

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: _____ (dd/mm/yy) Time of Accident: _____ : _____ (24-HR-FORMAT)

Vehicle No. : _____ Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y / N)

Exact location of Accident: _____

Policyholder's Name / IC No. : _____

Driver's Name / IC No. : _____ (As Above) ☐

Driver's Contact No. : _____ Company Contact No / Owner Contact No: _____

Driver's Address: _____

Owner Email address : _____ Insurance Company : _____

Driver Email address : _____

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):** _____

***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: _____

The Other Party(s) Details:

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

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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

[illegible]

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

Witnessed by Reporting Centre
Personnel

Team AutoPro

PD: DIRECT / Lawyer: _____

PI: _____

Lawyer: _____

PHOTO ☐VIDEO ☐RCPT ☐MC ☐

VEHICLE _____

MODEL/CC _____

INSURANCE _____

OWNER _____

DRIVER _____

DOA: _____

AGENT _____

TEL _____

DATE IN _____

*DOCUMENTS NEEDED

GIA ☐POLICE REPORT ☐*TP Outcome: ☐OWNER IC / LICENCE ☐DRIVER IC / LICENCE ☐

*3rd PARTY INFO

INSURANCE/LOG CARD ☐SATISFACTION VOUCHER ☐

Vehicle Nos.: _____

AUTHORITY TO ACT ☐

WORKSHOP: _____

Ins Company: _____

☐ *DIRECT* WORK FLOW☐ *LAWYER* WORK FLOW

Ins Officer: _____

2 Days Date: _____

PRS Request Date: _____

Reference: _____

SJE: _____

3rd Party
Surveyor: _____

*LOR: _____

Pre-Survey Date: _____

Photo 1 ☐Photo 2 ☐Photo 3 ☐Rental Agreement ☐Invoice ☐

Re-Survey Date: _____

*** Our
Surveyor: _____

*LOU: _____

After Repair
Survey Date: _____Photo 1 ☐Photo 2 ☐Photo 3 ☐

* Reimbursement

COR AGREED: \$ _____

Recommended COR : _____

LTA \$7.45 ☐GIA \$29 ☐VEP ☐

REPAIR DAYS AGREED: _____

Recommended REPAIR DAYS : _____

TOWING: _____

REMARKS:

SUMBIT INSURANCE

LOD Amount: _____

LOD Date: _____

PI Number: _____

ADDITIONAL JOB ☐

To : Team AutoPro Pte Ltd
CRN : 201811621K
located at : 160 Sin Ming Drive, #02-12, Sin Ming AutoCity, Singapore 575722

Letter of Authorization & Undertaking

In Respect of Accident Involving my/our Vehicle No.: _____
and and
and and
@ _____

dated _____.

1. I/We hereby irrevocably authorize you to demand claim- settle/receive whatever amount settled/payable by the third party and/or its insurer in my/our name, for the costs of repair, loss of use/rental and all other necessary costs related to my/our vehicle that was damaged pursuant to the aforesaid accident.
2. I/We acknowledge that any settlement you may reach on my/our behalf is on a "Without Prejudice" and "Without Admission Of Liability" basis.
3. I/We agree to assign the whole proceeds of my/our third party claim to you. The third party and /or its insurer shall accept this letter as my irrevocable authorization to pay the compensated amount directly to you – in the form of payment cheque made in favor to **Team AutoPro Pte Ltd.**

In the event that the payment cheque is being made in my/our favor, I/we hereby undertake to return the full amount to you, within 7 days from receiving and clearance of the said payment cheque. Failing which, you will have the legal rights to take legal proceedings against me/us to recover the said sum, with further costs and disbursements to be incurred by me/us.

4. I/We further authorize you to settle the aforesaid claim in a manner that you deem fit and to utilize the monies to pay your charges without further reference to me/us. The payment to you shall amount to a good discharge of your obligation to me/us in respect of the settlement monies.
5. Should the third party claim be unsuccessful due to untruthful statements from me/us, I/we undertake to pay for all your expenses, costs and fees incurred, immediately upon your demand.
6. This authorisation shall remain in force until revoked by me/us in writing to you, subject to terms and conditions being agreed by both parties. I/We further understand that revocation is not allowed once your workshop has commenced on the repair of my/our vehicle.

Yours faithfully,

Claimant Signature & Co's Stamp (if applicable)

Date:

ATTENTION:

Team AutoPro Pte Ltd

201811621K

160 Sin Ming Drive, #02-12,
Sin Ming AutoCity,
Singapore 575722

Declaration Form

RE: Accident dated _____

@ _____

Involving Vehicles nos.: _____.

I, _____ of NRIC No.: _____,

hereby declare and warrant the following:-

(Please tick the appropriate boxes as indication of your declaration)

- ☐ I am one of the party involved in the aforesaid accident and my Vehicle Nos. is _____.
- ☐ The aforesaid accident is not, in any way, false or staged.
- ☐ My injuries (if any) are sustained from the aforesaid accident and are genuine injuries.
- ☐ I was not advised or coaxed by anyone to seek medical treatment for the purpose of submitting a claim.
- ☐ ~~All the~~ information stated in this form or any further declaration in respect of this claim, are true, accurate and complete, to the best of my knowledge.
- ☐ I understand that should the aforesaid accident or my injuries be false or staged, I am committing a serious criminal offence that may be punishable by the law of Singapore.

Signature

Date (DD/MM/YYYY)

By signing this form, you agree that Team Autopro Pte Ltd may collect, use and disclose your personal data, as provided in this form, or (if applicable) obtained by our organisation as a result of performing obligations in the course of or in connection with our provision of the goods and/or services requested by you and for the following purposes in accordance with the Personal Data Protection Act 2012. Please email us at TeamAutoProMarketing@gmail.com if you would like to access and correct your personal data or withdraw consent to the collection, use or disclosure of your personal data.

WARRANT TO ACT

In the matter of ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS.

I / We, _____

Of _____
_____ hereby authorize and appoint **M/S ROY & PARTNERS**,
Advocates & Solicitors, to act and appear for me / us in the above matter / action, and to do
everything in connection therewith.

I / We authorize your firm to pay to yourselves all Party and Party costs that you may at
any time receive in connection with the above matter and confirm that you need not pay
same into your Client's Account with your bankers.

I / We hereby note and acknowledge that **M/S ROY & PARTNERS** may at any time
without any given reason whatsoever reserve their rights to discharge themselves from
so acting and that upon discharge, the firm shall have a lien over all documents and
monies held on behalf of myself / ourselves until payment of the firm's professional
costs.

I / We also further confirm that I / we will be responsible for the Solicitors' and Clients'
costs and disbursements. You may arrange to deduct your costs and disbursements
from whatsoever money that may be due to me / us at any time on or before completion
of the above matter / action and pay me / us the balance (if any).

Dated this day of

Client :-

Witness:-

Name:

Name:

WARRANT TO ACT – PROPERTY DAMAGE CLAIM

IN THE MATTER OF ROAD TRAFFIC ACCIDENT INVOLVING _____

ON _____ ALONG _____

1. I/We, _____ (NRIC No. / UEN No. _____) of _____ hereby agree to engage the services of **A P Law Practice LLC**, on the terms and conditions set out below and grant **A P Law Practice LLC** my Warrant to Act for me/us in Singapore in connection with the legal proceedings relating to the abovementioned matter.
2. I/we hereby **authorise you to and/or agree to** the following:
 - a) Apply traffic police reports, GIA reports and conduct land transport searches and appoint surveyors/loss adjusters/valuers on my/our behalf, if necessary. I/We hereby authorize you to deduct any disbursements incurred as solicitor and clients' disbursements.
 - b) Negotiate a settlement on my/our behalf and to do all acts necessary, including but not limited to commencing legal proceedings in my/our name(s), in connection with the abovementioned matter.
 - c) Instruct your associates to have conduct of the whole or any part of my matter at your absolute discretion including but not limited to hearings at Court Dispute Resolution, Summons for Directions, Pre-Trial Conference, Assessment of Damages, Trials, drafting of correspondence, pleadings, documents, interviewing witnesses and/or any other act that is in furtherance of the conduct of my matter.
 - d) Pay to yourselves all party and party costs (i.e. costs paid by the third party on my behalf) you may at any time receive in connection with the above matter without the need to pay the same into the Clients' Account with your Bankers.
 - e) I/we further authorise you to deposit in your firm's Client Account any payment / cheques received by you and made in your firm's name and authorise you to deduct your total legal fees (i.e. solicitor and client's costs plus party and party costs) from the same upon issuing your bill and releasing the balance to me/us, subject to clause 2(g) below.
 - f) Take instructions from my/our repairers whom I/we have appointed as my/our agents in respect of my/our claim(s) for property damage only and excludes claims in respect of death and/or bodily injury and only wish to be informed of my/our case when there are major developments. You may keep my/our agents informed as and when necessary.
 - g) Release proceeds of settlement monies received by you after deducting your total legal costs to my repairers in settlement of my/our outstanding bill/account with them, if any, and to pay the balance, if any, to me.
 - h) Assist you in every way possible, including but not limited to attendance at your office to give instructions, executing legal and/or court documents, affirming/swearing Affidavits, attending Court and signing of the Discharge Vouchers in pursuance of this claim and any failure to do so shall entitle you to discharge yourself, subject to grounds set out in Rule 26 of the Legal Profession (Professional Conduct) Rules 2015, from further acting as my/our solicitors by **7 (seven)** days' notice in writing to my last provided address and render me/us a bill for services rendered. Should you discharge yourselves from acting as my/our solicitors, I/we confirm that you are entitled to exercise a lien (a right of possession) over all documents and monies held on your account until full payment of your legal fees and disbursements are made. In the event I/we decide to appoint a new law practice, I/we agree that you will release all documents to them **only** upon receipt of an undertaking from my/our new lawyers to protect your right over documents handed to them for your outstanding legal fees and disbursements.
3. In the event I receive any settlement payment from the other party or the other party's representative, including insurers, I undertake to inform you of my receipt of such payment and to pay your total legal fees and disbursements incurred in relation to this matter.
4. I/We have read and fully understood the above and acknowledge.

Signature & Date: _____
(with company chop, if applicable)
Name / NRIC: _____
Contact: _____



/

WARRANT TO ACT

Re: Road traffic accident involving my motor-vehicle _____ and motor-vehicle no(s).
_____ on _____ along

I/We, _____
NRIC/Co. Reign No. _____ of (address) _____
_____ the owner(s) of motor vehicle no. _____

_____ hereby appoint you, **M/S CHIA S ARUL LLC**, Advocates & Solicitors, to act for me/us for the purpose of bringing and commencing an action for the damages I/we have suffered as a result of the aforesaid accident.

I/We hereby absolutely authorise and empower you to act for me/us in all aspects of this matter and to use your absolute discretion in accepting any offer of settlement which you deem to be fair and reasonable and to release all such settlement funds including loss of use or vehicle rental fees (where applicable), surveyor's fees, police report fees, etc. to my motor-workshop, TEAM AUTOPRO PTE LTD. I/We also authorize you to liaise and take all instructions from _____ who are my/our duly appointed and authorised agents with regard to my/our claims for damages as result of the above accident.

You may proceed to apply the relevant authorities or bodies to obtain necessary reports or information arising from or in connection with the aforesaid accident as may be required by you. Thereafter you may proceed to negotiate on my/our behalf with the party/parties and/or with the insurer(s) concerned for settlement.

In the event that a settlement is not forthcoming or reached, you may, without reference to me/us, commence legal proceedings against the other party/parties for the recovery of the damages due to me/us.

I/We shall render full co-operation by giving instructions to you and signing documents connected with the proceedings as and when required by you. I/We shall attend Court giving evidence at the hearing of the proceedings where necessary and do all that is reasonable to ensure recovery of the damages in the above matter.

If you are of the opinion that proceedings should not be commenced, or if commenced should be discontinued, than I/we shall abide by your advice and shall be liable to pay the repair costs, vehicle rental fees (if applicable), surveyor's fees and any other expenses incurred by TEAM AUTOPRO PTE LTD in repairing my/our vehicle to their full extend or for the extend that it is unpaid by the negligent party. I will also pay your reasonable fees and expenses in acting for me/us in the event that you are not paid your reasonable fees and expenses by the negligent party.

Your fees, on a solicitor and client basis, shall be determined by agreement between the said workshop and you, or as may be determined upon taxation where applicable, which shall be deducted from the settlement funds. In the event that I/we are personally liable to pay your fees and expenses, I/we are unable to agree on the sums than they shall be determined by taxation.

I/We fully understand and irrevocably agree and authorise you to release all the balance of the settlement funds less your fees and expenses, directly to my/our said motor-workshop and I/we hereby absolve you of any and all liability during the course of your following any/or all of my/instructions or the instructions of my/our said motor-workshop.

Signature/Co. Stamp of Owner

Name: _____

Signature of Witness

Name: _____

WARRANT TO ACT

To: Vision Law LLC
Advocates & Solicitors
133 New Bridge Road
#18-01/02
Singapore 059413

ACCIDENT INVOLVING _____ **&** _____ **ON**
_____ **AT/ALONG** _____

- 1) I, owner of vehicle number _____ hereby appoint you to act for me to recover my damages sustained in the above accident.

Please recover the following:

- (a) Costs of Repairs
- (b) Loss of Use / Rental Fees

I confirm that I was not injured and that I have no personal injury claim.

I understand that separate Writs cannot be issued for Property Damage claim and Personal Injury claim where the claimant is the same person.

- 2) You have my full authority to send a letter of demand to the third party driver and/or his insurers and to negotiate a settlement of my claim as well as to do all things necessary to protect my interest in this matter including to commence legal proceedings against the third party driver and/or his employers, if necessary.
- 3) I hereby authorise you, **M/S VISION LAW LLC** to collect all compensation monies due to me from the 3rd Party and/or the insurance company in relation to the above accident.
- 4) Upon settling my claim, you have my authority to apply the settlement monies towards payment of all charges due from me to my motor workshop, namely TEAM AUTOPRO PTE LTD.
- 5) In the event that the 3rd Party's insurers send me a Discharge Voucher requesting me to sign and return it to them, I will not do so and I will immediately inform you of the same.
- 6) In the event, for whatsoever reasons, the third party's insurers send the cheque for the settlement sum directly to me, I will pay your legal costs and disbursements, failing which I understand you will have the liberty to commence legal action against me to recover the same.
- 7) Please take note that all legal inquiries should be directed only to lawyers and not secretaries.
- 8) Unless I revoke your authority in writing or instruct you otherwise in writing, you have my authority to assume full conduct of my claim without the need to seek my approval for each step of my claim.
- 9) In the event that the said claim is unsuccessful, I will pay your legal costs and disbursements and also that of the opponents' legal costs and disbursements.

 The owner of motor vehicle no. () 

Signature (Company stamp, if applicable)

Date:

 Name & NRIC No : _____

Address : _____

Contact No : _____

Email : _____



Name:

Address:

Messrs Vision Law LLC
133 New Bridge Road #18-01/02
Chinatown Point
Singapore 059413

ACCIDENT INVOLVING _____ **&** _____ **ON**
_____ **AT/ALONG** _____

1. I hereby irrevocably appoint TEAM AUTOPRO PTE LTD to be my agent in respect of my claim.
2. My agent is authorised to conduct the following:
 - (a) To receive and keep records of all correspondences including Letter of Demand between my lawyers and 3rd party insurers pertaining to the conduct of my claim until my claim is settled. I will liaise with my agent and/or contact my lawyers directly if I require to have sight and/or record of any of the correspondences.
 - (b) To give instructions to commence legal proceedings in court in my name against the third party driver and/or his employers, if applicable.
 - (c) My said agent also has my authority to decide on my behalf whether to accept any offer of settlement from the third party and/or his insurers.
3. I understand and accept that until I revoke my said agent's authority in writing to you, I am bound by all instructions given by my said agent to you.



Signature
(company stamp, if applicable)

Date:

SATISFACTION VOUCHER

I/WE, _____ HERBY CONFIRM THAT REPAIRS TO MY/OUR
VEHICLE NO. _____ HAVE BEEN COMPLETED TO MY/OUR SATISFICATION AND
THAT I/WE HAVE COLLECTED MY/OUR SAID VEHICLE ON THE UNDER-MENTIONED DATE.

DATE IN: / /

DATE OUT: / /

OWNER'S SIGNATURE

NAME:

IC NO.:

DATE: / /

TIME: :

Accident Date:
Accident Involving:
Vech to be Survey:

ACKNOWLEDGEMENT OF SURVEY(S)

Our Surveyor **3rd Party Surveyor**

*** PRE-REPAIR INSPECTION**

Name of Surveyor:	.....	Name of Surveyor:	.....
HP/Email:	.....	HP/Email:	.....
Date of Survey:	.....	Date of Survey:	.....
Time of Survey	.....	Time of Survey	.....
Surveyor Signature:	.....	Surveyor Signature:	.....

*** Re-Survey / Question Mark Items**

Name of Surveyor:	.....	Name of Surveyor:	.....
HP/Email:	.....	HP/Email:	.....
Date of Survey:	.....	Date of Survey:	.....
Time of Survey	.....	Time of Survey	.....
Surveyor Signature:	.....	Surveyor Signature:	.....

*** AFTER-REPAIR INSPECTION**

Name of Surveyor:	.....	Name of Surveyor:	.....
HP/Email:	.....	HP/Email:	.....
Date of Survey:	.....	Date of Survey:	.....
Time of Survey	.....	Time of Survey	.....
Surveyor Signature:	.....	Surveyor Signature:	.....