

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.

X

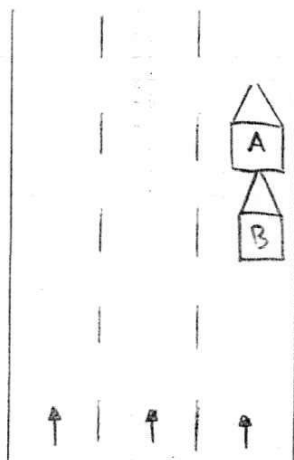
Policyholder's Signature / Date & Time

X

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A : SNB 2697 A .

B : SMS 4663 G

Bedok North Road .

Refer to police report.

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date &
Time

X

[Signature]

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

Witnessed by Reporting Centre
Personnel



SINGAPORE
POLICE FORCE



T/20211227/2104

Police Station of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20211227/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
27/12/2021 22:34

Video Report No.:
G/20211227/0167

Station Diary No.:

Informant's Particulars

Name of Informant:
LI MINGLONG, RYAN

Address:
32 SEGAR ROAD #03-24 BLOSSOM RESIDENCES
SINGAPORE 677722

ID Type / ID No.:
NRIC NO / S8203531A

Contact No.:
Home/Office: Mobile: 97305727

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 39 Date of Birth: 23/01/1982

Type of Informant:
Driver

Race:
Chinese

Language: English Institution / School Name:

Occupation:
SAF REGULAR

Driving Licence Information:
Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/12/2021 00:00	Type of Location:
Location: BEDOK NORTH ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SNB2697A	Car	TOYOTA	YARIS CROSS 1.5G CVT	Blue		0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SNB2697A	NTUC Income Insurance Co-Operative Limited	5123253195	10/08/2021	09/08/2022



SINGAPORE
POLICE FORCE



T/20211227/2104

Police Station Of Origin:

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Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20211227/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LI MINGLONG, RYAN	ID No.	S8203531A
Related Vehicle	SNB2697A (Car)	Contact No.	97305727
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/12/2021	Date Discharge	27/12/2021
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING ON THE 1ST LANE ON A 3 LANE ROAD AT BEDOK NORTH ROAD.

TRAFFIC WAS SLOW & CALM AND I CAME TO A STOP.

A FEW SECONDS LATER A CAR (SMS4663G) FROM BEHIND ME COLLIDED ONTO MY REAR BUMPER.

WE BOTH JUST STATIONED OUR VEHICLES THERE AND ALLIGHTED TO TALK WITH THE DRIVER.

I THEN CALLED THE POLICE & POLICE ACTIVATED AMBULANCE AS I WAS FILLING GIDDY & NUMBNESS ON MY LEFT SHOULDER.

ONLY I WAS INJURED.

I HAVE PICTURES & FOOTAGE OF THE ACCIDENT BUT MY SD CARD FOOTAGE WAS TAKEN BY TP.

I EXCHANGED PARTICULARS WITH THE CAR DRIVER.

I WAS CONVEYED TO CGH ON 27/12/2021 AND DISCHARGED ON THE SAME DATE.

DOCTOR TOLD ME MONITOR MY NUMBNESS ON MY LEFT SHOULDER BECAUSE A YEAR AGO I HAD A DISC REPLACEMENT ON MY NECK.

THAT IS ALL.



POLICE FORCE



T/2021/227/2104

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No: T/2021/227/2104

CONTINUATION OF REPORT