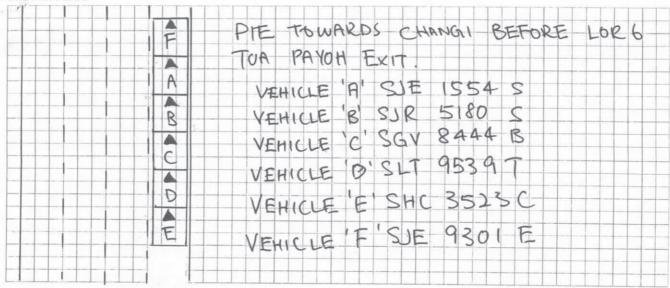
Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

| Date of Accident: 27/04/2109 (dd/mm/yy) Ti | me of Accident:15 :(24-HR-FORMAT) |
|---|--|
| Vehicle No. : SJE 1554 S Vehicle Make & | Model: HONDA CIVIC 1.6L VTI AUTO |
| Exact location of Accident: PIE TOWARDS TO | CHANGI BEFORE LOR 6 TOA PAYOH EXIT |
| Policyholder's Name / IC No. : NEO AH KUAN | S7347326H |
| Driver's Name / IC No. : NEO AH KUAN | S7347326H (As Above) |
| Driver's Contact No. : 98590334 | Company Contact No: |
| Driver's Address: BLK 941 JURONG WEST S | T 91 #08-475 (S)640941 |
| Insurance Company: MSIG Insurance Ema | ail address (if any): |
| Relationship between Owner & Driver: Owner | or Others specify: |
| What do you wish to claim? (Please TICK one on | ly) |
| Own Insurance / Other Vehicle (The one you we | ant to claim against) / Reporting (For Record Purpose) |
| Exact purpose for which the vehicle Was being used at time of accident? | Occupation (nature of job) Indoor/ Outdoor |
| Private use / Work purpose | No. of Passengers (Including Driver): |
| Passenger Name : WIFE Passenger Name : | Gender: FEMALE Gender: |
| Weather condition & Road conditions? (On the day of | accident) |
| ✓ Clear & Dry / Raining & Wet / After-Rai | n & Wet / Drizzling & Wet / Others: |
| Was there any video captured by your Car Camera? | Yes / No |
| Any Injuries: Yes / V No (If YES) Injured Per | rson' Name: |
| njuries Sustain: | Injured Person in Which Vehicle: |
| Police Report filed: Yes / No (If YES) Wh | nich Police Station: |
| | er Party(s) Details: |
| . Driver's Name / IC No: | Vehicle No: SJR 5180 S |
| Driver's Contact No: | insurance Company (If any):AIG |
| 2. Driver's Name / IC No: | Vehicle No: SGV 8444 B |
| Driver's Contact No:Ir | nsurance 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.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Oh the Stated date and time, i vehicle A' was travelling along my |
|--|
| desynated came arong PIE towards change Before Lot 6 Too payon Exit. |
| THE THE VEHILLE IN flore of me eleved down to a stop. As such i |
| Ichowed sut. Shathy after Stopping i lett a type impact hittig me |
| on the real easing me to proper toward hence hitting vehicle 'F'. |
| I got down to realised that i was involved in a 6 car chain |
| Collision. That is all. |
| |
| |
| |
| |

DECLARATION

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

Policyhoder's Signature

Date & Time:

priver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: