

1	Reserves		
		PRESERVE	
	TPPD		
			14K
	TPPI	PRESERVE	14K
	UNINSURED LOSS	PRESERVE	
	SUBRO	PRESERVE	
	LPPN		
	Investigation Fees		
	Survey Fees		
	Legal Fees		
	Others		
	Fraud Check		
	Upload to meriman		
	Grant Rights		



Feida Bus Consortium Pte Ltd

06 Sungei Kadut Way Singapore 738786

Tel: 6655 6665 Fax: 6655 6659

26th Nov 2018

Our Ref: IN18110047

Your Ref: SHD4124J

Motor Claims Department

India International Insurance Pte Ltd

64 Cecil Street

#04-05 IOB Building

Singapore 049711



Dear Sirs,

ACCIDENT INVOLVING CB8803B & SHD4124J ALONG TAMPINES AVE 5 ON 14.08.2018

We are the representative for M/S GOH TRANSPORT SERVICES CO. Pte Ltd, whose vehicle registration number was damaged in the above accident.

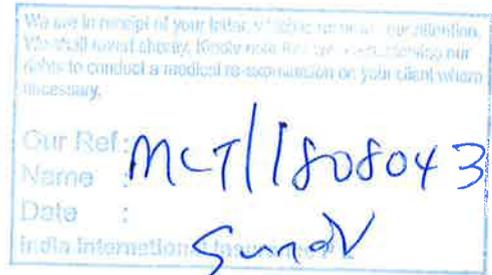
We are instructed to claim for damages against your insured in connection with the above-captioned road traffic accident driven by your insured.

We are instructed that the accident was caused by your insured's negligence and/or management of motor vehicle registration **SHD4124J**. As a result of the accident, our client's vehicle was damaged and our client had been put to loss and expense, particulars of which are as follows:-

Cost of repairs	\$ 10,600.00 (as agreed with your Single Joint Expert)
7% of GST	\$ 742.00
	<u>\$ 11,342.00</u>
Cost of repairs (inclusive GST)	\$ 11,342.00
Loss of use for 06 days @\$350.00	\$ 2,100.00
LTA search fee	\$ 7.45
	<u>\$ 13,449.45</u>

Enclosed are the supporting documents for your perusal:-

- GIA
- LTA search
- Repair bill



Kindly let us have your payment of **\$13,119.45** in our workshop's name within the next 14 days.

Please do not hesitate to contact our Ms Yoey at 9050 2365 or email claims@feida.com.sg should you have any queries on your matter. We thank you for your kind attention and appreciate your quick remittance.

Yours faithfully,

Encl.

$$\frac{3.5 \times 10^{-2}}{7.0 \times 10^{-2} = 3.5 \times 10^{-2}}$$

LETTER OF AUTHORITY

We/I, Goh Transport Services Co. Pte Ltd ("the third party claimant") of UEN/NRIC No. 198105033N, owner of vehicle Reg.No CB8803B hereby authorize M/s Feida Bus Consortium Pte Ltd ("the workshop") to act for me with respect to my claim for repair costs and/or rental and/or loss of use and/or survey fee ("claim") for my vehicle no. CB8803B that was damaged pursuant to the accident which occurred on 14/8/18 along Tampines Ave 5 involving vehicle no/s SHD4124J ("the accident").

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 15 of Aug 2018.

AP



Signed by the third party claimant



FEIDA BUS CONSORTIUM PTE LTD

No. 6 Sungei Kadut Way, Singapore 728786

Tel: +65 6655 6665 Fax : +65 6655 6659

Company Reg / GST No: 201705228M

TAX INVOICE

GOH TRANSPORT SERVICE CO. PTE LTD

NO. 6 SUNGEI KADUT WAY
SINGAPORE 728780

TEL: 6775 5115

FAX: 6779 3916

ATTN TO:

NO. : **IN18110047**

REF :

DATE : 26/11/2018

PAGE : 1 OF 1

ITEM	TAX CODE	DESCRIPTION	QTY	U/PRICE S\$	TOTAL S\$
1	TX	BEING THE FINAL REPAIR BILL FOR VEHICLE NO. CB8803B INCLUSIVE OF SPARE PARTS AND LABOUR CHARGES OWNER NAME: GOH TRANSPORT SERVICE CO. PTE LTD VEHICLE NO. : CB8803B DATE OF ACCIDENT: 14.08.2018	1	10,600.00	10,600.00

SINGAPORE DOLLAR ELEVEN THOUSAND THREE HUNDRED
AND FORTY TWO ONLY

SUBTOTAL (EXC. GST)

10,600.00

GST @ 7%

742.00

TOTAL INC. GST

11,342.00

YOURS FAITHFULLY,

YOHEY

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)		
CERTIFICATE NO.	: VFX/P2043145	Account No. : 03096
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: GOH TRANSPORT SERVICES CO PTE LTD	
Vehicle Registration No.	: CB8803B	
Period of Insurance	: From 08/12/2017 To 07/12/2018 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*		
Any person provided he is in the Policyholder's employ and/or is driving on their 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 Motor Vehicle.		
LIMITATIONS AS TO USE*		
a) Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy. b) Use only in the Republic of Singapore. The Policy does not cover (a) Use for racing, pace-making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle (14)		
EXCESS :		
Sect I - Used In S'pore Only	: SGD 3,000.00	
Sect II-Used In Singapore Only	: SGD 1,500.00	
Windscreen Excess	: SGD 700.00	
* 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.		

I/We 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).

eTAY
No.1 Pemimpin Drive
#10-01 One Pemimpin
Singapore 576151
Tel: 6294 6996 Fax: 6694 4933

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOAKAS2 on 22/12/2017

IMPORTANT :
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

FOR INDIVIDUAL CUSTOMERS :Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS :Please refer to the Premium Warranty Clause on the policy

Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 15 Aug 2018 / 16:55:34

Receipt Date/Time : 15 Aug 2018 / 16:51:10

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180815-001794

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHD4124J As at 14 Aug 2018/18:20:00 Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SHD4124J Enquiry Fee 20180815165003853448	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	20180815165024944	Direct Debit: eNETS Debit (Internet Banking)		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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 ability.
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	15/08/2018 16:13
Date Of Accident	14/08/2018 18:20
Exact Location Of Accident	ALONG TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8803B
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	GOH TRANSPORT SERVICES CO. PTE. LTD.
Co Reg No	198105033N
Email Address	DENGJUAN@GOHTPT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67755115

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6107H AUTO 45 SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	BUS

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2043145
Cover Note Number	

Driver

Name of Driver	SONG JIHONG
Passport No/FIN	G8071493P
Date Of Birth	17/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	05/09/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91475199
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 Postcode
 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 involved in the accident 2
 Was any body injured in the Accident? NO
 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) 21

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

AS PER SKETCH PLAN

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 SHD4124J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver ROSLI BIN ABDUL MALIK
 NRIC/Passport Number S1634980A
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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.**
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. 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.
7. 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:
 - (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.



Policyholder's Signature
Date & Time:

宋吉宏

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

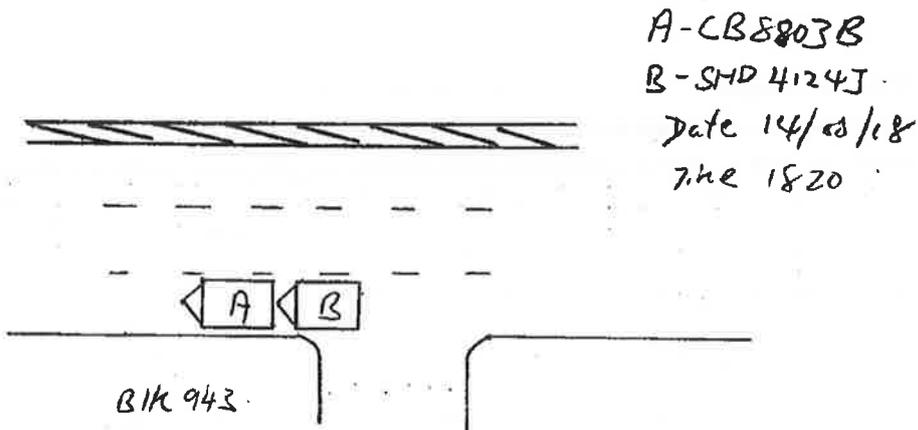
Y

Yvonne Toh

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 14/8/18 1820

Accident Location: Tampines Ave 5 near Blk 943.

On mentioned date and time, I was stationary along Tampines Ave 5 near Blk 943 on the left lane.

I was alighting some students. While I was about to move, I suddenly felt an impact from the rear. I came down to check. It was vehicle B that collided into my rear.

Reporting Only Own Damage Third Party Claim at other workshop (OD/TP)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

IMPORTANT NOTE:

You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim) there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence.

Policyholder's Signature
Date & Time:



宋吉亮

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

Y

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Yvonne Toh

DRIVER NRIC AND LICENSE Pg. 1

VISIT PASS
Immigration Regulations

Name
GDONG JIHONG



Class of Pass: 17-10-1973 M CHINESE
 Date of Issue: 08-08-2017 Date of Expiry: 27-07-2019
 ID: G8071493P

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
GOH TRANSPORT SER CO PTE LTD

Sector: SERVICE



Name: SONG JIHONG
 Occupation: BUS DRIVER

Work Permit No: 0 57736747
 Date of Issue: 25-07-2017
 Date of Expiry: 08-08-2019
 Date of Renewal: 27-07-2019



L8208941

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	20 Sep 2007
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight ≤ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg	26 Feb 2014

NP 438A

Licence No: G8071493P



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VI.	05/09/2013



REPUBLIC OF SINGAPORE DRIVING LICENCE

G8071493P

SONG JIHONG

Birth Date: 17 Oct 1973
 Issue Date: 31 Jul 2018
 Valid Till: 22/08/2023




002828606J

Land Transport Authority

VOCATIONAL LICENCE

Licence No: G8071493P
 NAME: SONG JIHONG

Valid Issue Date: 02/11/2017

Please visit www.lta.gov.sg to check the status of this vocational licence




Accident Photo



Accident Photo



Accident Photo



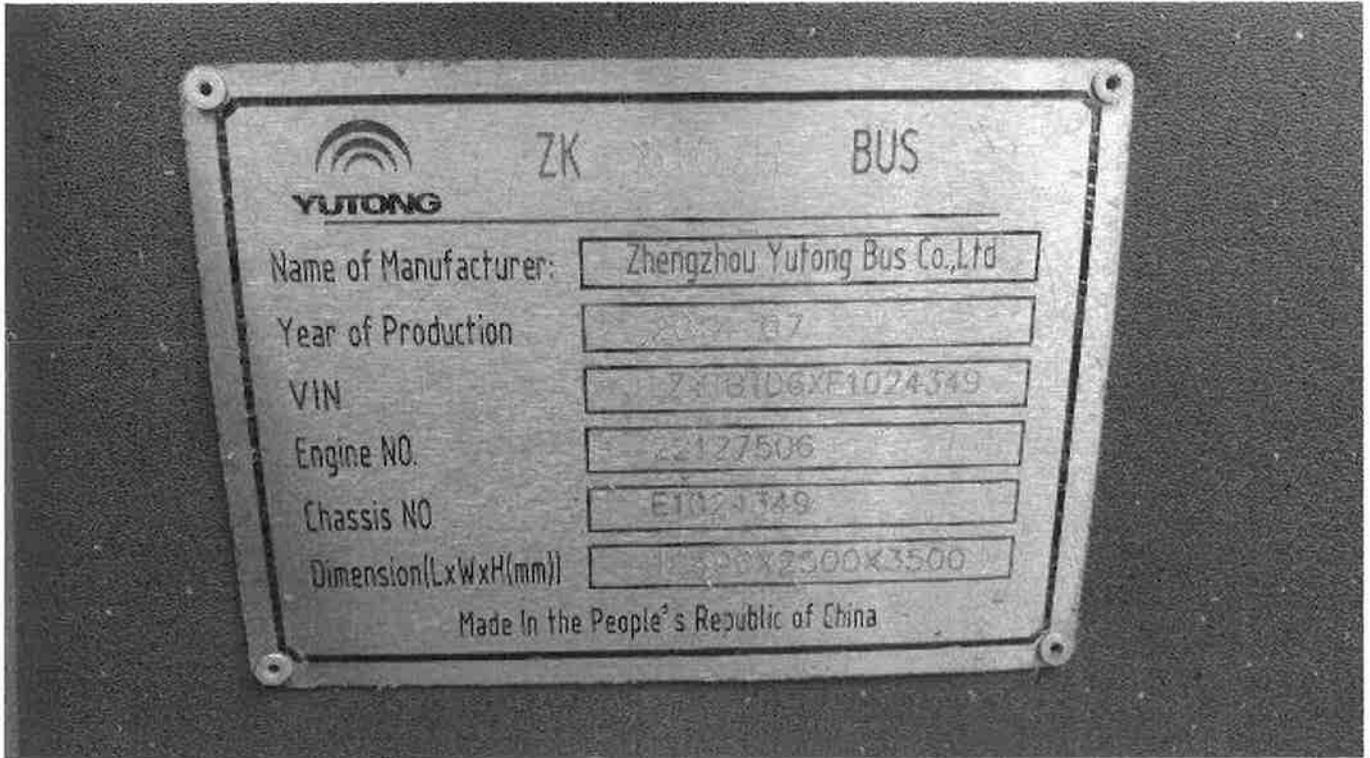
Accident Photo



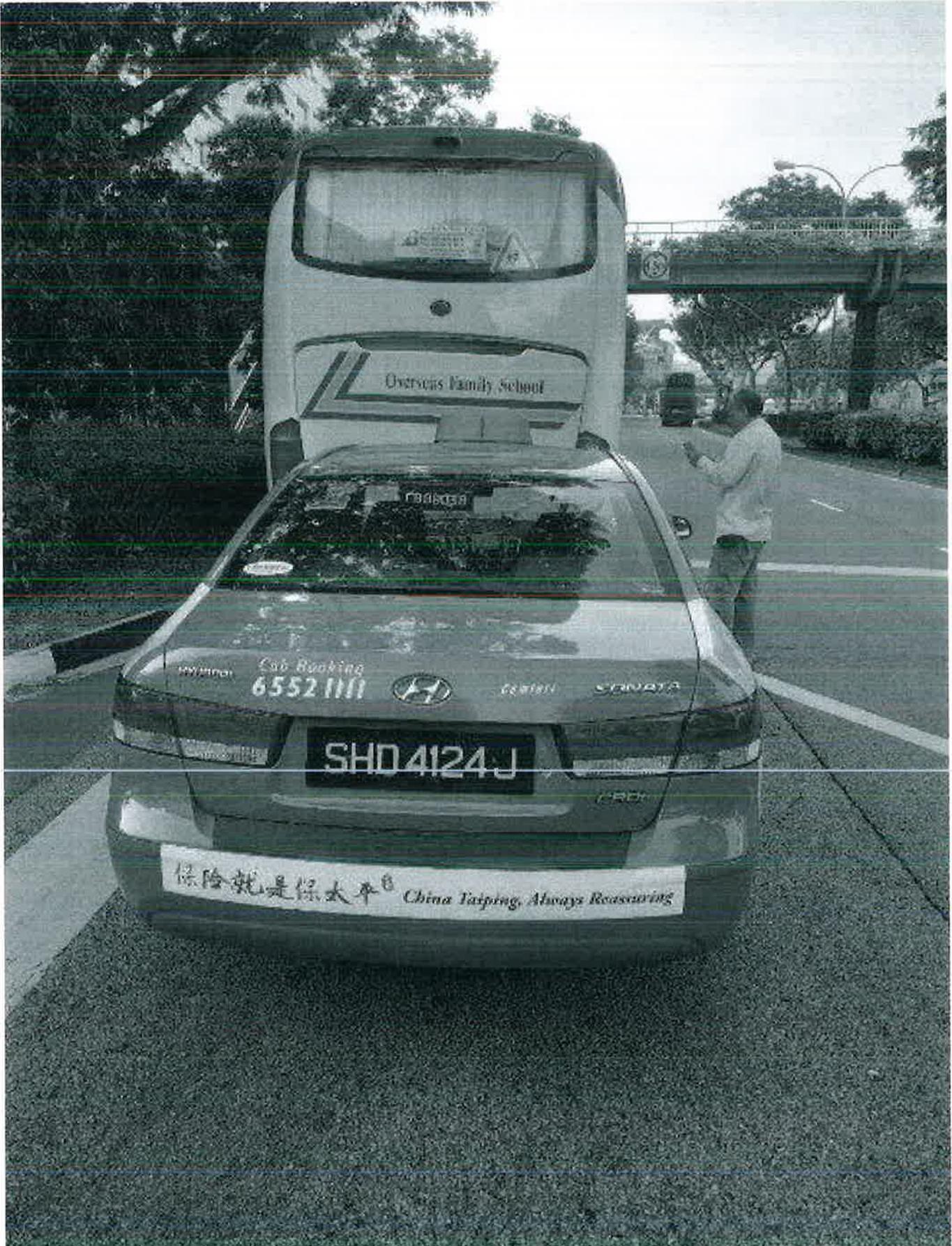
Accident Photo



Accident Photo



Accident Scene



Accident Scene



