



(Cecilia)

YOUR REF : CC4/III19011995/R1gb3
OUR REF JW/0719/404

27/08/2019

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

Attention : Motor Claims Department **WITHOUT PREJUDICE**

Dear Sir

ACCIDENT INVOLVING SH9393P WITH OUR VEHICLE PC6031R ON 01/07/2019

We refer to the above accident and understand that you are the insurer of **SH9393P**

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:

Cost Of Repair \$ 1819.00

3 Days Loss Of Use \$ 1050.00

Total \$ 2,869.00

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 the above letter.

Thank you.

Yours faithfully,

Kenji Lee
Claims Department

Direct Line : 6559 8954
Facsimile : 6898 2394
Email : kenjilee@woodlandstransport.com.sg

Woodlands Transport Service Pte Ltd

8, Gul Circle, Singapore 629564
T: 6 559 8988 F: 6 898 2394
www.woodlandstransport.com.sg
UEN: 198102721M

SINGAPORE
QUALITY CLASS



ENTERPRISE
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Celebrating Singapore's
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biSAFE₄

tcd
TOTAL DEFENCE AWARD





WTS Engineering Pte Ltd

From :Workshop Department

M/S : Woodlands Transport Service Pte Ltd

No 8 Gul Circle

Singapore 629564

Date : 27-Aug-19

No: 0819/1046

| S/n | Description | Unit | Amount |
|-----|--|--------------|--------------------|
| | Repair cost of PC6031R | | |
| | Accident Date: 01/07/2019 | | |
| | Repair works took 3 days | | |
| | Cost of repair inclusive of labour charges and spray painting | | \$ 1,700.00 |
| | Add 7% GST | | \$ 119.00 |
| | SGD: One Thousand Eight Hundred Nineteen Only | | |
| | | Total | \$ 1,819.00 |



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



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 | 03/07/2019 15:30 |
| Date Of Accident | 01/07/2019 13:55 |
| Exact Location Of Accident | AIRPORT BOULEVARD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--|
| Vehicle Registration Number | PC6031R |
| Insured/Policyholder | |
| Name Of Registered Owner | CHANGI AIRPORT GROUP SINGAPORE PTE LTD |
| Co Reg No | 200910817N |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98383481 |
| Alternative Phone No | OFFICE-65598954 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | YUTONG |
| Model | ZK6126HGA 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 | SD18V08900 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | PEH SAN LENG |
| NRIC No | S1732406C |
| Date Of Birth | 23/12/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/04/1990 |
| Driving Experience | 29 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84280890 |
| Fax Number | (LOCAL) +65-68982394 |
| Contact Number | OFFICE-65598954 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 810 TAMPINES AVE 4 #08-191 |
| Postcode | 520810 |
| 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 01/07/2019, at about 13:53 hrs, I was traveling along Airport Boulevard towards T4 Arrival pick-up point. The traffic was light and the weather was clear with dry surface at that point of time. Upon reaching merging lane, I was driving straight within my lane, a taxi SH9393P driving at a high speed from the adjacent right lane recklessly swerved into my lane. As a result, the taxi grazed against the rear right hand side mudguard of my bus. The taxi SH9393P sustained damages on the front left bumper and the front left mudguard. No one was injured in the accident.

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 | SH9393P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | ENG BOON HUAT |
| NRIC/Passport Number | S0282332B |
| Contact Number | |
| Address | 432 UPPER CHANGI ROAD #04-03 |
| Postcode | 487049 |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

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:

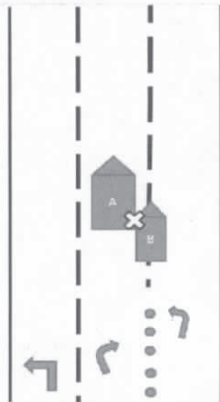


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



A -PC6031R
B -SH9393P
AIRPORT
BOULEVARD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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.:

Identification Card

0182965



NRIC No: S0282332B

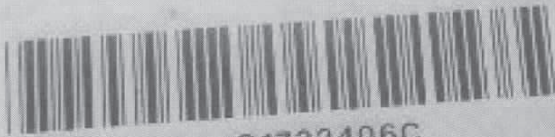


Blood Group: O+ Date of Issue: 24-12-1991


432 UPPER CHANGI ROAD #04-03
SINGAPORE 487049

NRIC No: S0282332B Date: 01/08/2014

0563535



NRIC No: S1732406C



Blood Group: AB+ Date of Issue: 23-06-1994

APT BLK 810 TAMPINES AVENUE 4 #08-191
SINGAPORE 620810

NRIC No: S1732406C Date: 01-10-1998 No: 2656555

2019/7/1 14:02

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0282332B



Name
ENG BOON HUAT
翁文發

Race
CHINESE

Date of Birth
29-11-1944

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1732406C



Name
PEH SAN LENG
白雙龍

Race
CHINESE

Date of Birth
23-12-1965

Sex
M

Country of Birth
SINGAPORE



2019/7/1 14:01

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

| | |
|--|--|
| Certificate No | SD18V08900 /VBS /R01 |
| Form | MZ603A |
| Date Of Issue | 23-AUG-2018 |
| 1.Index Mark and Registration No. of Vehicle: | PC6083R |
| 2.Chassis number of Vehicle: | LZYTAGE61G1069627 |
| 3.Name of Policyholder: | CHANGI AIRPORT GROUP (SINGAPORE) 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*: | |
| 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 the Motor Vehicle. 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 : | Comprehensive, Airside, Geographical Area: Singapore only, 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: | |
| PRODUCER NAME: | JARDINE LLOYD THOMPSON PTE LTD |

PLFM/-/23-AUG-18

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23-AUG-18