

NATIONAL Assessment Centre Services

(ver 1 Jan 03)

NH/19012891

Date In: 28/01/2019 12:02	Job description	Date & Time Completed	Done by
Ref No: NHA/FC19001759/Y	SAS e-filing		
Veh No: SL5 1867S	E-mail (w/dln 2hrs, AIC 2hrs)		
D.O.A: 27/01/2019 12:45	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (W/dln: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SH7102B	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: ([Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	INC () / Non-INC ()	Date	Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Resurvey Photo [Repair Cost > \$3000] ()				

Injury: _____

Date/Time	Actions

NH/1900.777

Client's Particulars	Invoice	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Ideo DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Ideo Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

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. This 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.

ACCIDENT STATEMENT

Date Of Report	28/01/2019 12:02
Date Of Accident	27/01/2019 12:45
Exact Location Of Accident	ALONG GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1867S
Insured/Policyholder	
Name Of Registered Owner	OW CHIO KIAT
NRIC No	S0799657H
Email Address	OWYILING@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98767976
Alternative Phone No	OTHERS-98767976

Vehicle Particulars

Manufacturer	BMW
Model	335i
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18091600MVPC
Cover Note Number	

Driver

Name of Driver	KIERSTEN OW YILING (OU YILING)
NRIC No	S8118351A
Date Of Birth	20/06/1981
Occupation	INDOOR
Date Of Driving Pass	19/03/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98767976
Fax Number	
Contact Number	OTHERS-98767976
EMail Address	YILING@STAMFORDLAND.COM

Address	15 COVE DRIVE #04-16
Postcode	098328
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7102H
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM FENG CI, RONNIE
NRIC/Passport Number	S1444934E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE3163L
-----------------------------	----------

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.

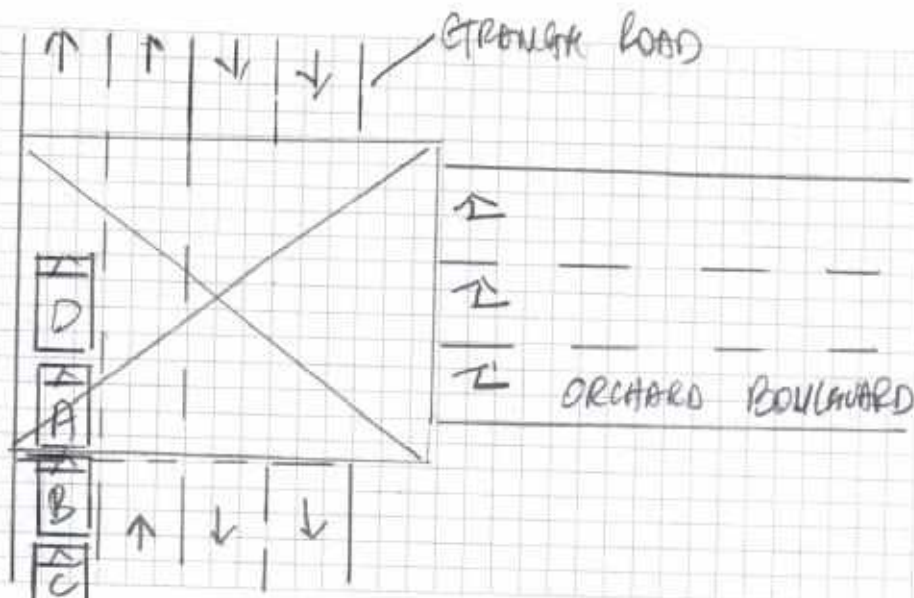
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

- A) SLS 1867S
- B) SH 7102B
- C) SKE 3163L
- D) SBC 5555T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Kiersten OW Yiling, driver of BMW (SLS 1867S) was at the traffic light waiting in stationary position, behind the Mercedes (SBC 5555T), when a taxi hit the back of my car all of a sudden. I had my foot on the brake pedal, but the impact of the taxi (SH 7102B) ~~hit~~ caused my car to hit the Mercedes (SBC 5555T) in front of me.

When I got out of the car to inspect the damages, I realised that an Audi (SKE 3163L) had hit the taxi behind me, which caused ~~the~~ the taxi to hit me. This is a result of a 4 car chain collision caused by the driver of the Audi (SKE 3163L) who did not stop her car in time at the traffic light.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 27/01/2019 (DD/MM/YYYY). TIME: 12:43 (HH:MM)

LOCATION: Grange Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL5 18675
 b) INSURANCE COMPANY: First Capital
 c) POLICY NUMBER: D-18091600 MVPC
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 325i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: OW CHIO KIAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0799657H CONTACT: 9876 7976
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kiersten OW Yiling (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S818351A CONTACT: 9876 7976
 c) ADDRESS: Blk 15 Cove Drive #04-16 Singapore 098328

* d) DATE OF BIRTH: 20/06/1981 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 19 Mar 2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 7102 B MODEL: Toyota Prius
 b) DRIVER'S NAME: Lim Feng CL, Ronnie
 c) NRIC/FIN/PASSPORT: S1444934E CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKE 3163L MODEL: Audi
 e) DRIVER'S NAME: Angeline Nguan Sue Lyn
 f) NRIC/FIN/PASSPORT: S74164728 CONTACT: _____

Vehicle number = SBC 5555 T Model: Mercedes

Driver's name:

NRIC:

Email =

VIDEO

Contact: +65 9365 9199

owyiling@hotmail.com
 yiling@stamfordland.com

* No of passenger
 (Including driver)
(1)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8118351A



Name

KIERSTEN OW YILING
(OU YILING)

欧伊玲

Race

CHINESE

Date of birth

20-06-1981

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8118351A

Name

OW YILING
(OU YILING)

Birth Date: 20 Jun 1981

Issue Date: 19 Mar 2004



001167881C



3890946

NRIC No. S8118351A



Date of issue

12-06-2006

15 COVE DRIVE #04-18
SINGAPORE 098328

NRIC No: S8118351A

Date: 23/10/2015 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

19 Mar 2004

Class 3: Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms



Licence No: S8118351A

NP 428A

CERTIFICATE OF INSURANCE

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : PRIVATE MOTOR CAR INSURANCE
Type of Cover. : Comprehensive
Certificate No. : D-18091600MVPC
Vehicle No / Chassis No : SLS1867S / WBAWL720X0PZ85208
Name of Insured : OW CHIO KIAT
Period Of Insurance : 30.09.2018 To 29.09.2019
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD1,500.00 SECTION I FOR NAMED DRIVERS

Authorised Driver*

OW CHIO KIAT, LIM SIEW FENG KATHERINE MRS C K OW, OW YEW HENG, KIERSTEN OW YILING, LAMAT BIN HARON, MOHAMMED SUHAIMI BIN TAIB, MOHAMAD RAIMI BIN SULAM AND RAHIM BIN KOMING

Persons or classes of persons entitled to drive*

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.


* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
(Approved Insurers)

LILIA/B0188/MX3

Issued at Singapore on 16.08.2018



Authorised Signature