

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)  
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monday  
5/2/18  
10am

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01 / 02 / 2018 (dd/mm/yy) Time of Accident: 11 : 15 (24-HR-FORMAT)  
Vehicle No.: SJE 9602J Vehicle Make & Model: Mitsubishi Lancer Ex  
Exact location of Accident: Moulmein U-turn  
Policyholder's Name / IC No.: Torque 5 Leasing Pte Ltd 201530768 C  
Driver's Name / IC No.: Lim Chain Chuen / F1480651L (As Above) ☐  
Driver's Contact No.: 8608 6539 Company Contact No.: \_\_\_\_\_  
Driver's Address: \_\_\_\_\_  
Insurance Company: NTUC Email address (if any): \_\_\_\_\_

#### 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): 02

#### 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: \_\_\_\_\_ Vehicle No: SKW 96992

Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

2. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_

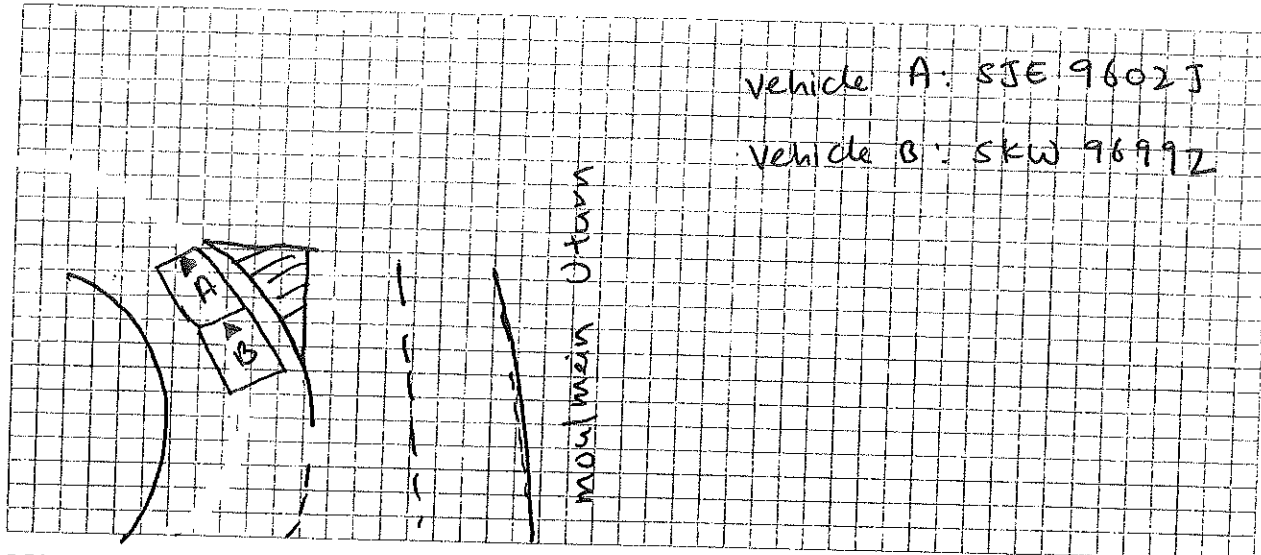
Driver's Contact No: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight on my rightful lane. I stopped to allow vehicles to pass on the main road. Suddenly Vehicle B hit onto my stationary vehicle rear portion.

Passenger : Daniel Teo Kok Yang (male)

## DECLARATION

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

TORQUE 5 LEASING PTE LTD  
Policyholder's Signature  
Date & Time: 201530708  
Reg no: 201530708

GIA LMC Sketch Plan Form V3

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: