

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/12/2019 (dd/mm/yy) Time of Accident: 19:05 (24-HR-FORMAT)
Vehicle No.: SJG 9748 L Vehicle Make & Model: HONDA FIT 1.3G A
Exact location of Accident: BKE TOWARDS WOODLANDS AFTER MANDAI EXIT
Policyholder's Name / IC No.: SIA WEN HAN, DANIEL S9120895D
Driver's Name / IC No.: SIA WEN HAN, DANIEL S9120895D (As Above)
Driver's Contact No.: 9661 4979 Company Contact No.: _____
Driver's Address: 204D PUNGGOL FIELD #11-348 S824204
Insurance Company: TOKIO MARINE 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?

Private use / Work purpose

Occupation (nature of job) Indoor / Outdoor

No. of Passengers (Including Driver): 01

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'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: GBH 5082 P (B)

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

2. Driver's Name / IC No: _____ Vehicle No: SFT 473 S (C)

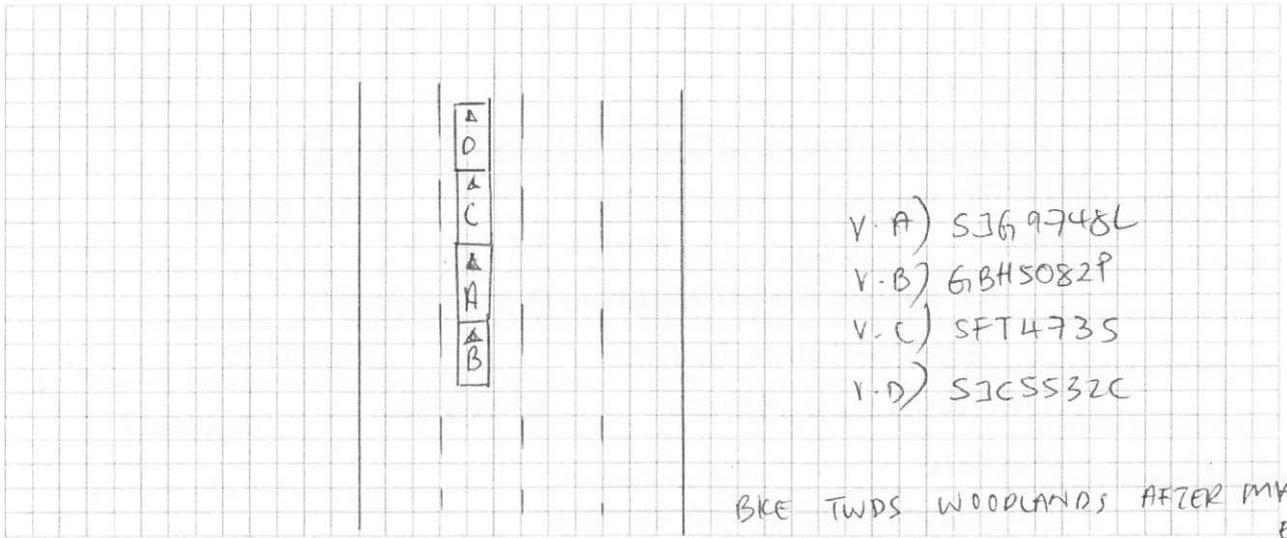
Driver's Contact No: _____ Insurance Company (If any): SJC5532C (D)

*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 WAS TRAVELLING ALONG
 BKE TWDS WOODLANDS AFTER MANDAI EXIT. I WAS
 TRAVELLING STRAIGHT IN MY LANE ALONG THIRD LANE.
 THE VEHICLE INFRONT OF ME STOPPED, AS SUCH I
 APPLIED MY BRAKES AND CAME TO A COMPLETE STOP.
 THE NEXT MOMENT I FELT A HUGE IMPACT ON
 MY VEHICLE REAR PORTION. I GOT OUT AND REALISED
 GBH5082P HAD COLLIDED ONTO MY STATIONARY VEHICLE REAR
 PORTION. THE IMPACT CAUSED MY VEHICLE TO HIT ONTO SFT4735.
 SIC5532C SUSTAIN NO DAMAGE, TOTAL 4 VEHICLES INVOLVED.

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.: