

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

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06 / 11 / 2019 (dd/mm/yy) Time of Accident: 08 : 29 (24-HR-FORMAT)

Vehicle No.: SFP 5848 H Vehicle Make & Model: BMW 318i Private Hire: ☒ (Y) / ☐ (N)

Exact location of Accident: Orchard Road (Junction of Old mcdonnell House)

Policyholder's Name / IC No.: SENTOSA LIMOUSINE SERVICE PTE LTD

Driver's Name / IC No.: Chong Peter 572307081 (As Above) ☐

Driver's Contact No.: 87424909 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 101 Jurong east ST 13 #11-168 S(600101)

Email address: Peter-1835@paho.com Insurance Company: NTUC

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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 02

*Passanger Name: NA x 1

Gender: ☒ (Male) / ☐ Female
Gender: Male / Female

*Passanger Name: _____

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: Chong Peter.

Injuries Sustain: Neck. 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: Cheng Tsu Leen VALERIE / S 1777099C Vehicle No: SMF 1630P

Driver's Contact No: 8181 7532 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: SUPREME AUTO Contact No: _____