

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 07/01/2018 (dd/mm/yy) Time of Accident: 19:55 (24-HR-FORMAT)

Vehicle No.: SKS7411X Vehicle Make & Model: Toyota ARTIS

Exact location of Accident: Ang Mo Kio Ave 6 turning left to Ang Mo Kio Ave 8

Policyholder's Name / IC No.: GOH SENG POH S6819877A

Driver's Name / IC No.: GOH SENG POH S6819877A (As Above) ☐

Driver's Contact No.: 97551342 Company Contact No.: _____

Driver's Address: 13 SENGKANG EAST AVE #04-10

Insurance Company: NTUC Email address (if any): nigel@connors-air.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 3

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: NG CHIN PENG NR15157D Vehicle No.: SHC 1781L

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

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 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

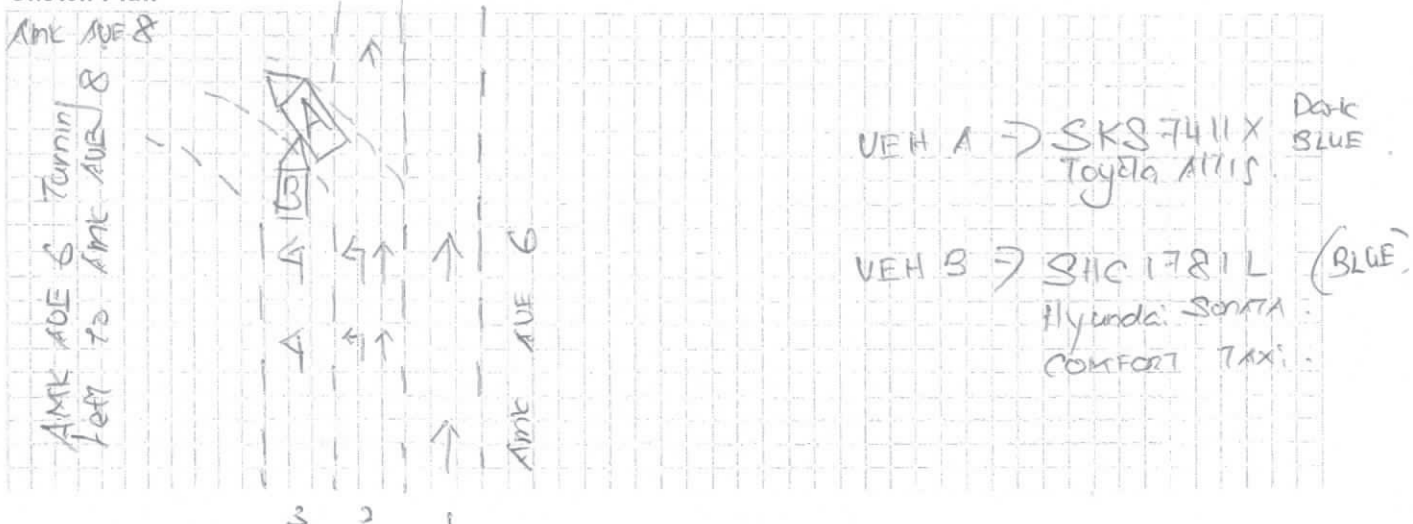
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X 
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Ang mo kio Ave 6 about 19:55 hrs. on the 2nd lane. Upon ~~appro~~ approaching a Junction Ave 8, I signalled left and turn into Ave 8. While I was turning left, out of sudden vehicle B S11C 1781 L knock into my rear to left door to my front left door. We stop our vehicles a side and check on our damages to our vehicles.

The taxi that knock into me was traveling on the extreme left lane which only can turn left to Ave 8. While I was travelling along ~~me~~ on the lane 2 which can turn left and go straight.

I would like to state that there is CCTV camera in my car.

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

X



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

Witnessed by Reporting Centre Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9877A
Vehicle Details	
Vehicle No.:	SKS7411X
Vehicle to be Exported:	No
Intended De-registration Date:	08 Jan 2018
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA COROLLA ALTIS 1.6L CVT
Primary Colour:	Grey
Manufacturing Year:	2015
Engine No.:	1ZRY169908
Chassis No.:	MR053REH104531689
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$19,589.00
Original Registration Date:	04 May 2015
First Registration Date:	04 May 2015
Transfer Count:	0
Actual ARF Paid:	\$14,589.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 May 2025
PARF Rebate Amount:	\$10,941.00
Intended COE Rebate Details	
COE Expiry Date:	03 May 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$64,700.00
COE Rebate Amount:	\$47,355.00
Total Rebate Amount:	\$58,296.00

The information contained herein is correct as at 08 Jan 2018

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