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- Taporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey R	eport		
		Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: 5	DW3III A	INC()/Non-INC()	2 V.	
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%. F: 30	0-100%]	
Year of Registration: ()	Warranty: YES ()/N			
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() Walk-In Customer: Customer's	information strictly Confidentia	al & Strictly NO refer of repaire		
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Remarks: (INC hotline: 6788 6616 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Injury: Inimant's Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice	Date Time Completed Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (owing Fee Sollow-Through Survey (Resurvey) Iming against INC Only (wef 10 Jan 20) e-inspection lac DA + SMRT Survey Additional Services: Courtesy Car / Tpt Allowance Lepair Co-ordination ost Repair Inspection DV / Collect Excess Coordination II): TP (N:n INC) against INC dae Mobile	Ant(\$) Tst Bill \$80) 40/\$45 \$120 \$30 95) \$75 \$160 \$5 \$10 \$25 \$3 \$20 30	Amt(3)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	12/07/2019 17:00
Date Of Accident	11/07/2019 14:00
Exact Location Of Accident	BLK 684 HOUGANG CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM6587U
Insured/Policyholder	
Name Of Registered Owner	H.W AGRI-FOOD TRADING PTE LTD
Co Reg No	200207739W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR85LU5Y
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V10454/VCV/R00
Cover Note Number	
Driver	
Name of Driver	LIM THIAM SENG (LIN TIANSHENG)
NRIC No	S7240662A
Date Of Birth	29/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1995
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92323271
ax Number	

OFFICE-92323271

NOEMAIL

BLK 770 YISHUN AVENUE 3 Address

#06-255

760770

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

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

Weather Conditions 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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SDW3111A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PRISCILLA KUA BEE GUAT

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.
- 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.
- 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:
 - (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:
 - 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

H.W Agri-Food Trading Pte, Ltd.

Date & Time:

Driver's Signature

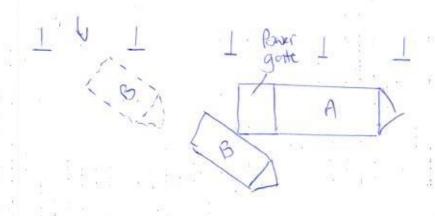
(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My	brry	was	parked	stati	lorary	outside	the	porking
lot	with	my	power	gate	opened s	uddenly	veh	B
cane	out	from	the	parting	lot	collid	ed .	ontu.
#8	my	purer	gate.				T-10	
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DECLARATION

H.W Agri-Food Trading Pte. Ltd.

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 .:

*54	Personal Particulars
	Date of Accident: 11 7 19 Time of Accident: 2 01 pm
	Exact Location of Accident: H.W. Agri - Food Trading Pt Ltd BIK 689
	Owner's Name: NRIC No: HP No:
	Driver's Name: Lim Thiam Serg NRIC No: 87240662 HP No: 9232327
	Date of Birth: 29 10 1972 Driv ng Licence Passing Date: 5 2 1993 Occupation: Indoor / Outdoor
	Address: 770 Yishun Au 3 # 06 - 255 (7(0770)
	Relationship of Driver with Insured: Enployee Email Address:
	Vehicle No: YM 6587U Make & Model:
	Insurance Co: Liberty Coverage: Policy No:
	*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
	*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use Work
	*Weather Condition? Cleer / Raining / Others: Wet / Ony / Others:
	* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
<	A: 1+0 B. C: D:
	*Was Anybody Injured ? (Yes / No) If yes,
	Name / NRIC / In Vehicle:
	*Was The Accident Reported To The Police ?
	O No O Yes, Which Police Station?
	*Does the Driver Own Any Other Vehicle?
-	O No O Yes, Venicle Registration No:insurer:
	*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
	*Was there any video captured by Car Camera? (Yes/No)
	Third Party Driver's Particulars
	Vehicle B No: 5DN 3111A Make & Model:
60	Driver's Name: Priscilla Kua Boe Guat NRIC No: HP No:
	Vehicle C No: Make & Model:
	Driver's Name: NRIC No: HP No:
	Witness Particulars
	Name:: NRIC No: HP No:



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7240662A

Namo



Date of Brith 29-10-1972 CHINESE

Country of Birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3

Class 4

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the 13 weight of which unladen exceeds 2500 kilograms

MEN S7240662A

APT BLK 770 VISHUN AVENUE 3#06-255 SINGAPORE 760770 NRIC No: S7240662A Date: 14-04-2003 No: 4722114

NP 428A

PASS DATE

11-11-2002 Blood Stepp Date of sense





Liberty Insurance Pte Ltd

Registration no 1990027915 51 Club Street #03-00 Liberty House Singapore 059428 Tel. (65) 6221 8611 Fax: (65) 6225 6890 Website http://www.libertyinsurance.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) AGT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Form Date Of Issue	MZ300A 25-SEP-2018
1.Index Mark and Registration No. of Vehicle:	YM6587U
2.Chassis number of Vehicle:	JAANPR85L77101474
3.Name of Policyholder:	H.W AGRI-FOOD TRADING PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	12-SEP-2018 00:00 AM
5 Date of Expiry of Insurance:	11-SEP-2019 23:59 PM
F Dave - Cl	

6.Persons or Classes of Persons

entitled to drive":

Any person who is driving on the Policyholder's order or with their permission.

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

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7.Limitations as to use":

A) Use in connection with the Policyholder's business.

B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

C) Use for social, domestic and pleasure purposes

8. The Policy does not cover:

A) Use for hire or reward or for racing, pace-making, reliability thats or speed-testing

B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle

*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.

tWe 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).

> For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers



Authorised Signature

For Information only:

COVERAGE:

FYCESS:

SUM INSURED:

Third Party Fire & Theft

MARKET VALUE AT THE TIME OF LOSS

Additional Excess - All Claims - Young, Elderly & Inexpenenced Drivers S\$1000