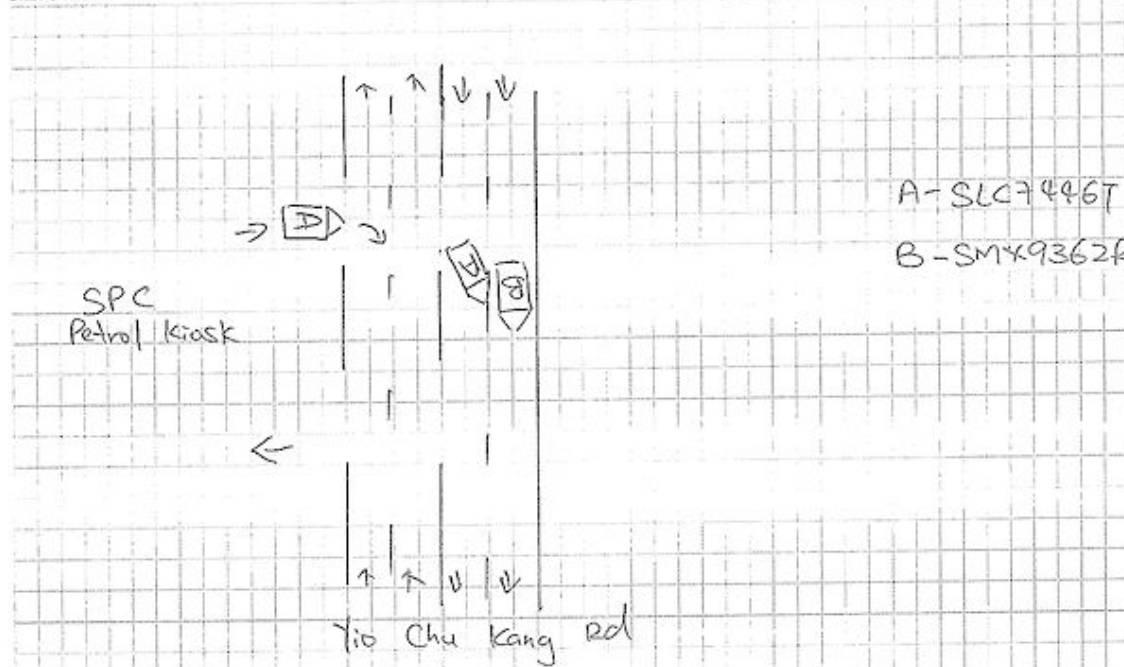


SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/05/2022 @ 2025 hrs. I was turning from  
 SPC Petrol kiosk. When I check there was traffic clear,  
 I then make a right turn. Suddenly Vehicle B come from  
 behind & collided with my vehicle. No one was injured.

DECLARATION

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



Policyholder's Signature


Date & Time:

GIARMC SketchPlanForm\_V1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☒ For record purpose

Policy No. P10567198R00

Insurer Budget Veh. No. SLC7446T









**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: \_\_\_\_\_ Vehicle Registration No: SLC 7446T  
 Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 21/05/2022 Time of Accident: 2025  
 Place of Accident: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_

**(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:

- Accident date should be 21/05/2022  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: