

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27/04/2109 (dd/mm/yy) Time of Accident: 15:15 (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 ST 91 #08-475 (S)640941
Insurance Company: MSIG Insurance Email address (if any): _____

Relationship between Owner & Driver: Owner

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?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

No. of Passengers (Including Driver): 02

Passenger Name: WIFE
Passenger Name: _____

Gender: FEMALE
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: _____

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 5180 S (B)

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

2. Driver's Name / IC No: _____ Vehicle No: SGV 8444 B (C)

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

F	PIE TOWARDS CHANGI BEFORE LOR 6
A	TUA PAYOH EXIT.
B	VEHICLE 'A' SJE 1554 S
C	VEHICLE 'B' SJR 5180 S
D	VEHICLE 'C' SGV 8444 B
E	VEHICLE 'D' SLT 9539 T
	VEHICLE 'E' SHC 3523 C
	VEHICLE 'F' SJE 9301 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, i vehicle 'A' was travelling along my designated lane along PIE towards changi Before Lor 6 Toa payoh Exit.

The vehicle in front of me slowed down to a stop. As such i followed suit. Shortly after stopping i felt a huge impact hitting me on the rear causing me to propel forward 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.


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.: