

# 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;

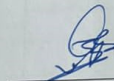
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or


(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.

  
Policyholder's Signature / Date & Time

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

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

## Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

Left side vertical text: SKETCH PLAN

Right side vertical text: SKETCH PLAN

Bottom right text: A: SMN 94336  
B: SMN 56186

VEHICLE NO: SMN 4433E		MAKE & MODEL: MERCE C180 COUPE.		AUTO / MANUAL	
DATE OF ACCIDENT		28 / 06 / 22		*CC. 1.6.	
TIME OF ACCIDENT		0905		AM / PM	
LOCATION OF ACCIDENT		PIE CCHANGI) REF UPPER SERANGGOWI EXT.			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER		TNG GHEE BENG.			
EMAIL: KENT TNG99@HOTMAIL.COM		Office.		MOBILE: 86864433	
NRIC		S1234639C			
CLAIM TYPE		OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY.		YES / NO ?			
INSURANCE CO.		AXA.			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.		GAST8282/1.			
NAME OF DRIVER		AS ABOVE / IF NO. TNG KARLEEN.			
NRIC		S96097002.			
DATE OF BIRTH		20 / 03 / 96			
ANY PASSENGER		YES / NO: DRIVER ONLY.			
NAME OF PASSENGER		-			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / Indoor			
DATE OF DRIVING PASS		17 / 10 / 14			
GENDER		Male / Female			
CONTACT NO.		Mobile: 8333 4433		Office.	
EMAIL		TNGKARLEEN@GMAIL.COM			
ADDRESS		229 COMPASSVALE WALK #15-408 S(540219).			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes, Reg No.		INSURER. -	
RELATIONSHIP		Employee / If No. FATHER.			
WEATHER CONDITION		Clear / Raining / Other.			
ROAD SURFACE		Dry / Wet / Other.			
ANY INJURIES		No / If yes: Who? DRIVER (SERIOUS).			
CONVEYED BY AMBULANCE		No / If yes: Who?			
POLICE REPORT		No / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		NO / IF YES, WHO?			
VEHICLE B NO.		SMS5618 G.		Any Passenger.	
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger.			
VEHICLE D NO.		Any Passenger.			
VEHICLE E NO.		Any Passenger.			
VEHICLE F NO.		Any Passenger.			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / NO			
WAS THERE ANY AUDIO RECORDED?		YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?		YES / NO			
Who is Reporting		Driver / Owner / Both			
Original Language Used		English / Mandarin / Others:			
Have you been approach by unknown person soliciting (s) /					
offering accident claims assistance?		YES / NO.			

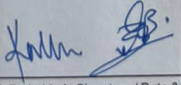



Describe Circumstance of the Accident

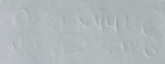
ON THE STATED DATE AND TIME, I WAS TRAVELLING  
STRAIGHT.  
OUT OF NOWHERE THE VEHICLE IN FRONT OF ME  
JAMMED THEIR BRAKES AND I FOLLOWED SUIT. THEN VEHICLE  
B HIT ON THE REAR PORTION OF MY VEHICLE AND  
THE IMPACT WAS HARD.

Declaration

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

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel