

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident _____ Time _____	2 Exact location of accident _____	3 Injuries even if slight No <input type="checkbox"/> Yes <input type="checkbox"/> *
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/> *	To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/> *	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Registration No. (VEHICLE A) _____

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle
 Make, type _____

8 Insurance company
 Does the policy cover damage to vehicle A?
 No Yes

Policy No. (if available) _____

9 Driver (See driving licence)
 (if different from insured A above)

Name _____
 (capital letters)

NRIC / Passport no. _____

Class of licence _____

A

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12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

1	parked / stopped (at the roadside)	
2	leaving a parking space / opening the door (at the roadside)	
3	entering a parking space (at the roadside)	
4	emerging from a car park, from private grounds, from a minor road	
5	entering a car park, private grounds, a minor road	
6	entering a roundabout or similar traffic system	
7	circulating in a roundabout or similar traffic system	
8	striking the rear of the other vehicle while going in the same direction and in the same lane	
9	going in the same direction but different lane	
10	changing lanes	
11	overtaking	
12	turning to the right, making a U-turn (official U-turn)	
13	turning to the left	
14	reversing	
15	encroaching in the opposite traffic lane	
16	coming from the right (at road junctions)	
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)	

B

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Registration No. (VEHICLE B) _____

6 Insured / policyholder (see insurance cert.)
 Name _____
 (capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle
 Make, type _____

8 Insurance company
 Does the policy cover damage to vehicle B?
 No Yes

Policy No. (if available) _____

9 Driver (See driving licence)
 (if different from insured B above)

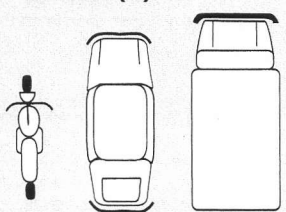
Name _____
 (capital letters)

NRIC / Passport no. _____

Class of licence _____

← State TOTAL number of boxes marked with a cross →

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

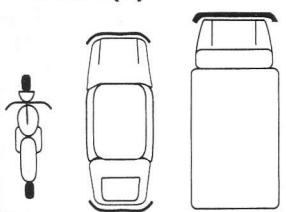
13 Sketch of accident when impact occurred **13**

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40

Alternatively, please make reference to one of the sketches on page 4:

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

A

15 Signatures of drivers **15**

B

14 My remarks

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all) _____ Email: _____				
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	2 Vehicle registration no. _____	C.C. _____	If commercial vehicle, state permissible carrying capacity _____		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____				
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken _____				
	Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth _____	Occupation (if more than one, state all) _____	Years of driving experience _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>					
8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____					
9 Full details of all driving convictions including pending prosecutions in the last 36 months					
Date		Offence	Penalty		
Injured persons	10 Name(s), address(es) and approximate age(s) _____	Injuries sustained _____	If vehicle occupants, state in which vehicle _____	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____	Vehicle registration no. or details of property _____	Nature of damage _____	Insurer's name and address (if known) _____	
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions	Clear <input type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>	
	15 Road surface	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Others <input type="checkbox"/>	
	16 Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> km/hr		
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary) _____ _____ _____					
Declaration	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____				