

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg)

Tel no: 6555 6888 Fax no: 6454 3279

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

Date of Accident: 23/4/2019 (dd/mm/yy) Time of Accident: 09 40 (24-HR-FORMAT)

Vehicle No.: SLN 1192 G Vehicle Make & Model: MERCEDES BENZ CLA180 COUPE

Exact location of Accident: 70 Farrer Rd (Outside Gallop Condo)

Policyholder's Name / IC No.: Chan Jui Hian Kenneth S8514428F

Driver's Name / IC No.: Chan Hui Hoon Samantha S9012250I (As Above) ☐

Driver's Contact No.: 8383 4973

Company Contact No: \_\_\_\_\_

Driver's Address: 19 Queen's Road #01-06 S(266745)

Insurance Company: AXA

Email address (if any): \_\_\_\_\_

Relationship between Owner & Driver: Sibling

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): 01

Passenger Name : \_\_\_\_\_

Passenger Name : \_\_\_\_\_

Gender : \_\_\_\_\_

Gender : \_\_\_\_\_

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: Samantha Chan

Injuries Sustain: Back & Neck Injured Person in Which Vehicle: SLN 1192 G

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Bishan NPC

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: XD 8107 T

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

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 lodgment 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.
- (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:

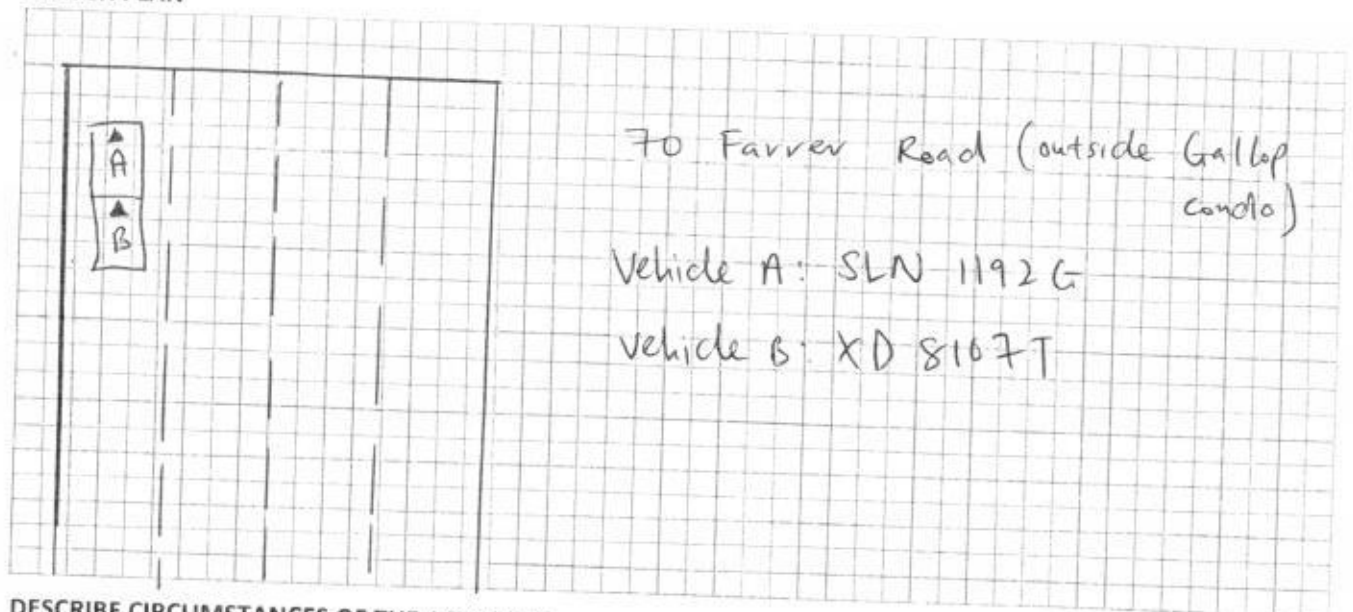
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

70 Farrer Road (outside Gallop Condo)

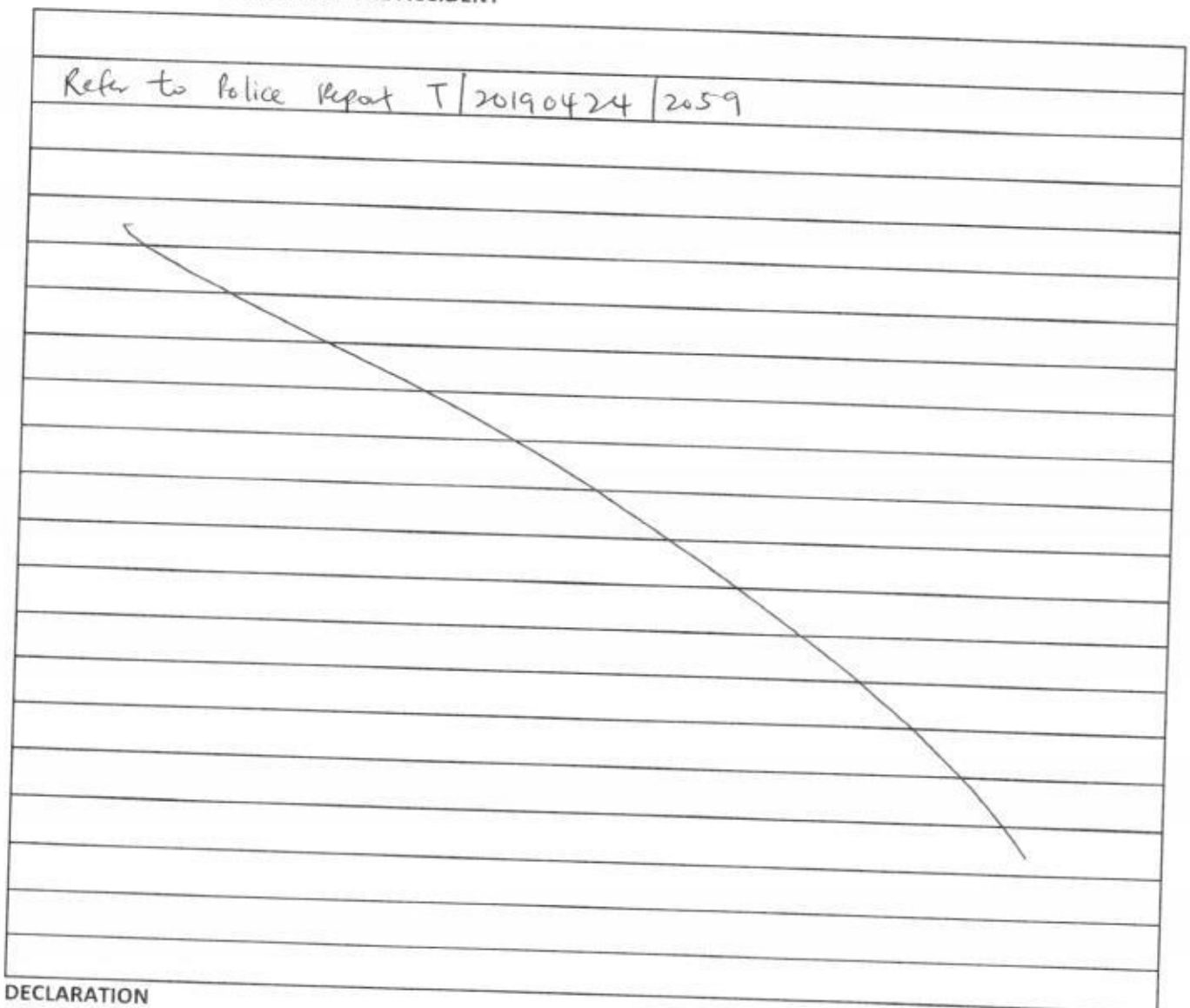
Vehicle A: SLN 1192G

Vehicle B: XD 8107T



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190424/2059



## 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.:



Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/04/2019 13:24	Vide Report No.: E/20190423/0053	Station Diary No.: 58
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**Informant's Particulars**

Name of Informant: CHAN HUI HOON, SAMANTHA			Address: APT BLK 256A SUMANG WALK #07-601 SINGAPORE 821256		
ID Type / ID No.: NRIC NO / S90122501			Contact No.: Home/Office: Mobile: 83834973		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 29	Date of Birth: 09/04/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BRAND ACTIVATION COORDINATOR			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/04/2019 09:40	Type of Location: Straight Road
Location: Along Road 1 FARRER ROAD  72 Farrer Road outside Gallop Condo				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN1192G	Car				Seriously Damaged	0
XD8107T	Lorry				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	CHAN HUI HOON, SAMANTHA		ID No.	S9012250I
Related Vehicle	SLN1192G (Car)		Contact No.	83834973
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/04/2019		Date Discharge	23/04/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Driver</b>				
Name	VADIVEL THEVAR SWA KUMAR		ID No.	G7733065N
Related Vehicle	XD8107T (Lorry)		Contact No.	96554246
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

**Brief Details.**

23.4.19 at about 0940hrs, I was travelling along Farrer Road on the extreme left lane. I was waiting for the traffic light to turn red when suddenly I felt a huge impact coming from the rear of my vehicle. I alighted from my vehicle to make a check and noted that vehicle bearing XD8107T had collided into the rear portion of my vehicle.

I managed to exchanged particulars with the said driver and took pictures of the damages. I also asked the driver on how the accident can happened and he claimed that he did not see the traffic light.

Traffic Police and ambulance came down to scene. I wish to state that I handed over my in-built camera footage to the Traffic Police.

Later, I was conveyed to the hospital by the ambulance as I felt pain on my body due to the strong impact. I was given 3 days' medical leave.



SINGAPORE  
POLICE FORCE



T/20190424/2059

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20190424/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

24/04/2019 13:24

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476248



SINGAPORE  
POLICE FORCE

Classification Of Case:

SN 061

Authentication Stamp

NP168

SIGNATURE