

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	SH7102B
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
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Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANGELINE NGUAN SUE LYN
NRIC/Passport Number	S7416472B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SBC5555T
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	93659199
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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:

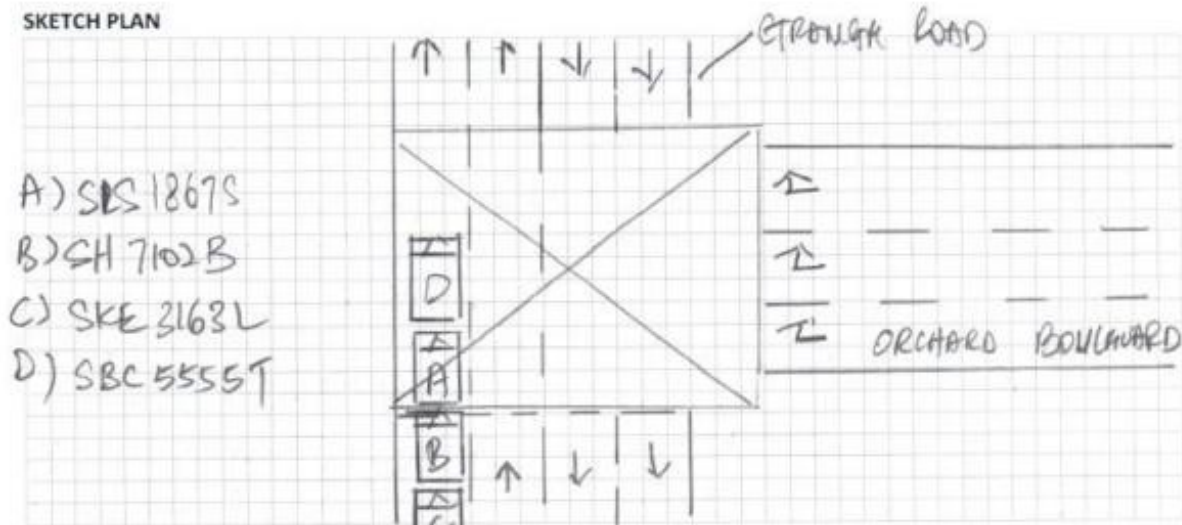
Driver's Signature
(If driver is not the policyholder)
Date & Time:

28 Jan 2019
10:50 Am

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

Accident Sketch Plan

SKETCH PLAN



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.:

GIARMC SketchPlanForm_V3

28 Jan 2019 10:57 AM

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8118351A



Name
KIERSTEN OW YILING
(OU YILING)
欧伊玲

Race
CHINESE

Date of birth
20-06-1981

Country of birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8118351A
Name
OW YILING
(OU YILING)

Birth Date: 20 Jun 1981
Issue Date: 19 Mar 2004

001167881C

3890848



NRIC No. S8118351A



Date of issue
12-06-2006

15 COVE DRIVE #04-16
SINGAPORE 098328

NRIC No: S8118351A Date: 23/10/2015 (R)

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

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

PASS DATE
19 Mar 2004

NP 425A

License No: S8118351A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500100 / GST Reg. No: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SLS 1867S
Name (as shown in NRIC) : KIERSTEN OW YUAN NRIC/FIN/Passport No : S8163510
(☒ Vehicle Driver / ☐ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98767926
Email Address : _____
Date of Accident : 27/01/2019 Time of Accident : 12:45
Place of Accident : Alone Granite Road
Insurance Company : FIRST CAPITAL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THIRD PARTY VEHICLE LICENSED TO SH7102B

Policyholder / Driver's Signature
Date:

30/01/2019
Reporting Centre Personnel's Signature
Name: POH LIAO
NRIC/FIN No.:
Date: