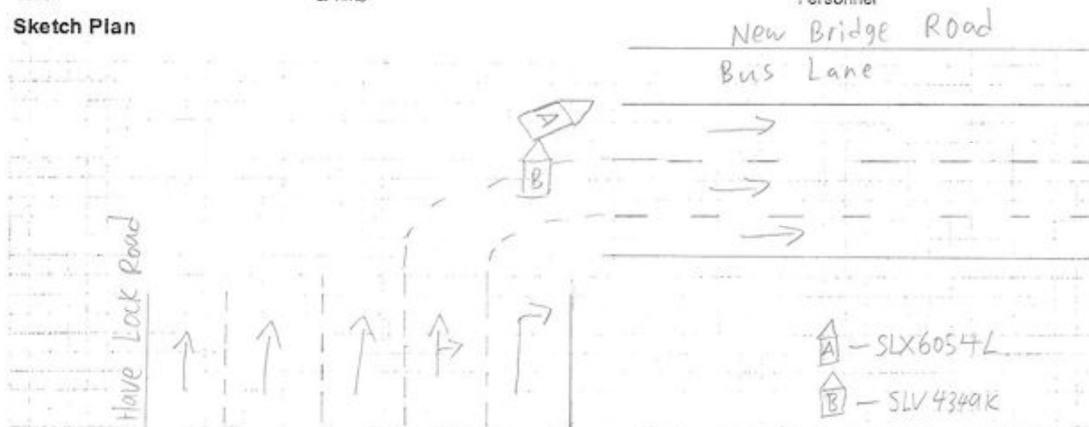
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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



Describe Circumstances of the Accident

As per police Report

Declaration

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

Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



T/20211007/2028

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20211007/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2021 13:21		Vide Report No.:		Station Diary No.: 40
Informant's Particulars				
Name of Informant: PANG SEOW CHIANG		Address: 3 RIVERVALE LINK #04-18 SINGAPORE 545119		
ID Type / ID No.: NRIC NO / S1333575C		Contact No.: Home/Office: Mobile: 81815363		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 04/07/1958	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: LOGISTIC		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2021 18:10	Type of Location: TRAFFIC JUNCTION
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV4349K	Car					0
SLX6054L	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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Report No. T/20211007/2028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX6054L	ALLIANZ INSURANCE SINGAPORE PTE. LTD.	SP2000007492	22/11/2020	21/11/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LENG SIEW CHYN	ID No.	S7347669J
Related Vehicle	SLV4349K (Car)	Contact No.	84888478
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	PANG SEOW CHIANG	ID No.	S1333575C
Related Vehicle	SLX6054L (Car)	Contact No.	81815363
Hospital/Clinic	ONECARE CLNIC HOUGANG	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/10/2021	Date Discharge	07/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ROSNI	ID No.	S2593875E
Related Vehicle	SLX6054L (Car)	Contact No.	96353044
Hospital/Clinic	ONECARE CLNIC HOUGANG	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/10/2021	Date Discharge	07/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight



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Report No. T/20211007/2028

CONTINUATION OF REPORT**Brief Details.**

On 06/10/2021 at about 1810hrs, I was driving on the second lane along Havelock Road and was going to make a right turn at the traffic junction. There was another vehicle on the first lane, which was going to make a right turn as well.

As the traffic light turned green, I started moving off and the said vehicle on the right, hit onto the right side of my vehicle.

At that point of time, there was no one injured. There was no police or ambulance at scene.

Due to the accident, the side of my vehicle was dented and the tire and rims were damage as well.

After the incident, my right wrist was sprained and the passenger onboard of my vehicle complained of pain on her neck and back area. We went to seek medical treatment and was given 3 days of MC each.

There is in-built camera installed in my vehicle.



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Report No. T/20211007/2028

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 F / Sgt 3 PHUA JIA JUN, MARK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2021 13:21
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	