

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31/12/2019 (dd/mm/yy) Time of Accident: 12 27 (24-HR-FORMAT)
Vehicle No.: SKQ 1922 M Vehicle Make & Model: HONDA HRV 1.5 DX CVT
Exact location of Accident: 2225 Ang Mo Kio Ave 8 towards AMK MRT (Outside ESSO station)
Policyholder's Name / IC No.: Ang Peng Siong, Brian Lagman S7323841B
Driver's Name / IC No.: Ang Peng Siong, Brian Lagman S7323841B (As Above) ☐
Driver's Contact No.: 9681 2035 Company Contact No.: _____
Driver's Address: 66 Chestnut Ave #23-11 S(679520)
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?**

Occupation (nature of job) ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

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: GBA 1375 H
Driver's Contact No: _____ Insurance Company (If any): China Taiping

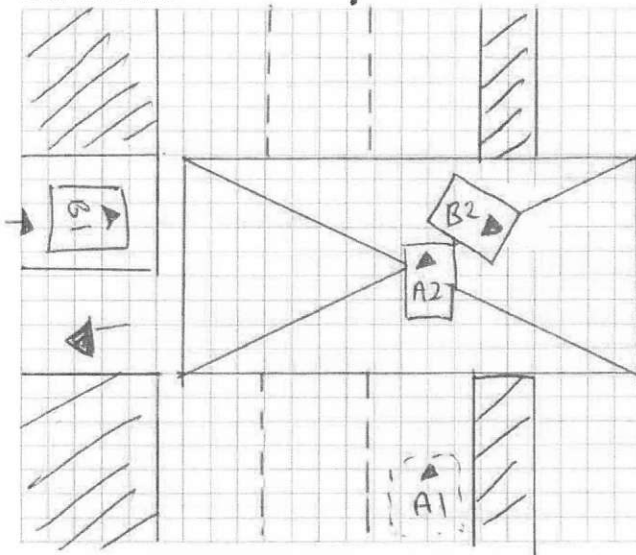
2. Driver's Name / IC No: _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company (If any): _____

*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



2225 Ang Mo Kio Ave 8
towards AMK MRT
Beside Esso Station

- (A) SKQ 1922 M
- (B) GBA 1375 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I Vehicle was travelling straight on my rightful lane within the speed limit. Suddenly Vehicle B came out from the minor road. I applied my brakes immediately. To no avail, still collided. As vehicle B came dashing out suddenly.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

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