



WTS Engineering Pte Ltd

(Joy)

Your Ref: VC012560
Our Ref : JW/0519/320

03/06/2019

QBE Insurance (International) Limited C/O
LKK Auto Consultants Pte Ltd
Blk 51, Paya Ubi Industrial Park,
Ubi Avenue 1, #02-25 | S(408933)

By Fax No: 6 534 5356

Attention : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING YP6963B AND OUR VEHICLE PA32M ON 08/05/19
AT CLEMENTI ROAD**

We refer to the above accident.

From our investigation, we are of opinion that the accident arose as a result of your insured's negligent driving.

Our loss in this connection comprises the following:

1. Cost Of Repair	\$	6,259.50
2. 5 Day Loss Of Use	\$	1,750.00
3. Search Fees	\$	2.00
Total	\$	<u>8,011.50</u>

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.

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 8888 Fax: 6 898 2394

URL: www.woodlandstransport.com.sg

Company Registration Number : 200505706E





WTS Engineering Pte Ltd

From :Workshop Department

M/S : Woodlands Transport Service Pte Ltd

No 8 Gul Circle

Singapore 629564

Date : 3-Jun-19

No: 0619/1024

S/n	Description	Unit	Amount
	Repair cost of PA32M		
	Accident Date: 08/05/19		
	Repair works took 5 days		
	Lumpsum repair inclusive of labour charges and spray painting		\$ 5,850.00
	Add 7% GST		\$ 409.50
	SGD: Six Thousand Two Hundred Fifty Nine & Cents Fifty Only		
	Total		\$ 6,259.50



Authorised Signature

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



**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-19-072997
Date of Request: 09/05/2019

Your Ref No: Online Purchase

Woodlands Transport Service Pte Ltd
8 Gul Circle
Singapore 629564

Dear Sir/Madam,

Enquiry Date: 09/05/2019
Enquiry By: Goo Lee Ping
TP Vehicle No: YP6963B
Accident Date: 08/05/2019

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

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Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-19-072997

Date of Request: 09/05/2019

Your Ref No:

Online Purchase

Woodlands Transport Service Pte Ltd
8 Gul Circle
Singapore 629564

Dear Sir/Madam,

Enquiry Date: 09/05/2019
Enquiry By: Goo Lee Ping
TP Vehicle No: YP6963B
Accident Date: 08/05/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YP6963B	QBE Insurance (Singapore) Pte Ltd	03/08/2018-02/08/2019	62246633


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.

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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	SD18V07062 /VBS /R04
Form	MZ603A
Date Of Issue	10-JUL-2018
1.Index Mark and Registration No. of Vehicle:	PA32M
2.Chassis number of Vehicle:	LZYT8TE69G1055156
3.Name of Policyholder:	WOODLANDS TRANSPORT SERVICE PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-OCT-2018 00:00 AM
5.Date of Expiry of Insurance:	30-SEP-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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.</p> <p>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.</p>	
7.Limitations as to use*:	
<p>A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use only in the Republic of Singapore.</p>	
8.Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>	
 Authorised Signature	
For Information only:	
COVERAGE :	Airside - Singapore Changi Airport & Seletar Airport (PC2795X, PC2963C, PC2949U, PC3026B, PC2827M, PC2809R, PC2993R & PC2717Y), Comprehensive, Geographical Area: Singapore only, Third Party Property Damage, Windscreen Limit : S\$2,000.00
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$3500, Section II S\$1350, Additional Excess for Young, Elderly & Inexperienced Drivers. S\$3000, Windscreen Excess S\$500
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	JARDINE LLOYD THOMPSON PTE LTD

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	09/05/2019 09:05
Date Of Accident	08/05/2019 15:25
Exact Location Of Accident	CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA32M
Insured/Policyholder	
Name Of Registered Owner	WOODLANDS TRANSPORT SERVICE PTE LTD
Co Reg No	198102721M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98383481
Alternative Phone No	OFFICE-65598954

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6116HE AUTO
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?	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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V07062
Cover Note Number	

Driver

Name of Driver	LIM TIAN SZE
NRIC No	S1696157D
Date Of Birth	17/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1986
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96995845
Fax Number	(LOCAL) +65-68982394
Contact Number	OFFICE-65598954
Email Address	NOEMAIL

Address	BLK 167 STIRLING ROAD #03-1219
Postcode	140167
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)	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

On 08/05/2019, at about 1525 hrs, I was traveling along Clementi Road in lane 2. The weather was clear with dry road surfaces at that point of time. As the traffic light was in my favour, I proceeded to make a right turn towards Dunearn Road. All of a sudden, a vehicle YP6963B that was traveling in lane 1, which was supposed to turn right only, he drove straight directly towards my bus. Hence, the said vehicle collided into the right body panel of my bus. As a result, my bus sustained damages on the right portion while YP6963B sustained damages on the front portion. No one was injured in the accident to my knowledge.

Attachment(s)

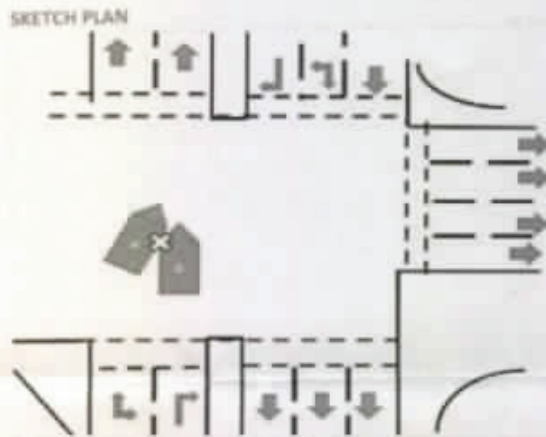
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6963B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG YEW ENG
NRIC/Passport Number	S2611498E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan



A -PA32M
B -YP6963B
Clementi Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:

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: _____
Asterisk (FSA No.): _____

Sketch Plan #2

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 Authorized 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 to interested parties.
7. By the lodging 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 making 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 (a) 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:

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

Reporting Centre Personnel's Signature
Name:
NRC/PIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

