

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	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	TOYOTA
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	
Contact Number	
EMail Address	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	2
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

Name	YUAN JIGUANG
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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

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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 provider's 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.



Signature

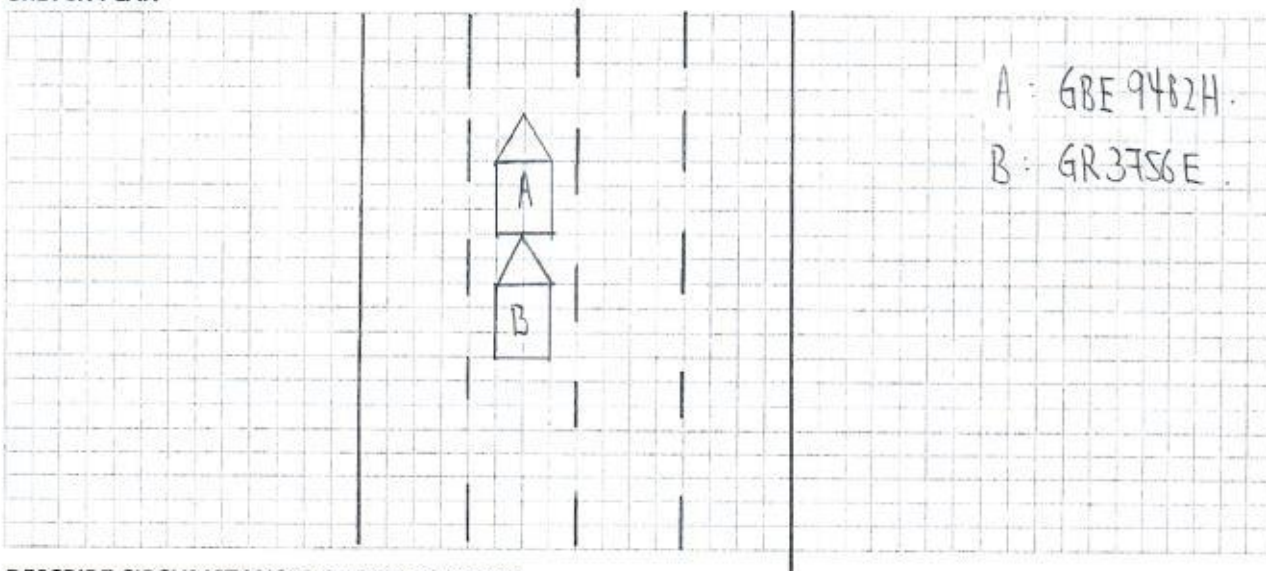
Signature

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.12.2019 at about 16.00 pm. I was travelling along PIE Towards Changi Airport After CTE Exit. I was stationary due to front traffic. Suddenly Vehicle B hit my rear.

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.:

Date of Accident : 30.12.2019 Accident Time: 16:00 (24-HR-Format)
 Accident Place : PIE Towards Changi Airport After CTE Exit
 Vehicle No. (Car Plate No.) : GBE 9482H Make/Model: Toyota Dyna
 Insurance Company : Liberty Policy No: SI 19412132 / YCY / R01
 Owner or Company Name / IC No. : FE Supply Pte. Ltd. (2014357432)
 Owner or Company Contact No. : - Owner's Hp 6339 1295 Company Tel
 DRIVER'S Name / IC No. : Yuan Jiquang (42282768E)
 DRIVER'S Date Of Birth : 14.02.1979 DRIVER'S License Pass Date 27.11.2018
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : 24 Pioneer (Rescent # 05-08 West Park Bizpotential (S) 628557
 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 Driver): 1 Driver
 Was there any video Captured by car camera: YES (NO)
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Yes

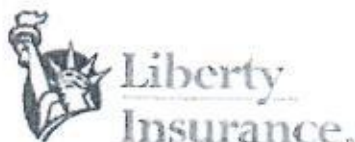
Other Party Driver's Particular (if any)

Vehicle No: GR 3756E	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



Handwritten signature/initials.



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6226 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)	Policy No: SI19V12132 /VCV /R01
The Insured: FE SUPPLY PTE LTD 24 PIONEER CRESCENT, #05-08 WEST PARK BIZCENTRAL, SINGAPORE 628557	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: 2 Year of Manufacture/Registration: 2005 Engine No: 5L5620232 Chassis No: JTFUF34Y103011208 Sum Insured : MARKET VALUE AT THE TIME OF LOSS Extra Coverage (\$\$):
Profession or Business:	
Period of Insurance: From: 27-OCT-2019 00:00 To: 26-OCT-2020 23:59 both days inclusive	
Excess (\$\$): Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$ 3,000.00	
Hire Purchase Owner/Leasing Company: ABWIN PTE LTD	
Named Drivers:	

Subject to the following operative endorsements attached:

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

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