

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13/12/19 (dd/mm/yy) Time of Accident: 21 15 (24-HR-FORMAT)
Vehicle No.: SBW 320G Vehicle Make & Model: HONDA SHUTTER
Exact location of Accident: NICOLL HIGH WAY TOWARD GUILLEMARD
Policyholder's Name / IC No.: MKM CAR LEASING PTE LTD
Driver's Name / IC No.: YAP SOO CHIANG S1208578H (As Above) ☐
Driver's Contact No.: 97701891 Company Contact No.: _____
Driver's Address: BLK 752 WOODLAND CIRCLE #11-536 730752
Insurance Company: Liberty Email address (if any): _____

Relationship between Owner & Driver: 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?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 3

Passenger Name: _____
Passenger Name: _____

Gender: Male
Gender: Female

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: SKJ 4066B

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

2. Driver's Name / IC No.: _____ Vehicle No: _____

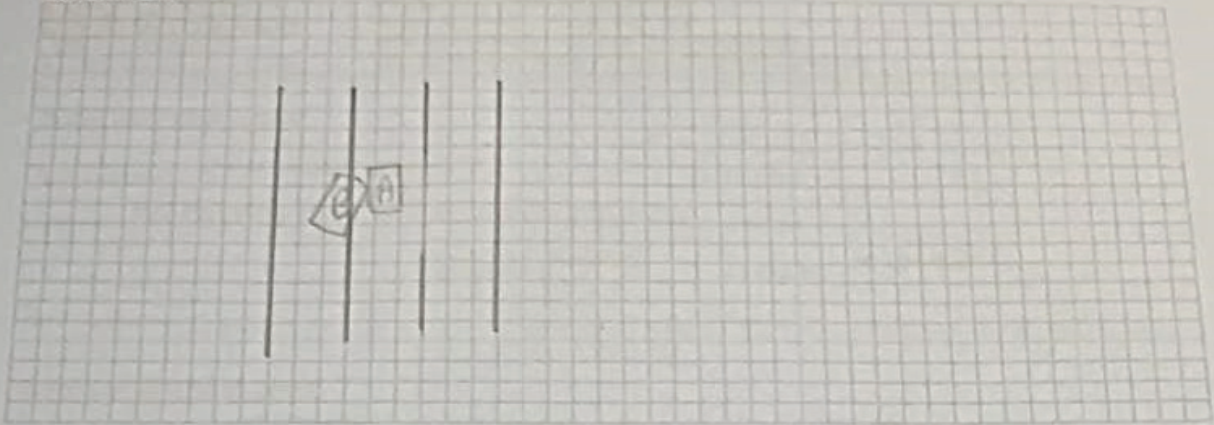
Driver's Contact No.: _____ Insurance Company (If any): _____

*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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated Date and time I vehicle A
CBW520G on my stated lane. Suddenly vehicle
B SKJ4066B cut on to my lane and
hit on to my front left of my car. 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.: