

SKETCH PLAN

VEHICLE NO:
DATE OF ACCIDENT:

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

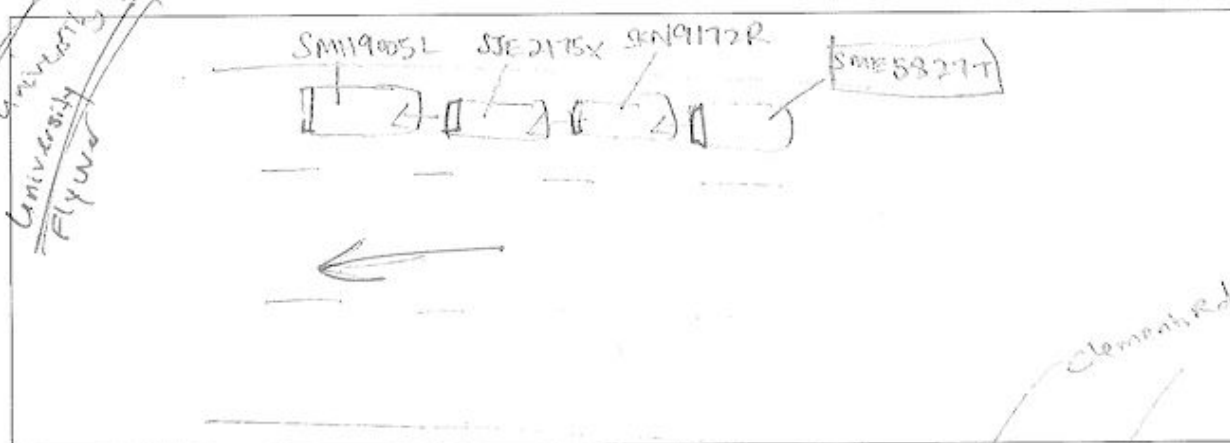
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
Time 1100

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident VEHICLE NO: SME 5827T DATE OF ACCIDENT: 8/7/22

On July 8,
On 8 July 2022, I was driving my car, Subaru Forester - SME 5827T, along AYE heading to city. I was travelling at about 80-90 km/hr at lane 1. along the stretch after exit 9 (clementi rd) and just before the University flyover when at about 1700hrs the car before me SKN 9712R braked suddenly.

I immediately applied my brakes, but the car couldn't fully come to a stop immediately due to the ABS braking system in place. My car came to a stop as it made contact with SKN 9712R which had also knocked into the car in front ahead - SJE 2175X. A total of 4 cars were involved in a chain collision. with the first car's number was SMH 9005L.

Scratch marks were noted along SKN 9712R's rear bumper (refer to photo attached) due to contact of both cars. No visible dents were observed on the car.

Some dents were observed on my car SME 5827T's front bumper and number plate. (refer to photo)

There were no injuries sustained by myself and my front seat passenger.

REPORTING ONLY () OWN DAMAGE () THIRD PARTY () OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

9/9/2022
Policyholder's Signature / Date & Time 1100

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

CHAPIN'S CUSTOMCRAFT

Witnessed by Reporting Centre Personnel

















