

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.

Date of Accident: 10/09/2021 (dd/mm/yy) Time of Accident: 09:3025 (24-HR-FORMAT)
Vehicle No.: SLX18395 Vehicle Make & Model / Engine (cc): Honda Civic Private Hire: (Y/N)
Exact location of Accident: Upper Thomson Rd
Policyholder's Name / IC No.: Toh Wee Beng ROC/UEN (Company): S7705754D
Driver's Name / IC No.: _____ (As Above) ☒
Driver's Contact No.: 93839194 Company Contact No / Owner Contact No: _____
Driver's Address: 184 Woodfieldwood Ave #06-10 S(648147)
Owner Email address: toh.kelson@yahoo.com.sg Insurance Company: _____
Driver Email address: toh.kelson@yahoo.com.sg

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

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer 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):** 1

***Passenger Name:** _____ **Gender: Male / Female x()**

***Passenger Name:** _____ **Gender: Male / Female x()**

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 Remarks: _____

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: Lim Chee Leong / S1706404E Vehicle No: SMR3708Z (B)

Driver's Contact No: 94876850 Insurance Company: _____

2. Driver's Name / IC No (If Any): Lim Meng Jong / S7723388A Vehicle No: SMG2116X (C)

Driver's Contact No: 81000039 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 lodgement 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.

x 

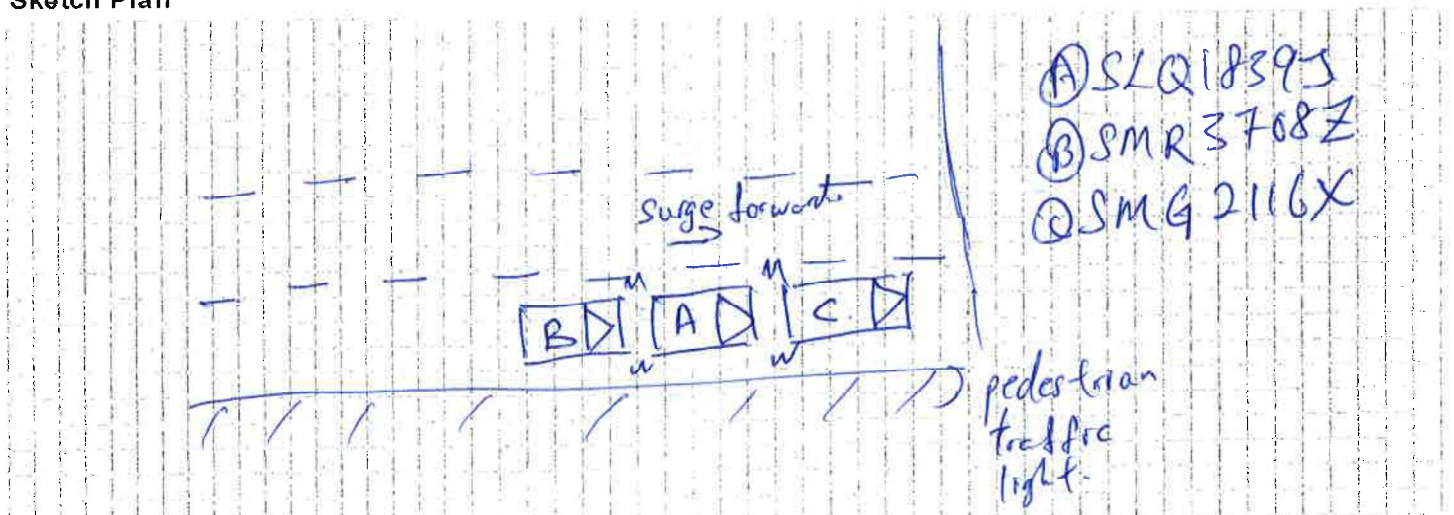
Policyholder's Signature / Date & Time

x 

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

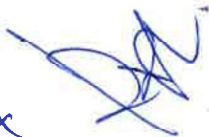
On mentioned date and time, I was travelling along Upper Thomson Rd towards Lorne, front vehicle (veh c) slow down and stop at the pedestrian traffic light as it turn red, I follow suit. The next moment veh B rear ended my vehicle at a relatively great impact causing my vehicle to surge forward and collided on the front vehicle (veh c).

Declaration

We declare the foregoing particulars are true in every respect.

X 

Policyholder's Signature / Date & Time

X 

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

Witnessed by Reporting Centre Personnel