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Owner/Driver: (-			Tel:)	
Policy No: () Pario	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (V	VO): N: 0-20	%; P: 21-79%. I	2; 80-1009	/a]	
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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 ladgement 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.

aforesaid.	and to copies of the report dealer and to copies of the report deing made available			
production of the second	ACCIDENT STATEMENT			
Date Of Report	31/12/2019 12:26			
Date Of Accident	30/12/2019 16:00			
Exact Location Of Accident	PIE TWDS CHANGI AFTER CTE EXIT			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBE9482H			
Insured/Policyholder				
Name Of Registered Owner	FE SUPPLY PTE LTD			
Co Reg No	2XXXXX743Z			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-63391295			
Vehicle Particulars				
Manufacturer	ТОУОТА			
Model	DYNA			
Exact Purpose for which vehicle was being used at time of accident	WORK			
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	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	SI19V12132/VCV/R01			
Cover Note Number				
Driver				
Name of Driver	YUAN JIGUANG			
NRIC No	GXXXX768K			
Date Of Birth	14/02/1979			
Occupation	OUTDOOR			
Date Of Driving Pass	27/11/2018			
Driving Experience	1 YEAR AND 1 MONTH			
Gender	MALE			
Mobile Number	(LOCAL) +65-98948593			
Fax Number				

NOEMAIL

Address 24 PIONEER CRES #05-08

Postcode 628557

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

Insurance Company of Driver's Own Vehicle

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 this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? YES

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

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

GR3756E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

YUAN JIGUANG Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBE9482H

YES

NO

SKETCH PLAN

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 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:
 - 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 invoive 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.

Co. Reg. No. Co. 201436743Z

Policyholder's Signature Date & Time: 供名

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

NRIC/FIN No .:

Reporting Centre Personnel's Signature Name:

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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.:

14.000

G ARMC StetichPlan Form_VC

Date of Accident	: 30.12.2019 Accident Time: 16.00 (24-HR-Format)
Accident Place	: PIE Tomarde Changi Airport Atte (TE Exit.
Vehicle. No. (Car Plate No.)	: GBE 9482H Make/Model: Toyota Dyng.
Insurace Company	: Liberty Policy No: SI 19412132 /YCY/ROI
Owner or Company Name /IC No.	: FE Supply Pte Ltd. (201435743Z)
Owner or Company Contact No.	- Owner's Hp 6339 1295 Company Tel
DRIVER'S Name / IC No.	: Yuan Jiquang (62282768 k).
DRIVER'S Date Of Birth	: 14.02.1939 DRIVER'S License Pass Date 23.11.2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others:
DRIVER'S Address	: 24 Proneer (rescent # 05-08 West Park Bitlential (5) 62855=
DRIVER'S Contact No./ Alt No.	:1) 9894 8593 2) -
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	
my mjury (ii 1155, 118 state);	being used at the time of accident: Private use \ Work purpose
	arty Driver's Particular (if any)
Vehicle. No: GR 3756 E	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name & g	gender:





Liberty Insurance Pte Ltd

Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 website:http://www.libertyinsurance.com.sg GST Registration No. M2-0093571-3

The Schedule

Class of Policy:

COMMERCIAL VEH-PTE USE (Third Party Fire & Theft)

The Insured:

FE SUPPLY PTE LTD

24 PIONEER CRESCENT, #05-08 WEST PARK BIZCENTRAL,

SINGAPORE 628557

Profession or Business:

Period of Insurance:

From: 27-OCT-2019 00:00

To: 26-OCT-2020 23:59

both days inclusive

Excess (S\$):

Additional Excess - All Claims - Young, Elderly &

Inexperienced Drivers \$ 3,000.00

Hire Purchase Owner/Leasing Company:

ABWIN PTE LTD

Named Drivers:

Policy No:

SI19V12132 /VCV /R01

Replacing No:

SD18V10677

Account No:

A7628

Registration No:

GBE9482H

Make/Model:

TOYOTA DYNA 150D

Type of Body:

LORRY

Capacity/Tonnage:

2 Tons

Seating Capacity including driver:

Year of Manufacture/

2005

Registration:

Engine No:

5L5620232

Chassis No: Sum Insured: JTFUF34Y103011208

MARKET VALUE AT THE TIME OF LOSS

Extra Coverage (S\$):

Subject to the following operative endorsements attached:

V0001, V0004, V0012, V0095, V0097, V0108, V0153, V0233, V0244, V0281, V0288, Z011

Basic Premium	NOD	The Policy's Premium		
Dasic Premium	NCD	Fleet / Other Discour	Fleet / Other Discount	
\$2,163.33	\$0.00 (0%	\$0.00	\$0.00 GST Stamp Duty	
Extra Premium	Sub Total	GST		
\$0.00	\$2,163.33	\$151.43 (7%)	NIL	Total Premium Payable \$2,314,76

This Schedule replaces any previous Schedule.

This Schedule and Policy are to be read together as one contract.

Person or classes of persons entitled to drive and limitations as to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Signed in SINGAPORE on 2 Oct 2019 for and on behalf of LIBERTY INSURANCE PTE LTD

Authorised Signature