

## 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*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

<p>Parking Lot 1</p> <p>↑</p> <p>↓</p>	<p>Reverse</p> <p>↓</p> <p>↑</p>	<p>Parking Lot 5</p> <p>↑</p> <p>↓</p>
<p>A: 9LX5878H</p> <p>B: 9JS2624T</p> <p>183 Jalan Pelikat</p>		

Describe Circumstances of the Accident

Handwritten text in the form:

Refer to TP Report  
T/ 20220123/ 2030

Declaration

We declare the foregoing particulars are true in every respect.



Signature

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/20220123/2030

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20220123/2030

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/01/2022 11:58	Vide Report No.:	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: SULAIMAN BIN SUMARI			Address: 608 BEDOK RESERVOIR ROAD #11-714 SINGAPORE 470608		
ID Type / ID No.: NRIC NO / S8819701A			Contact No.: Home/Office: Mobile: 91522826		
Nationality: SINGAPORE CITIZEN			Email: sulaimansumari@gmail.com		
Sex: Male	Age: 33	Date of Birth: 07/06/1988	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: FREELANCE 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: 22/01/2022 16:10	Type of Location: Car Park
Location:  JALAN PELIKAT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJS2624T	Car	MITSUBISHI	MITSUBISHI COLT TURBO VERSION-R	Black	No Damage	1
SLX5878H	Car	TOYOTA	WISH 1.8 AUTO	Grey	Slightly Damaged	1



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Report No. T/20220123/2030

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	RAZAK	ID No.	NIL
Related Vehicle	SJS2624T (Car)	Contact No.	91154007
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
<b>Driver</b>			
Name	SULAIMAN BIN SUMARI	ID No.	S8819701A
Related Vehicle	SLX5878H (Car)	Contact No.	91522826
Hospital/Clinic	HEARTLANDHEALTH	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/01/2022	Date Discharge	23/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	MUHAMMAD FAIZAL BIN MOHAMED FARUD	ID No.	S9424360B
Related Vehicle	SLX5878H (Car)	Contact No.	87385080
Hospital/Clinic	HEARTLANDHEALTH	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2022	Date Discharge	23/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 22/01/2022 at 1608hrs, I was driving my car bearing registration number SLX5878H at the Basement 2 car park of The Promenade @ Pelikat. As there was no available car parking lot, I stopped my car in front of one car bearing registration number SJS2624T for any available parking lot. All of a sudden, the car that was in front of me, reverse and collided onto the front portion of my car. After the collision happened, I came out from my vehicle and make a check. I discovered that the front portion of my car was damaged. The driver admitted that he did not noticed my car was behind him when he was reversing. I requested to exchange for particulars and he mentioned that he will settle the issue with my car rental company as my car was a rental car and he did not furnish his particulars to me. I wish to state



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**CONTINUATION OF REPORT**

that I could not remember the rental car company however, I do have the agreement signed with the car rental company. After the incident, both me and my passenger visited a clinic to make a check and both of us was given 3 days of medical leave.

I wish to state that during the time of accident, no government property was damaged. I wish to also state that my car was not installed with an in-car camera.