

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

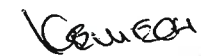
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

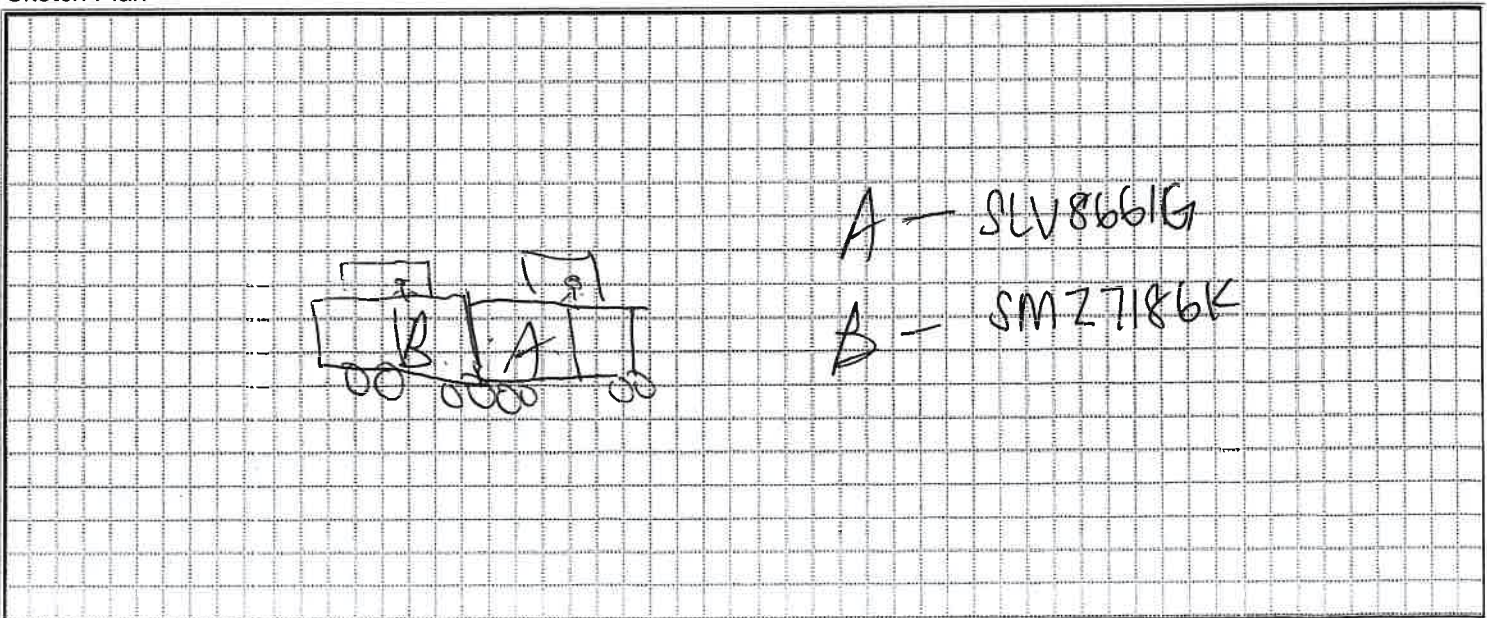
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 08/07/22
Policyholder's Signature / Date & Time


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

 chongxinding
8/7/22
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Please note that you might be able to submit an Own Damage Claim under your own policy within 14 days. 1
() Claim Own Damage (☒) Claim Third Party () Reporting Only () Claim OD/ TP at other workshop

Describe Circumstance of the Accident

Along TECK WHYE WALK, BETWEEN TECK WHYE PRIMARY SCHOOL AND JURONG PIONEER JUNIOR COLLEGE. MY CAR WAS STATIONARY BEFORE MOVING OFF, I FELT THE IMPACT FROM MY REAR. GOT OFF MY CAR TO CHECK AND SAW MERCEDES SMZ 7186 R HIT MY REAR AND CAUSED A DENT IN MY CAR BUMPER AS WELL AS CAUSING AN MISALIGNMENT AT MY CAR ROOF RESULTING THE DOOR OF MY ROOF TO CLOSE WITH SLIGHT FORCE.
TIME OF ACCIDENT = 2-12 pm 06/07/22

1. Was this statement translated from another language?

() Yes (✓) No

** If Yes, please assist to provide the original statement and the details of the translator below:-

** NOTE: Translated statement is to be signed off by the Translator

2. What is the original language used in the statement?

() English () Mandarin () Malay () Tamil () Others: _____

2. Translator Information (all information required to be provided)

Name of Translator:

Translator ID:

Translator Mobile No.:

Translator Email:

Declaration

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



08/07/22

Policyholder's Signature / Date & Time

08/07/22

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

Chong Yan Qing
8/7/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)