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Tuesday  
13/2/2018 10am  
(S)

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

Date of Accident: 10 / 02 / 2018 (dd/mm/yy) Time of Accident: 11 : 30 (24-HR-FORMAT)  
Vehicle No.: SJJ 2770 B Vehicle Make & Model: Suzuki SX4  
Exact location of Accident: 110 Eunos Ave 7 carpark.  
Policyholder's Name / IC No.: Jobian Tang Yak San / 87800220C  
Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒  
Driver's Contact No.: 9686 8865 Company Contact No.: \_\_\_\_\_  
Driver's Address: Blk 109 Bishan Street 12 #05-180 S(570109)  
Insurance Company: China Taiping 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): 00

#### 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.: SJR 4251C

Driver's Contact No.: 9879 5310 Insurance Company (If any): \_\_\_\_\_

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

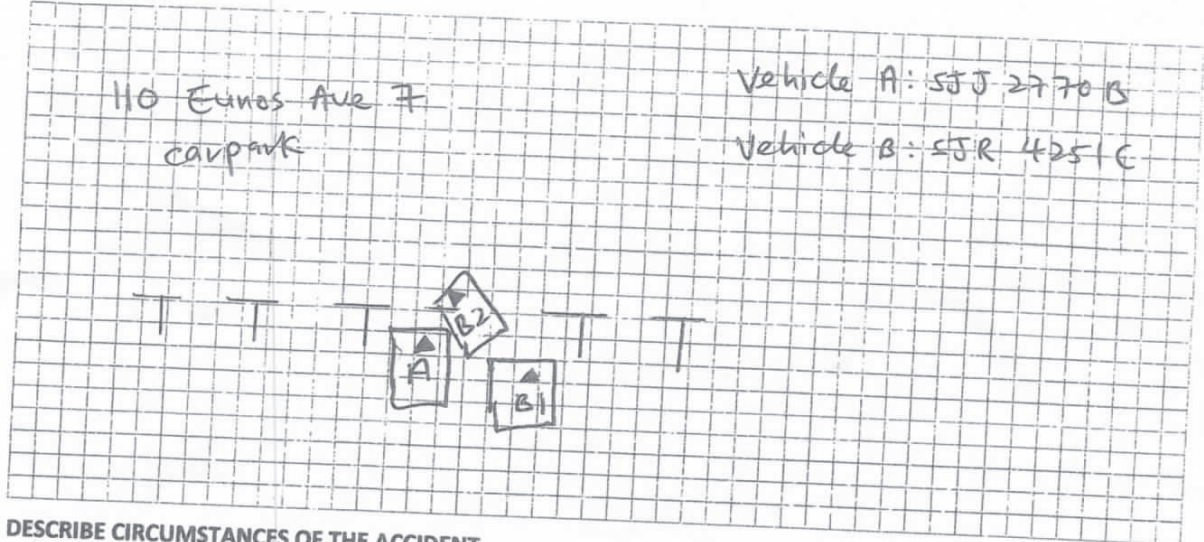
Driver's Contact No.: \_\_\_\_\_ Insurance Company (If any): \_\_\_\_\_

\*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 parked in my carpark lot. Vehicle B <sup>try to</sup> exit the lot and glared passed my right front bumper.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

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