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Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18/01/2020 (dd/mm/yy) Time of Accident: 11:00 (24-HR-FORMAT)
Vehicle No.: SKG 705 H Vehicle Make & Model: HYUNDAI ELANTRA 1.6 AT ABS D/AB 2W
Exact location of Accident: TOA PAYOH LORONG 4 BLK 94
Policyholder's Name / IC No.: PHUA CHIN HOW (PAN ZHENHAO) S7207565Z
Driver's Name / IC No.: PHUA CHIN HOW (PAN ZHENHAO) S7207565Z (As Above) ☐
Driver's Contact No.: 9383 9572 Company Contact No.: _____
Driver's Address: 100 TOA PAYOH LORONG 1 #07-273 S310100
Insurance Company: AIG 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): 02

Passenger Name : WIFE

Gender : Female

Passenger Name : _____

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: SKV 3313 G

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

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

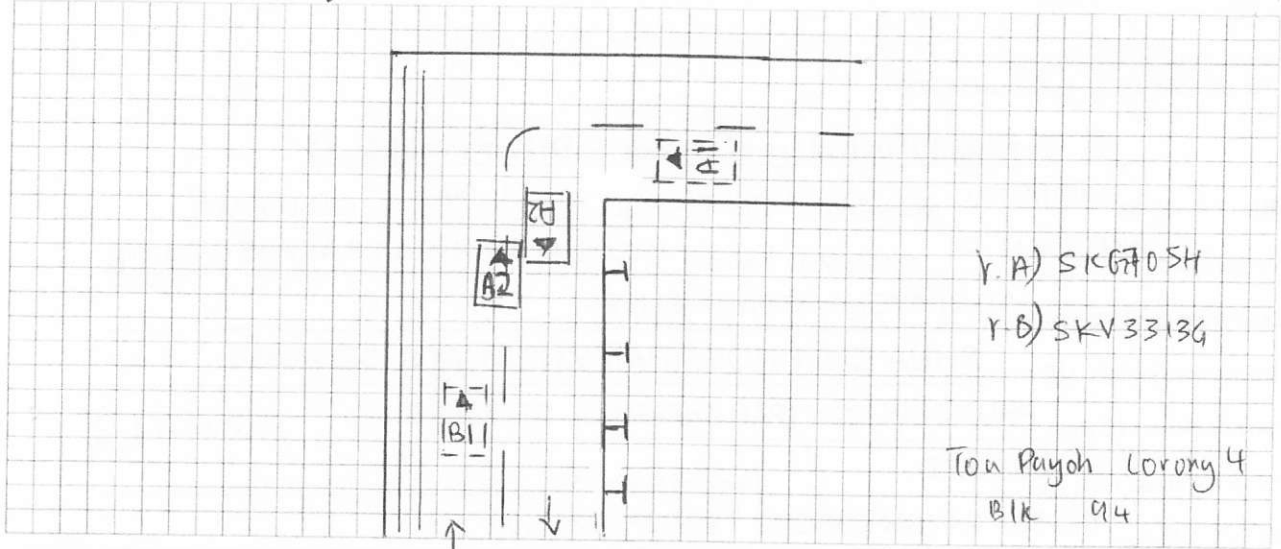
Driver's Contact No: _____ Insurance Company (If any): _____

*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' SKG705H was travelling

on the stated venue. I was travelling straight in my lane, suddenly

vehicle 'B' from the opposite lane cut into my lane and collided

onto my vehicle front right portion. After the accident, there was

sound coming out from my front right area and the vehicle

alignment is off hence I have to called for tow truck to

assist.

DECLARATION

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

Policyholder's Signature

Date & Time: 20/01/20 1030hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: