

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/12/19 (dd/mm/yy) Time of Accident: 22 : 51 (24-HR-FORMAT)
Vehicle No.: SLH 2188U Vehicle Make & Model: MINISUBISHI ATTRAGE
Exact location of Accident: HAVELOCK ROAD TOWARD UPPER PICKERING ROAD
Policyholder's Name / IC No.: GOH ENG CHER PHOEBE S8033979 H
Driver's Name / IC No.: YEO SUNG YI BENJAMIN S8028737B (As Above) ☐
Driver's Contact No.: 98278125 Company Contact No.: _____
Driver's Address: 8 FLORA DRIVE 01-03 FARRARIA PARK CONDOMINIUM 506941
Insurance Company: FWD Email address (if any): _____

Relationship between Owner & Driver: Spouse

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): 1

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' 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: MOHAMED JUMAIDIG S/O MOHAMED SITI Vehicle No: SHC 6913R

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

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.



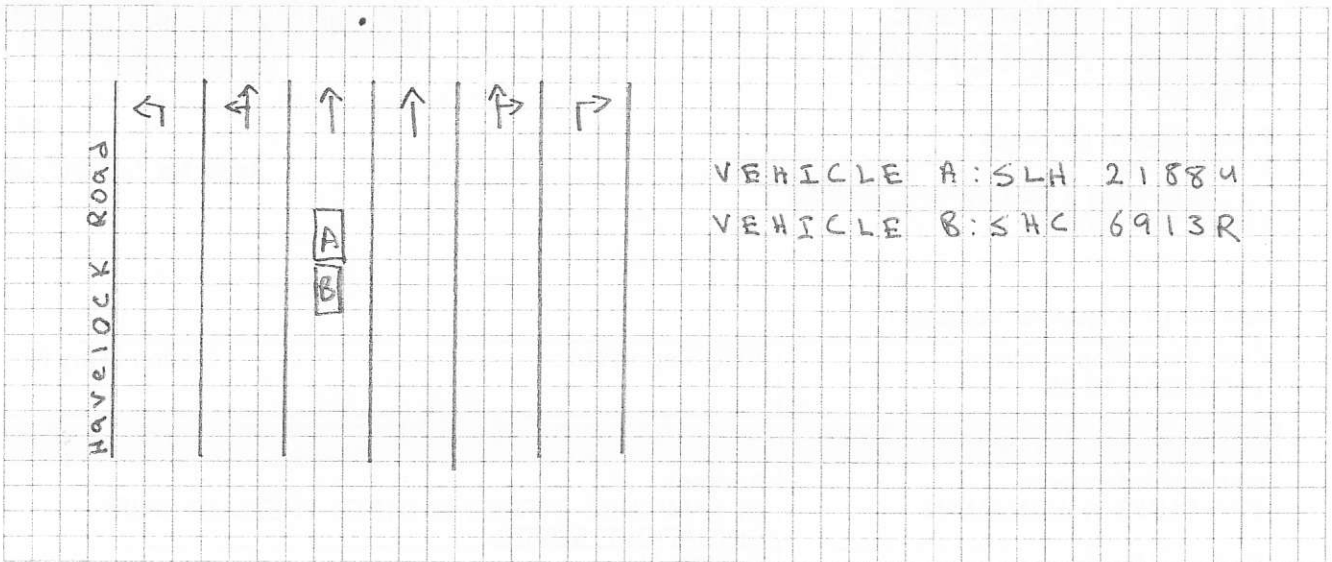
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the Stated Date and time I Vehicle A SLH 21884

was traveling along Havelock Road Suddenly front car jam Brake

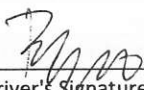
I follow suit vehicle B SHC 6913R cannot stop in time

and hit on to my Rear 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.:



SINGAPORE POLICE FORCE



T/20191221/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191221/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2019 16:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO SUNG YI, BENJAMIN			Address: 31 TAMPINES STREET 86 #13-31 THE SANTORINI SINGAPORE 528572		
ID Type / ID No.: NRIC NO / S8028737B			Contact No.: Home/Office: Mobile: 98278125		
Nationality: SINGAPORE CITIZEN			Email: benjamin_yeo80@yahoo.com.sg		
Sex: Male	Age: 39	Date of Birth: 21/09/1980	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: DIRECTOR		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2019 22:50	Type of Location: Straight Road
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHC6913R	Car			Grey		0
SLH2188U	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20191221/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191221/7020

CONTINUATION OF REPORT

Driver			
Name	YEO SUNG YI, BENJAMIN	ID No.	S8028737B
Related Vehicle	SLH2188U (Car)	Contact No.	98278125
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/12/2019	Date Discharge	21/12/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE A SLH2188U WAS TRAVELING ALONG HAVELOCK ROAD SUDDENLY FRONT CAR BRAKE I FLOW SUIT VEHICLE B SHC6913R CANNOT STOP IN TIME AND HIT ON TO MY REAR OF MY CAR... WHEN I GET HOME I FEEL MY BACK AND NECK HAVE SLIGHT PAIN. SO I WHEN TO SEE DOCTOR ON 21/12/19 AND I HAVE GIVEN 5 DAY MC THAT IS ALL



**SINGAPORE
POLICE FORCE**



T/20191221/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191221/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
21/12/2019 16:55

Classification Of Case: