

SKETCH PLAN

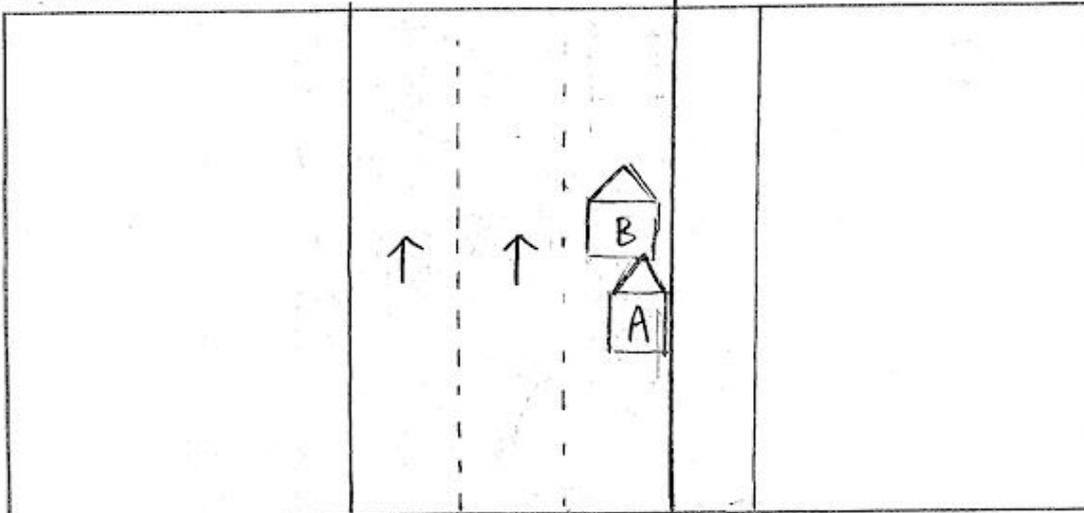
Insurer: Budget Direct

Vehicle: - SU 4977J

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 re-evaluate 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.

Sketch Plan



[Signature]
 Policyholder's Signature / Date & Time
 30/05/2022

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

[Signature] 30/05/2022
 Witnessed by Reporting Centre Personnel



ANIL MOTOR COMPANY

Date of accident: 28/05/2022 Time: 16:15 PM Location: SLE From woodlands to CTE
 My Vehicle A: SJJ 4977J Vehicle B: SHD 9761L Vehicle C: _____

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Describe Circumstances of the Accident.

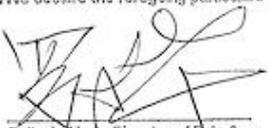
2022年5月28日下午4:15, 我驾车行驶在SLE往CTE方向当时我行驶在Lane #1, 我前面的车突然换到Lane #2, 这时我看到2辆车停在Lane #1, 我赶紧刹车, 尽量往右边护栏上靠, 尝试避免撞上前面的的士车。但是车没有完全刹住, 轻轻地擦伤了前面车的右后边。我的车没有撞上护栏, 只是被树枝擦伤右边。

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.

Vehicle: SJJ4977J


 Policyholder's Signature / Date & Time
30/05/2022

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

 30/05/2022
 Witnessed by Reporting Centre Personnel



AH LIM MOTOR COMPANY









