#### 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 witholding 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
Insured/Policyholder	
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
Vehicle Particulars	
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** 

**BLK 467 TAMPINES STREET 44** Address

#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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

**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)

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-2440000 - FAX NO: 64443009

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **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

SLU8114A

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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 Porsonnel's Signature

NRIC/FIN No.:

## **Accident Sketch Plan**

KETCH PLAN		
	Abar Spooner Rd	A: SLZgolc.
	open space rappark	B: SM8114 A
	T TEN T	
SCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
peler to plice r	7 part - 6/202001 03/2006.	
		hand the second second
CLARATION		
/e declare the foregoing part	ciculars are true in every respect.	
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel Signature Name: NRIC/FIN No.:





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Report No. G/20200103/7006

# POLICE REPORT (NP299)

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 Re	port No.		Station Diary No.
Name Of Informant SEBASTIAN TAN SHI TING	Address APT BLK 467 TAMPINES STREET 44 #12-140 SINGAPORE 520467			4 #12-140
ID Type / ID No. NRIC NO / S8734641B	Contact No. Home/Office: Mobile: 85337725			
Nationality SINGAPORE CITIZEN	Email Address Sebas18skyler@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
SALES EXECUTIVE	Male	32	26/10/1987	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			
SECULIAR REPRESENTATION OF WATER CONTRACTOR OF SECULIAR S	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 yout vehicle. Please contact Investigation officer Adelina @ 65476066 Incident Number A/20200103/0008."

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	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





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.

THE RESERVE OF THE PARTY OF THE			
unknown			
OTHERS / others	ID No	1234567	
Unknown			
the state of the s			
SEBASTIAN TAN SHI TIN	G		
NRIC NO	ID No	S8734641B	
Male	Age	32	
Chinese	Language	English	
SALES EXECUTIVE	Address Type		
cer Recording The Report:	The idea	re Of Informant; ntity of the person making this as been authenticated by ss. No signature is required.	
Signature Of Interpreter: Not applicable		Date/Time: 03/01/2020 02:57	
Officer In-Charge Of Case:		Classification Of Case:	
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## Police Report





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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:	Signature Of Informant: The identity of the person making this
Not applicable	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	





















