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Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 03 / 02 / 2018 (dd/mm/yy) Time of Accident: 15 : 15 (24-HR-FORMAT)

Vehicle No. : SKS 9249K Vehicle Make & Model: Mitsubishi Lancer

Exact location of Accident: 65 Pasir Ris Drive 1

Policyholder's Name / IC No. : Sense Car Rental Pte Ltd / 2017 11585M

Driver's Name / IC No. : Nov Nadia Binte Shari (As Above) ☐

Driver's Contact No. : 842 22379 Company Contact No: _____

Driver's Address: Blk 4 Joo Chiat Road #06-1161 S(4 20004)

Insurance Company: NTUC Email address (if any): _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee Hiree 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): 03

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: SL5 8656M

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

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

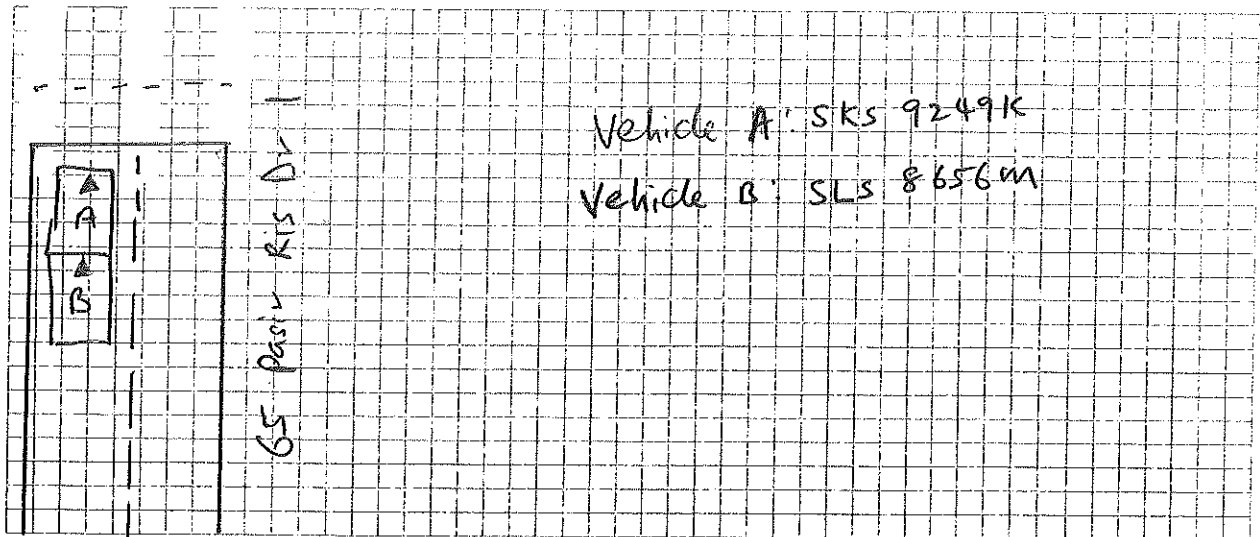
Driver's Contact No: _____ Insurance Company (If any): _____

*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 is stationary waiting for the green light. Suddenly vehicle B hit onto my stationary vehicle rear portion.

Passenger : Mohamad Hasri (male)
Kamsani (male)

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 & Time: 6/2/18

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