

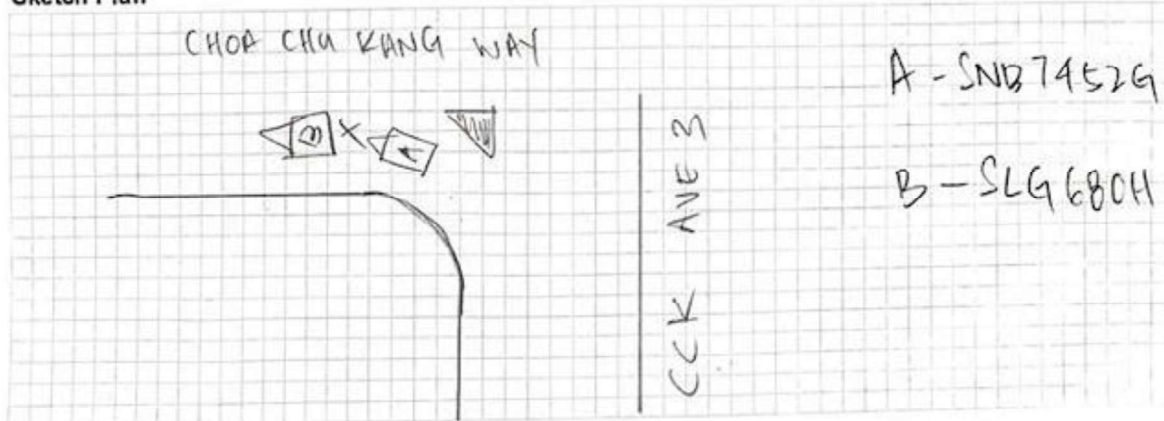
**SKETCH PLAN****IMPORTANT NOTICE**

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**

The accident happened on 18 Feb 2022 at 3:25 pm.  
 Vehicle S/G 680 H had exited to Choa Chu Kang Way from Choa Chu Kang Ave 3.  
 My vehicle S/B 7452 G was following behind to exit to Choa Chu Kang Way too. At the instant where I was checking the oncoming traffic from the right, the vehicle in front came to a sudden stop. According to her, she is avoiding the vehicle coming from the right in the first lane, as she is filtering into that lane (1st lane). The immediate stop had not given me enough response time to stop my car, as at the same time, I was observing the traffic coming from the right.  
 Both vehicles had already passed the zebra crossing at the exit.

tiffany.yeo@yahoo.com

**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









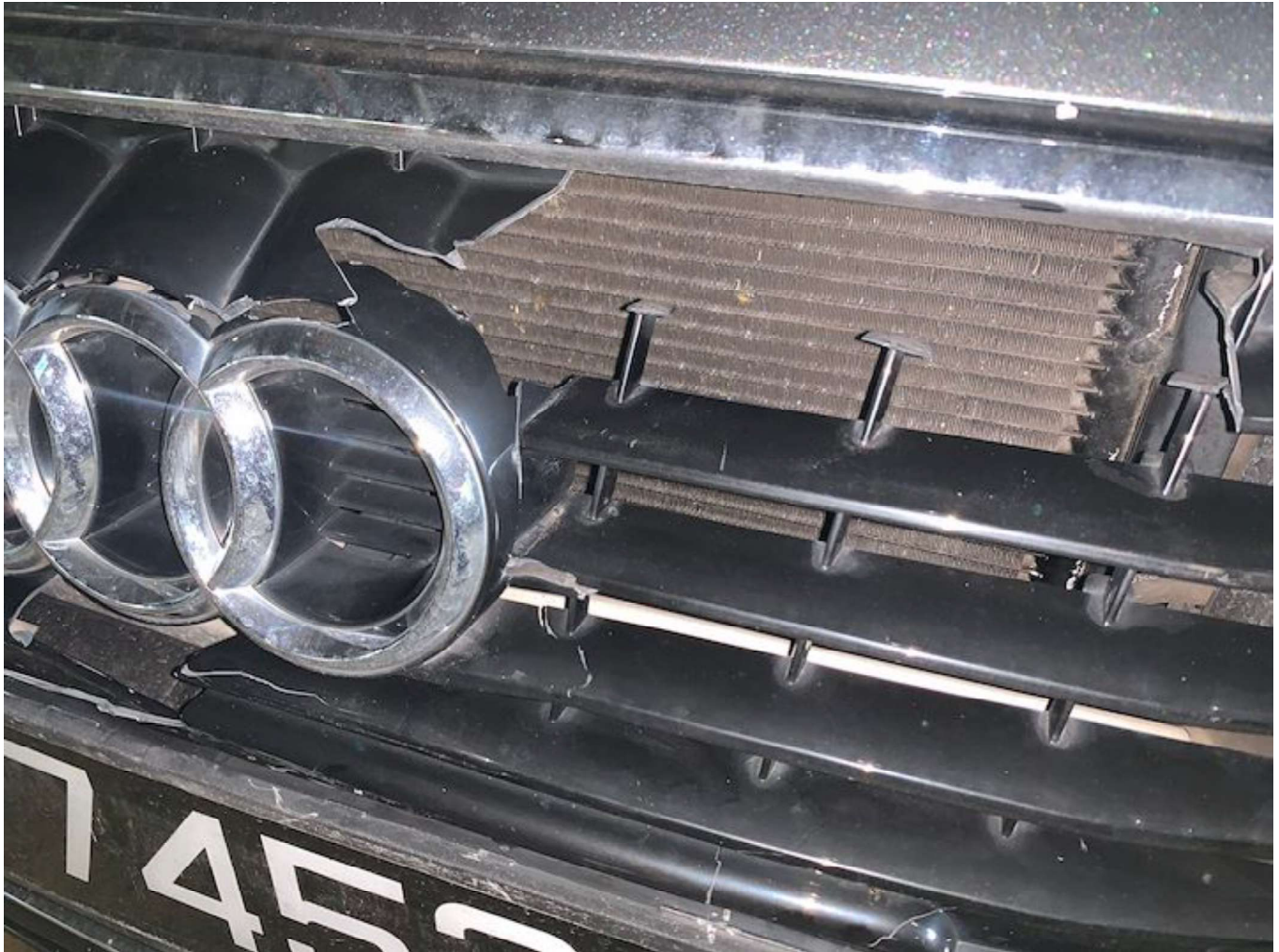


















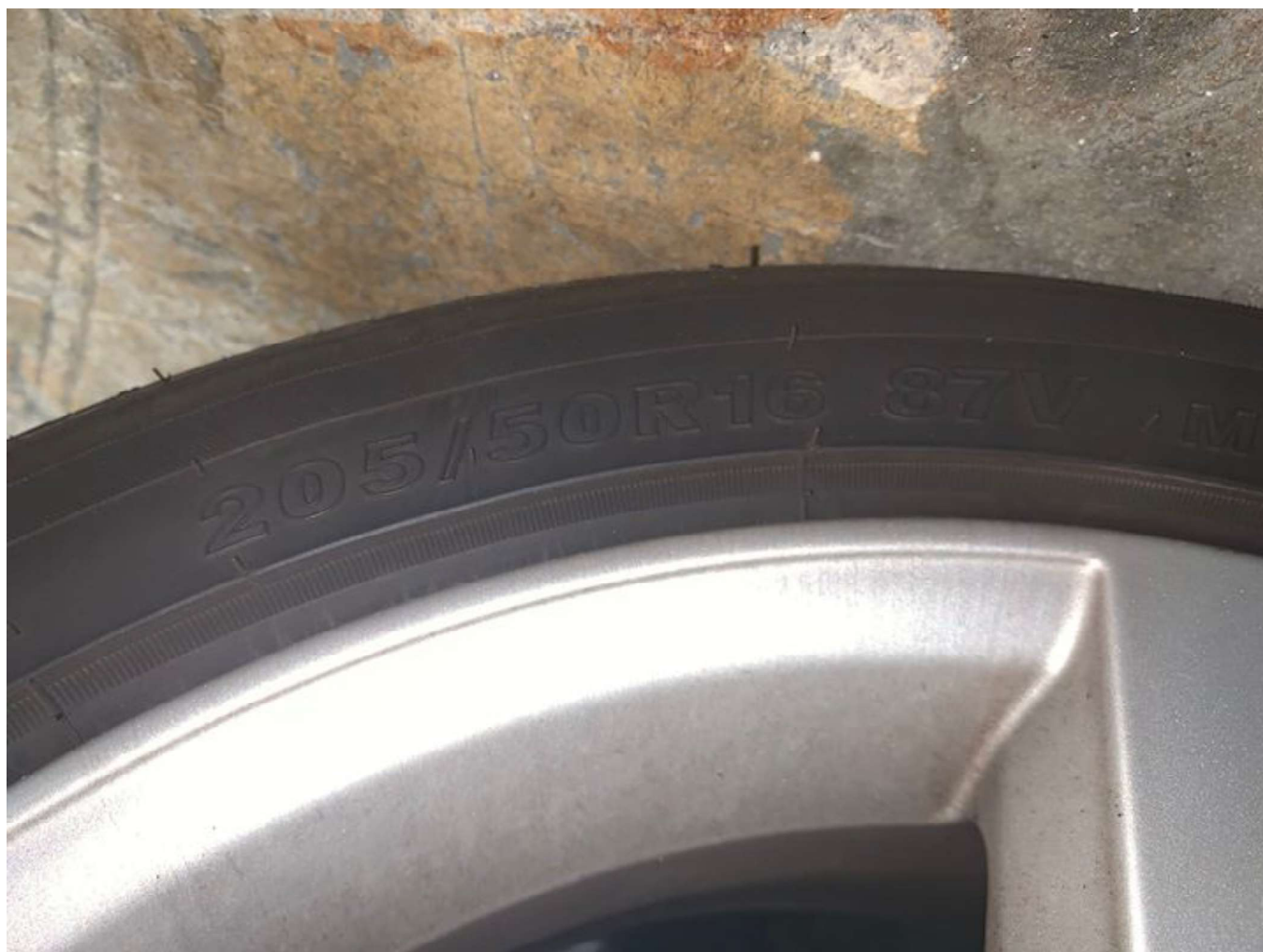






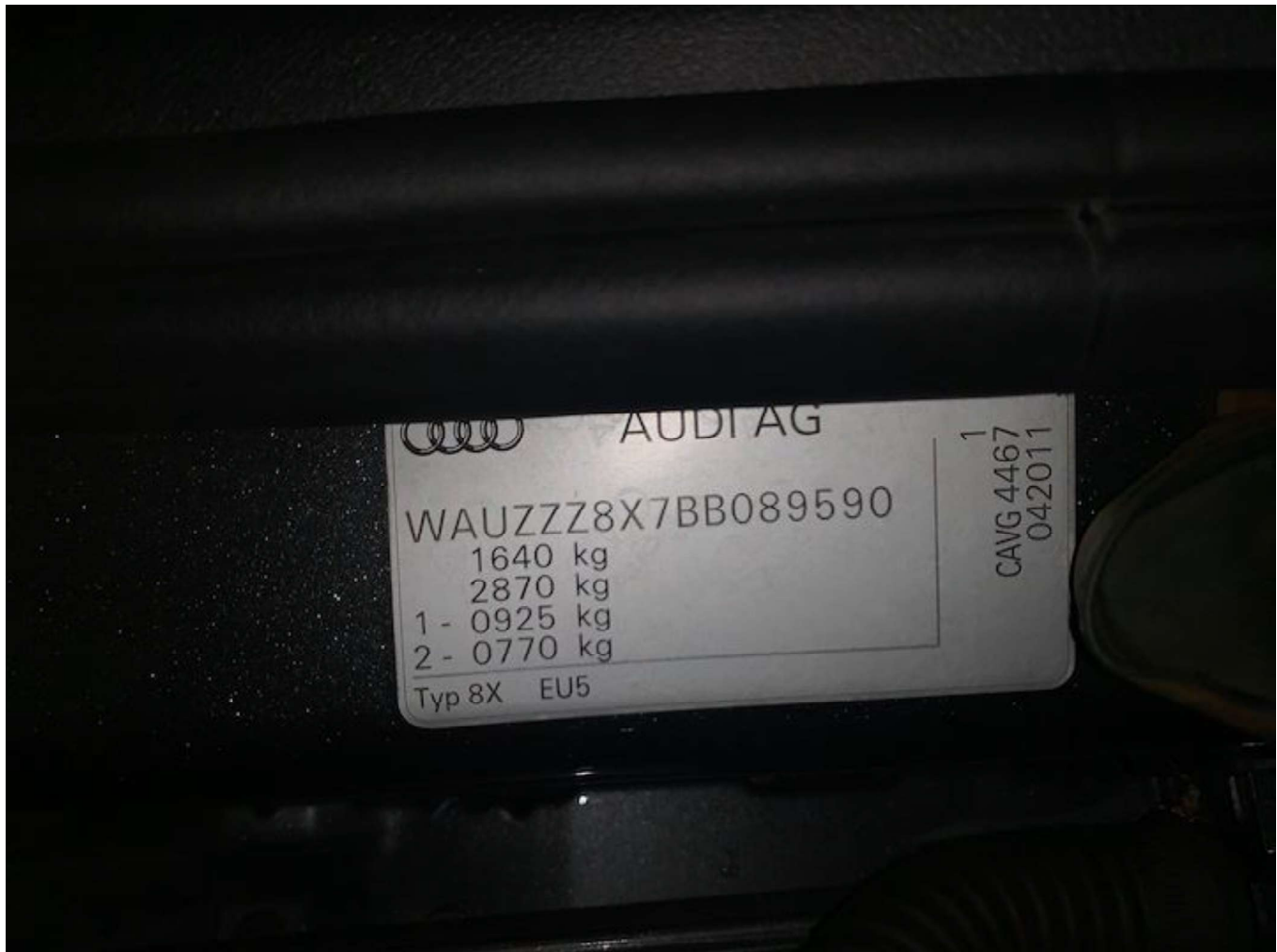
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA0N222J0001 Vehicle Registration No: SNB 74529  
 Name (as shown in NRIC): TIFFANY YEO NRIC/FIN/Passport No: 138E  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 554 CHOA CHU KANG NORTH 6 #02-44 Singapore (680554)  
 Contact (Tel): 98003044 Mobile No.: 98003044  
 Email Address: TIFFANY.YEO@YAHOO.COM  
 Date of Accident: 18.02.2022 Time of Accident: 1525 HRS  
 Place of Accident: EXITING CCK WAY FROM CCK AVE 3  
 Insurance Company: BUDGET DIRECT

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. OWN VEHICLE - CHANGE FROM PRIVATE HIRE TO  
PRIVATE USE

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: RAZALI  
 NRIC/FIN No.: 952H  
 Date: 19/2/2022