

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MINA 10001980**

Date In: <b>6/1/20-14:09</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/CT/20000261/24</b>	SAS e-filing		
Veh No: <b>SL290K</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>3/1/20-01:30</b>	i-Motor Claim Form		
OD: <b>TP</b> / Reporting Only	i-Motor W/O (Within: 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: <b>SL281144</b>	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:**

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1)*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*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: Idac Mobile \$0		
Auditors Comments :-	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:			



## 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	06/01/2020 14:09
Date Of Accident	03/01/2020 01:30
Exact Location Of Accident	NEAR SPOONER RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ90K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEBASTIAN TAN SHI TING (CHEN SHITING)
NRIC No	SXXXX641B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85337725
Alternative Phone No	OFFICE-85337725
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	GT-R 3.8 A
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1832281901
Cover Note Number	

### Driver

Name of Driver	SEBASTIAN TAN SHI TING (CHEN SHITING)
NRIC No	SXXXX641B
Date Of Birth	26/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2012
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85337725
Fax Number	
Contact Number	OFFICE-85337725
Email Address	NOEMAIL

Address	BLK 467 TAMPINES STREET 44 #12-140
Postcode	520467
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20200103/7006.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU8114A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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

near Spooner Rd  
open space carpark

A: SL2901C.  
B: SL48114 A



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report - 4/20200003/2006.



## 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.:





# SINGAPORE POLICE FORCE



G/20200103/7006

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## POLICE REPORT (NP299)

Report No. G/20200103/7006

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 03/01/2020 02:57	Vide Report No.		Station Diary No.	
Name Of Informant SEBASTIAN TAN SHI TING	Address APT BLK 467 TAMPINES STREET 44 #12-140 SINGAPORE 520467			
ID Type / ID No. NRIC NO / S8734641B	Contact No. Home/Office:		Mobile: 85337725	
Nationality SINGAPORE CITIZEN	Email Address Sebas18skyler@gmail.com			
Occupation SALES EXECUTIVE	Sex Male	Age 32	Date of Birth 26/10/1987	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 02/01/2020 20:30 - 03/01/2020 01:30	Location Of Incident APT BLK 467 TAMPINES STREET 44 #12-140 SINGAPORE 520467			

### Brief details.

I have parked my car at Public carpark area near by Spooner road area at 20:30 on 2nd Jan 2020. My car condition upon then was perfectly fine and had no exterior damaged.  
After my gathering with my friend I called the vallet to drive me back home and walked over my car and realised the right side of the car has had been badly damaged. There was a paper placed by police department stated that "Traffic Police Attended to a hit and run incident involving your vehicle. Please contact Investigation officer Adelina @ 65476066 Incident Number A/20200103/0008."

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2020 02:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20200103/7006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200103/7006

I have called officer Adelina and she advise to make a report as soon as possible.

I have a photo taken upon i parked my car and it shows the car parked on both side of my car and its vehicle registration number.

The damage amount is estimated SGD 8000 at least. I would to request I/O to find out who involved and/or caused this hit and run incident.

Please do let me know how shall I submit the evidence photos/video too.

Thank you.

Subjects Involved			
<b>Suspect</b>			
Person Name	unknown		
ID Type	OTHERS / others	ID No	1234567
Gender	Unknown		
<b>Victim</b>			
Person Name	SEBASTIAN TAN SHI TING		
ID Type	NRIC NO	ID No	S8734641B
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	SALES EXECUTIVE	Address Type	
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		03/01/2020 02:57	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			





**SINGAPORE  
POLICE FORCE**



G/20200103/7006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200103/7006

Address	APT BLK 467 TAMPINES STREET 44 #12-140 SINGAPORE 520467	Mobile No	85337725
Is Informant A Victim?	Yes		
Person Name	SEBASTIAN TAN SHI TING (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.

Date/Time:

03/01/2020 02:57

Classification Of Case:

## CERTIFICATE OF INSURANCE

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)

CERTIFICATE No.	DMPCSN1832281901	Engine No :VR38003157A Chassis No:R35001948
1. Index Mark and Registration Number of Vehicle	SLZ9CK	
2. Name of Policy Holder	SEBASTIAN TAN SHI TING (CHEN SHITING)	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 DECEMBER 2019	NAMED DRIVERS EX SECT. I .....S\$3,000.00 EXCESS SECT. I (OUTSIDE SINGAPORE).....S\$6,000.00 EX ON WINDSCREEN .....S\$350.00
4. Date of Expiry of Insurance	9 DECEMBER 2020	
5. Persons or Classes of Persons entitled to drive *	AS PER NAMED DRIVER(S) STATED BELOW.  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.  THE INSURED AND TAN KOK CHYE (CHEN GUOCAI) DRIVING ONLY	
6. Limitations as to use: *	USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS. THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, 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.          HIRE PURCHASE CO. : MAYBANK AS HP OWNER * 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).  
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory