## SKETCH PLAN

Budget Direct Vehicle: SFP 19152

## MPORTANT NOTICE

- I. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 1. The Issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 3. 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)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

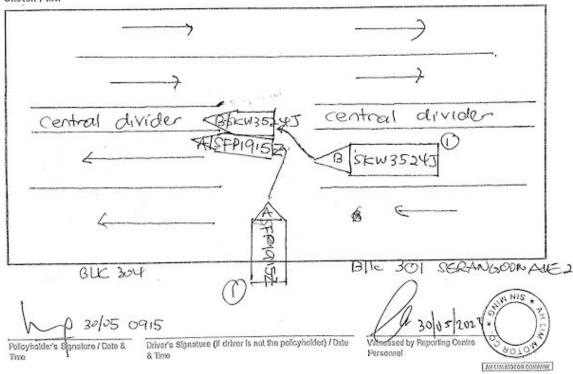
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

- (i) investigating the accident and/or my claims;
- (ii) 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 law yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.

## Sketch Plan



Date of accident: 29/05/1027ime: 1405 Location: SERANGOON AVE 2 BET BLC 30 My Vehicle A: SEP1915 2. Vehicle B: SI V Vehicle C: 0 30
My Vehicle A: SFP1915 - Vehicle B: SI Vehicle C: 0 30
SKETCH PLAN  Describe Circumstances of the Accident
To the show-medianed date & time, I was exiting
compare BISEIG bit Sergregion Are 2 (BIK 301 à 304) to turn right towards the direction to Nex mall.
The oncoming. As I approached the stap-line waiting
to turn right and ensuring that the can turning left
His the carpaint has turned, proceeded to execute
my right Itum and was but by the other party.
Plant alled Chr. Papiet
Renlaiks: Refer to attach Police Reprit
No: 7/202299/7059
100 110
dd: 29/05/2022
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only
We declare the foregoing particulars are true in every respect.
P 30 05/22 0915 Cl 30/05/2022
Policyhelder's Signature / Date & Driver's Signature (# driver is not the policyhelder) / Date Vitnessed by Reporting Centre
Time & Time Antoniconserve

