

ASS. REQ. BY:

Steve

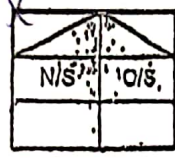
CS/SMR 21009 688/E4f3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TPRES/OD-RES/EVA/INV/MV
To inspect Vehicle No: PH 6868S
at Workshop m/s WOODLANDS TRANSPORT
of _____
Insured: SG 6141A
Policy No. _____
Claims No. BUS/09/21/7011
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

Veh No: PH 6868S Yr Regn: 31/3/17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Tractor or 6690
Make: Yutong 2K6116HE c.c. 8400
Colour: N/A Colour A/C: Insured / Std / NI / N
Sp. Reading: 309977 T/Radio: Insured / Std / NI / N
Eng/No: _____
C/No: LZY18 TE 6761055158
Gen. Cond: Good / Fair / Poor / Bught
Steering: In order / Jammed / Locked / Burnt or
Brakes: In order / Jammed / Locked / Burnt or
Mod: Nil / 3/Rim / STD A/Rim or

(Policy Condition)
Remarks: The veh had commenced its
repair at the time of inspection.



Tyre Size: F: 295/50R225
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Rel. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 1 days Res.: Yes or No
Cum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Front Rear
R/Bal. 4 mm R/Bal. 4 mm
L/Bal. 4 mm L/Bal. 4 mm
D.O.A. 13/9/21 D.O.L. 209/21
Survey held at WTS
Des. of Damages: Frl / Rear / O/S / N/S / UIC / Roof/Top or
Frl LH
The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	MIV-120K
	Confirmed P/P \$171.50, 1 repair day. (RED \$43.50; 20%)

Time/Time, File, Pass to: ☐ : Prel. Report
28/9 TYPIST ☐ : Final Report
Time/Time, File Return to:

Days Of Repair: 1
Resurvey No. of Trip: 1

Survey Fee:	
Transportation	
\$ + RS. \$1	
Phone	
Others	
TOTAL	

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

30/9/2017 : TP
\$171.50



WTS Engineering

WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163

Company Registration Number: 200505706E

Quotation

DATE: 15/09/21

VEHICLE NO: PH6868S

DRIVER: Ganesan s/o Namasivayam

ATTENTION TO:

PREPARED BY: Chan Soo Lye

LOCATION: Gul Workshop

Q REF No: Q21/09/1226

DEPARTMENT: WTS Bus Department

ACCIDENT DATE: 13/09/21

REF No: JW-0921-301

S/N	Description	Qty	Cost per Unit	Amount S\$
Spare Parts				
1	FRONT LHS MIRROR / RR	1	135	135.00
Labour Costs				
1	TO REMOVE DAMAGED PARTS AND INSTALL FRONT LHS MIRROR.	1	80	80.00
TOTAL:				215.00
Total Amount				SGD 215.00

Remarks:

[Signature] 15/9/21

Signature of Workshop Dpt

[Signature] 15/9/2021

Signature of Department Head

Signature of Claim Department

Steve CLKK)

20/9/21, 4.00pm

W/L PL

1 dgs

My Bel Sy

P/P

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature: _____

Date: _____

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 Submission	15/09/2021 14:15 (SGT)
Date of Accident	13/09/2021 19:57 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	woodlands ave 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PH6868S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Woodlands Transport Service Pte Ltd
Company Reg No	1XXXXX721m
Email Address	goo@woodlandstransport.com.sg
Mobile Phone No	(Phone) +65-98383481
Alternative Phone No	(Office) +65-65588954

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	ZK6116HE AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	6690

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SD20V10861
Cover Note Number	-

DRIVER

Name of Driver	Ganesan S/O Namasivayam
NRIC No	SXXXX529Z

Date Of Birth	16/03/1963
Occupation	Outdoor
Date Of Driving Pass	16/08/1999
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92725150
Alt. Phone Number	-
Email Address	goo@woodlandstransport.com.sg
Address	Blk 840 Yishun St 81 #0-372
Address complement	-
Postcode	S760840
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 13/9/2021, at about 19:57 hrs, my bus was stationary along the traffic junction of Woodlands Ave 3 in lane 2. The weather was clear with dry road surfaces area. As I was waiting for the traffic light to turn green, i noticed a vehicle SG6141A in lane 3 that started to reverse and adjust its vehicle body into the filtering lane on the left. However, while doing so, the said bus collided into my side mirror before stopping down. As a result, my bus sustained damages on the LH mirror mounting while SG6141A sustained damages on the rear RH camera. 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
Reasons for not uploading a video of the accident	file too large
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

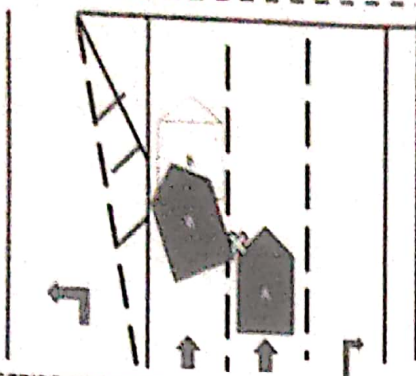
Vehicle Registration Number	SG6141A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

B-SG6141A

WOODLANDS AVE 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

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

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

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.: