

WTS Engineering Pte Ltd

(Joy)

: SMG5942H

OUR REF

: JW/0519/308

19 June 2019

AIG Asia Pacific Insurance Pte Ltd C/O

LKK Auto Consultants Pte Ltd

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25

Singapore (408933)

Attention

Motor Claims Department

Dear Sir

WITHOUT PREJUDICE

ACCIDENT INVOLVING SMG5942H WITH OUR VEHICLE PA9871Z ON 02/05/2019

We refer to the above accident and understand that you are the insurer appointed surveyor of SMG5942H.

From our investigation, we are of opinion that the accident arose as a result of your

Our loss in this connection comprises the following:

1.	Cost Of Repair	ė.	2222
	1 Day Loss Of Use	- P	749.00
	Search Fees	\$	350.00
٥.	Search Fees	\$	2.00

Total

1,101.00

Please let us know whether you are prepared to admit liability and reimburse our loss in full within the next two weeks on receipt of this letter otherwise we will proceed the matters legally which we will recourse the costs incurred to you.

Please acknowledge receipt of this Letter of Demand

Thank you.

Yours faithfully,

Kenji Lee

Claims Department

Direct Line

: (65) 6559 8954

Facsimile

: (65) 6898 2394

Email

: kenjilee@woodlandstransport.com.sg

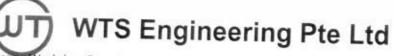
WTS Engineering Pte Ltd

8, Gul Circle, Singapore 629564 Tel: 6 559 8988 Fax: 6 898 2394

URL:www.woodlandstransport.com.sg

Company Registration Number: 200505706E





Workshop Department

M/S: Woodlands Transport Service Pte Ltd

No 8 Gul Circle Singapore 629564 Date:

19-Jun-19

No:

0619/1028

S/n	Description	Unit	Amount
F	Repair cost of PA9871Z		
A	accident Date: 02/05/19		
R	epair works took 1 day		
Li	umpsum repair inclusive of labour charges nd spray painting		\$ 700.00
Ac	dd 7% GST		\$ 49.00
SG	D: Seven Hundred Forty Nine Only		
		Total	\$ 749.00

Authorised Signature









GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No:

GR-19-069276

Date of Request:

03/05/2019

Your Ref No:

Online Purchase

Woodlands Transport Service Pte Ltd

8 Gul Circle

Singapore 629564

Dear Sir/Madam.

Enquiry Date

03/05/2019

Enquiry By

Goo Lee Ping

TP Vehicle No.

SMG5942H

Accident Date

02/05/2019

Enquiry Result

TP Vehicle No.	Insurer			
0110		Period of Insurance	Insurer Tel. No.	
3WG3942H	AIG Asia Pacific Insurance Pte. Ltd.	26/12/2018-25/12/2020		
/		1-1.2010 2012/2020	65-6419-3000	

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

Invoice



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Our Ref No.

GR-19-069276

Date of Request:

03/05/2019

Your Ref No:

Online Purchase

Woodlands Transport Service Pte Ltd 8 Gul Circle Singapore 629564

Dear Sir/Madam,

Enquiry Date

03/05/2019

Enquiry By

Goo Lee Ping

TP Vehicle No.

SMG5942H

Accident Date

02/05/2019

	AMOUNT (S\$)
DESCRIPTION	1.87
TP Insurer Enquiry	0.13
GST Amount	2.00
Total Amount Due (GST Inclusive)	

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

[X] GIRO [] Cash [] Cheque





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

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 1 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1960 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	-PARTY RISKS) RULES, 1959 (MALAYSIA) SD18V07061 /VBS /R11
Form Date Of Issue	MZ603A 10-JUL-2018
1.Index Mark and Registration No. of Vehicle: 2.Chassis number of Vehicle: 3.Name of Policyholder: 4.Effective date of Commencement of Insurance for the purpose of the Act:	PA9871Z JALLT134PA7000040 WOODLANDS TRANSPORT SERVICE PTE LTD 01-OCT-2018 00:00 AM
5.Date of Expiry of Insurance: 5.Persons or Classes of Persons	30-SEP-2019 23:59 PM

entitled to drive*:

Any person provided he is in the Policyholder's employ and 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

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 only for the carriage of passengers or goods in connection with the Policyholder's business.

B) Use only in the Republic of Singapore.

8. Policy does not cover:

A) Use for racing, pace-making, reliability trials or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) of 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.

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).

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

> > Authorised Signature

For Information only:

COVERAGE:

Airside- Singapore Changi Airport & Seletar Airport-(PC974J, PC1095P & PC843D), Geographical

Area: Singapore only. Third Party Property Damage, Third Party Only

SUM INSURED:

EXCESS:

Section II S\$1350

FINANCE COMPANY:

PRODUCER NAME:

JARDINE LLOYD THOMPSON PTE LTD

PLFM/-/28-SEP-18

S1_CI_T1_T3_OE_Template2-Ver1

28-SEP-18

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 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	02/05/2019 15:03	
Date Of Accident	02/05/2019 07:20	
Exact Location Of Accident	2 BOON LAY AVE	
Country/State of Loss	SINGAPORE	

DESCRIPTION OF THE PROPERTY OF THE PERSON OF	DETAILS OF OWN VEHICLE	Mary Control
Vehicle Registration Number	PA9871Z	

Insured/Policyhold	er
--------------------	----

Name Of Registered Owner WOODLANDS TRANSPORT SERVICE PTE LTD

NO

Co Reg No 198102721M Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98383481 Alternative Phone No. OFFICE-65598954

Vehicle Particulars

Manufacturer ISUZU Model LT134P

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?

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

Fleet Policy YES

Policy Number SD18V07061

Cover Note Number

Driver

Name of Driver ZHU CHUNSHENG

Passport No/FIN G2459211T Date Of Birth 04/03/1979 Occupation OUTDOOR Date Of Driving Pass 03/01/2015

Driving Experience 4 YEARS AND 3 MONTHS.

Gender MALE

Mobile Number (LOCAL) +65-83583257 Fax Number (LOCAL) +65-68982394 Contact Number OFFICE-65598954

EMail Address NOEMAIL Address

NO 8 GUL CIRCLE

Postcode

629564

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

SIDE SWIPE

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?

NO

Was any injured conveyed to hospital by

ambulance?

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)

NO:

Details of Police Action

Was the addident 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

On 02/05/2019, at about 07:20 hrs, my vehicle was along 2 Boon Lay Ave in lane 1. The weather was clear with dry surfaces at that point of time. As I was traveling within my lane, a vehicle SMG5942H recklessly encroached into my lane and grazed against my bus. As a result, my bus sustained damages on the front left corner bumper while SMG5942H sustained damages on the front right portion. No one was injured in the accident.

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

SMG5942H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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 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.

H

Policyholder's Signature Date & Time: 京都是. Driver's Signature

(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

ETCH PLAN		
	A -PA9871Z B -SMG5942H 2 Boon Lay Drive	
1 1		
SCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT	
We declare the foregoing	particulars are true in every respect.	
alicyholder's Signature ate & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Driving License 3789482 NRC NO S7080800E Date of your 31-10-2005 APT BUK 314 JURONG EAST STREET 32 #07-229 SINGAPORE 600314 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! MASS DAIF Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg 08, Oct 2009

Licence No: \$7080800F

8

NP 4284

Driving License

