## SKETCH PLAN

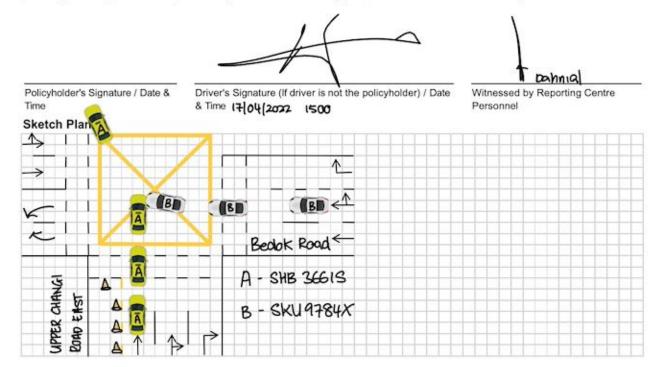
## IMPORTANT NOTICE

- 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.
- 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.
- 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 w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively 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 w ith 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) w ho 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.



Describe Circumstances of the Accident

ON THE 17/04/2022 AT AROUND 0950HRS. I VEHICLE A BEARING REGISTRATION NUMBER SHB3661S WAS DRIVING ALONG UPPER CHANGI ROAD EAST ON THE LEFT LANE WITH FOUR PASSENGERS ON BOARD HEADING TOWARDS CHANGI BETHANY CHURCH. AS I SAW ROAD WORKS ON MY LANE AHEAD OF ME, I CHECKED AND CHANGE ONE LANE TO THE RIGHT. TRAFFIC LIGHT WAS GREEN IN MY FAVOUR AS I CONTINUE TO TRAVEL STRAIGHT.

SHORTLY AFTER, I FELT A HUGE IMPACT ON MY RIGHT SIDE BUMPER AND THE IMPACT CAUSED THE AIRBAGS TO BE DEPLOYED AND VEHICLE A ROLLED TOWARDS A KERB AND STOPPED THERE. TRAFFIC POLICE AND AMBULANCE ARRIVED ON SCENE AND ALL FOUR OF MY PASSENGERS WERE BEING CONVEYED TO CHANGI GENERAL HOSPITAL WITH THE CONTACT POINT BEING THE HUSBAND (MR LOI:

VEHICLE A DAMAGES WERE SEVERED AND WAS BEING TOWED AWAY BY COMFORT TOWING AND VEHICLE B DAMAGES WERE SEVERED AS WELL, MULTIPLE INJURIES WERE REPORTED BY THE FOUR PASSENGERS ON BOARD VEHICLE A AS WELL AS THE DRIVER OF VEHICLE A WHICH WILL BE SEEKING MEDICAL ATTENTION SHORTLY.

## Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time 17/04/2022 1600

Witnessed by Reporting Centre Personnel



