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SN0820CE0007 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 14/12/2020 15:25 (SGT) SUBMITTED BY: Rosii Bin Abdul Wahab VERSION: 1 (14/12/2020 15:25 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Authorised Driver
 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.

Any false reporting may be referred to the Police for investigation.

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 Submission Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

14/12/2020 15:25 (SGT) 12/12/2020 09:00 (SGT)

TPE, Singapore

EXIT 3C TOWARDS PASIR RIS DRIVE 8

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG5821D

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

UNITE NEW ENERGY DEVELOPMENT PTE LTD

2XXXXX209M

xdetox32@gmail.com

(Phone) +65-98111153

+65-98111153

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Employment

Toyota

Hiace

No - Claiming third party

Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance

Comprehensive

DMCVSNW00077322003

DRIVER

Name of Driver

Passport No/FIN

LIN ZHI ZHONG GXXXX794K

Date Of Driving Pass 04/05/2012 Driving experience 8 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-98111153 Alt. Phone Number Email Address xdetox32@gmail.com Address BLK 766 YISHUN AVENUE 3 Address complement #06-295 Postcode 760766

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Yes
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No 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?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Passport No/FIN
Contact Number
Address

SLR7527P Volkswagen Jetta

*

Private car MANTLE ANDREW GORDON GXXXX322K

(Phone) +65-85158223

-

Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

-). These report convexing the details of the accident to speed up the closest property
- 2. This force must be completed by the Policyholder and for the Authorised Grisse
- Information provided must be an institute and accurate as persons. Any wind interconnection or windship of encount
 term may write insurance completies to repudite policy leadably.
- 4. The report and accomplished or their normity insurance companies in real are admission of policy facilities on the sect of the resistance companies.
- 5. Any false reporting may be referred to the Police be investigation.
- 6. The report sall on Europeded by the insurers of the GIA flerous. Management Centre established by the General insurance Association of Engapore (GIA) for archiving and that expensed the report will fair a for the explications appropriate on the insurance.
- By the redgment of this report to the incurrin, you harshy consent to the actioning of this legaci at this contexture and to copies of the report being mode investige placement.
- Eurosent under the Personal Data Protection Act (Poets)

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Sine & Time

Driver's Signature

(If this exist on the policy tolder)

Urzhizhory

Date & Time

gul 18/10/2010 Hon

Self-Hillson

Date of Accident	12/12/2=26 Accident Time: 6900 (24/HR-Format)
Accident Place	TPE Ext 36 tombrds Pasir R's Dr 8
Vehicle, No. (Car Plate No.)	CIBGI5821 D Make Model Toyota Hace
Insurace Company	: China Taping Policy No. DM LUSH WOW 77312005
Owner or Company Name TC No.	unte new energy development Pte Und / Line 201524201M
Owner or Company Contact No.	4311 (153 Owner's Hp Company Tel
DRIVER'S Name / IC No.	La 21 2hony / G 06 33744 K
DRIVER'S Date Of Birth	05/01/1970 DRIVER'S License Pass Date 04/05/2012
Relationship of Owner & Draver	Spouse Parents Children Sibling Exployee Onbers
DRIVER'S Address	BIR 766 YoLA AVE 3 \$ 06-295
DRIVER'S Contact No. Alt No.	11 453 8 9103 3678 21
DRIVER'S Occupation	DODGOR TO CTOCKET to go working mode or outside office?
Email Address	xdetax32 Ogmal con
Weather & Road Surface	CLARATORY RAINING & WET CAFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party Claim Own Insurance
Number of Passengers (Including I	riveri; 1
Was there any video Captured by c Exact purpose for which vehicle we tay logary (If YES, Pls state):	ar camera: YES (C) as being used at the time of accident: Private use (Work purpose
Other	Party Driver's Particular (if any)
Vahiale No. SLR75277	Ushinie (Noc
Vehicle Make Model: Valk Suny	n Jetta Semble Stake Model
Name Driver: Mantle undies	
IC No. Driver/Contact: 47 52 58	222 k / 8545 \$223 H. No. Divier Contract

* NEW - Passenger's name & gender:



中国太平保险(新加坡)有限公司

CHINATAFING INSURANCE HIMIDAPOSE FILE LTD

Motor Commercial

M23001C

CERTIFICATE OF INSURANCE

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AUTOSAFE

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UNITE NEW ENERGY DEVELOPMENT PTE LTD

08/58/2020

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House By SIG SIGTOR TRADER PTE LTD

Authorised Officer

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ♣) Annon Road ≠16-00 Springlest Tower Singapore 979909

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