

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

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 24/01/2021 (dd/mm/yy) Time of Accident: 19 : 00 (24-HR-FORMAT)
 Vehicle No. : SJL 4230 U Vehicle Make & Model / Engine (cc): HONDA Stream 1799cc Private Hire: (Y (N))
 Exact location of Accident: Havelock Road/ Clemenceau Ave Towards River Valley Road
 Policyholder's Name / IC No. : LAW MUI KHENG S1562828F
 Driver's Name / IC No. : IVAN LIM ZONGJUN S9525172B (As Above)
 Driver's Contact No. : 9383 9058 Company Contact No / Owner Contact No: 9826 2494
 Driver's Address: APT BLK 920 JURONG WEST STREET 92 #04-81 S640920
 Owner Email address : Jeanettelaw@yahoo.com.sg Insurance Company : AIG
 Driver Email address : IvanLZ795@yahoo.com.sg

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: CHILDREN

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

*Passanger Name: _____

Gender: -

*Passanger 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' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: POLICE STATION JURONG WEST

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FBH 7928 L

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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)

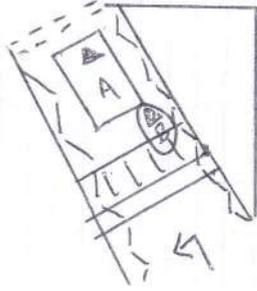
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



V A = SJL 4230 U

V B = FBH 7028 L

Havelock Road / clarendon Ave
towards River valley road.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
Report No. T/20210124/2076

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/20210124/2076

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No T/20210124/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2021 22:59	Vide Report No.: A/20210124/0131	Station Diary No.: 102
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Informant's Particulars			
Name of Informant: IVAN LIM ZONGJUN		Address: APT BLK 920 JURONG WEST STREET 92 #04-81 SINGAPORE 640920	
ID Type / ID No.: NRIC NO / S9525172B		Contact No.: Home/Office: Mobile: 93839058	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 15/07/1995	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Police officer		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/01/2021 19:00	Type of Location: filter lane
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	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
FBH7928L	Motorcycle	YAMAHA	JUPITER 135 MANUAL	White	Slightly Damaged	1
SJL4230U	Car	HONDA	STREAM 1.8 RSZ A	Grey	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210124/2076

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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No T/20210124/2076

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJL4230U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800134182-02	26/11/2020	25/11/2021

Brief Details.

On 24/01/2021 at about 1900hrs, the weather was clear, and I was driving car bearing plate number SJL4230U along filter lane of junction Havelock Road / Clemenceau Ave towards River valley road. Upon signaling, I turned towards the left filter lane. I then stop at the filter lane as I was giving way to the oncoming vehicle. Suddenly a motorcycle bearing plate number FBH7928L collided into my right rear. I step out of my vehicle and went to check on the impact of the collision and the rider. My right rear bumper to right rim is damaged. The motorcyclist sustained a few injuries and could not move his left knee. As such, I decided to call for ambulance. Traffic police came and I was issued case card to vide to A/20210124/0131.



**SINGAPORE
POLICE FORCE**



T/20210124/2076

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No T/20210124/2076

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /
Sgt 2 MUHAMMAD SHAKIR ZUFAYRI BIN
AZMAN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
24/01/2021 22:59

Officer In Charge Of Case:
TP / GIT /
Sgt 2 DAVID YAP
Contact No.: 96192349

Classification Of Case:

Authentication Stamp

SN T26



Signature :

Singapore Police Force