Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23 / 04 /2018 (dd/mm/yy) Time of Accident: 20 : 35 (24-HR-FORMAT)

Vehicle No.: SJM4396U. Vehicle Make & Model: Honda Civic 1.8 5AT

Exact location of Accident: KJE twds Choa Chu Kang (Lamp Post 218).

Policyholder's Name / IC No: Ker Hong Poh / S1491775F

Driver's Name / IC No: ________ As Above: [✓]

Driver's Contact No: 88116455. Company Contact No: ________

Driver's Address: Blk 897A Woodlands Drive 50 #07-158 Singapore 730897

Email address (if any): stella05m@outlook.com Insurance Company: China Taiping

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

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

[ ] Own Insurance / [✓] Other Vehicle (If ... insurance data ...) / [ ] Reporting (For Record Purposes)

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): 1

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: Neck & Head pain 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: Ang Lian Siong / S7519500A Vehicle No: SKU5544Z

Driver's Contact No: 9278 8613. Insurance Company (If any): AIG.

2. Driver's Name / IC No: Nawi Bin Salleh Khan / S1565981E Vehicle No: SJD8562K

Driver's Contact No: 9695 2890 Insurance Company (If any): ________

*Independent Witness (If Any): Mr. Koh Teck Lian / S0220762A HP: 90467517 Contact No: PA1372A

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.

By the lodgment of this report to the Insurers, I/we hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

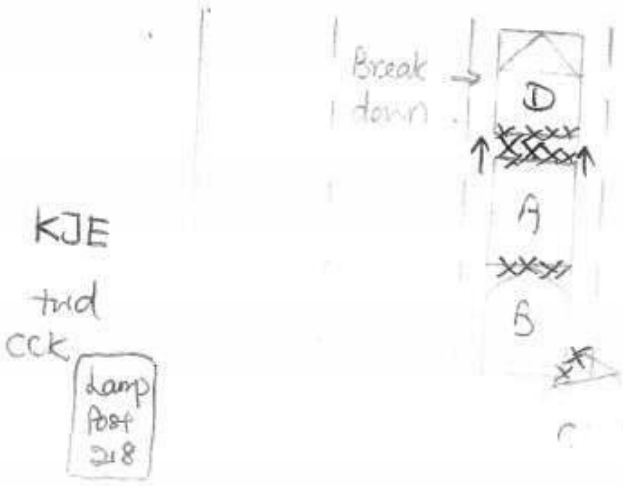
(e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



Veh A: SJM4396U
Veh B: SKU5544Z
Veh C: SJD 3562K
Veh D: PA 1372A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No.

T/20180424/7018

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

SINGAPORE POLICE FORCE

T/20180424/7018

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180424/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
24/04/2018 17:07		

Informant's Particulars

Name of Informant: KER HONG POH			Address: APT BLK 897A WOODLANDS DRIVE 50 #07-158 SINGAPORE 730897	
ID Type / ID No.: NRIC NO / S1491775F			Contact No.: Home/Office: Mobile: 88116455	
Nationality: SINGAPORE CITIZEN			Email: stellaosm@outlook.com	
Sex: Male	Age: 56	Date of Birth: 11/08/1961	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: FORWADED			Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/04/2018 20:35	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY KJE TWDS CHOA CHU KANG Lamp Post Number: 218				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA1372A	Van					0
SJD3562K	Car	HONDA				0
SJM4396U	Car	HONDA	CIVIC	Silver	Seriously Damaged	0
SKU5544Z	Car	TOYOTA	COROLLA ALTIS	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD3562K	AXA INSURANCE SINGAPORE PTE LTD			
SJM4396U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3004001801	07/01/2018	06/01/2019
SKU5544Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH TECK KIAN	ID No.	S0220762A
Related Vehicle	PA1372A (Van)	Contact No.	90467517
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NAWI BIN SALLEH KHAN	ID No.	S1565981E
Related Vehicle	SJD3562K (Car)	Contact No.	96952890
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	KER HONG POH	ID No.	S1491775F
Related Vehicle	SJM4396U (Car)	Contact No.	88116455
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

SINGAPORE POLICE FORCE

T/20180424/7018

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	ANG LIAN SIONG	ID No.	S7519500A
Related Vehicle	SKU5544Z (Car)	Contact No.	92788613
Hospital/Clinic	BRIGHT VISION HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On 23/04/18 time about 8.35pm, I was driving my vehicle (SJM4396U) along KJE towards Choa Chu Kang (Lane 2), I saw a Van (PA1372A) breakdown at lane 2, then I make a brake and stop in time. Suddenly Vehicle (SKU5544Z) hit onto my vehicle strong impact cause my vehicle push forward to hit onto the van. I feel dizzy, after I go down have a look, then I realised another vehicle (SJD3562K) involve the accident. I feel unwell and went to Mount Alvernia Hospital, doctor given me 5 days MC.

SINGAPORE POLICE FORCE

T/20180424/7018

Report No. T/20180424/7018

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2018 17:07
Officer In Charge Of Case: TP / TPIB / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

Authentication Stamp