

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: 30/03/2022 (dd/mm/yy) Time of Accident: 08 : 05 AM (24-HR-FORMAT)
Vehicle No. : SJQ 1003 C Vehicle Make & Model / Engine (cc): Toyota Altis 1598 cc Private Hire: (Y / N)
Exact location of Accident: Along Sembawang Road (Opposite Blk 101 Chong Pang City)
Policyholder's Name / IC No. : CTP ENGINEERING PTE LTD 201530958W
Driver's Name / IC No. : Rayapaneni Subramanyam F8223873P (As Above)
Driver's Contact No. : 8487 0974 Company Contact No / Owner Contact No: 9389 9806
Driver's Address: Blk 871 Yishun Street 81 #10-125 Singapore 760871
Owner Email address: contact@ctpengrg.com Insurance Company: NTUC
Driver Email address: contact@ctpengrg.com

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):** 2

*Passanger Name: Mr. Vinod

Gender: Male

*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: Rayapaneni Subramanyam

Injuries Sustain: Neck, chest and back Injured Person in Which Vehicle: SJQ 1003 C

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: Lim Tian Hock / S2090393G Vehicle No: SHC 4566 Y

Driver's Contact No: 9815 3830 Insurance Company: _____

2. Driver's Name / IC No (If Any): Chua Teck Kiat / S7785119D Vehicle No: SCE 7334 D

Driver's Contact No: 9450 5157 Insurance Company: _____

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

Preferred Workshop Name: _____ Contact No: _____

Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated
venue. Both of our vehicles were stationary (Vehicle A and Vehicle C)
and suddenly vehicle B travelled at fast speed and collided onto my
vehicle. The huge impact also caused my stationary vehicle to propel
forward and collided onto vehicle C.. After the collision I felt discomfort
on my neck, chest and back. I will seek medical treatments later.

Declaration

We declare the foregoing particulars are true in every respect.

R. Sub

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel