

Tough

CS/CTI 23003813/Tups

2026 Jan
2011, Feb

Veh No: PC 1501 Yr Regn: 2011

Type: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: 18434 L11547 C.C. 7790

Colour	Multi	A/C:	Insured / Std / NI / NA
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Sp. Reading 515579 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 544413414.700084

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 11K22.5

R: 77

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Gift

Front Rear

R/Bal.	8	mm	R/Bal.	8/1	6	mm
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L/Bal.	8	mm	L/Bal.	8/8	mm
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DOA _____ D.O.I. 13/4/23

Survey held at Woodlands Newport

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

[illegible]


☐: Preli. Report

Final Report

Resurvey No. of Trip:

Transportation:

Add Fee: : Site Insp (\$ $S + RS$

 Interview (\$

Photos

Tech. Invs (\$)

Others

Weekend (\$)

1

TOTAL

Report Formed:

Lump Sum / B.A. C

WTS Engineering Pte Ltd

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

Company Registration Number: 200505706E

Quotation

DATE: 11/04/23
VEHICLE NO: PC458H
DRIVER: Azman Bin Abdul Rahim
ATTENTION TO:
PREPARED BY: Mustapa Bin Awang

LOCATION: Gul Workshop
Q REF NO: Q23/04/1422
DEPARTMENT: WTS Bus Department
ACCIDENT DATE: 11/04/23
REF No: JW/0423/191

S/N	Description	Qty	Cost per Unit	Amount S\$
Labour Costs				
1	TO REPAIR & SMOOTHEN SURFACE REAR HOOD	1	300	324.00
2	TO REPAIR & SMOOTHEN SURFACE REAR BUMPER	1	300	324.00
3	TO RE ALIGN REAR HOOD & BUMPER	1	150	162.00
Spray Paint				
1	Spray Painting	1	600	648.00
	TO RESPRAY & PUTTY REAR HOOD & BUMPER			
TOTAL:				1,458.00
Total Amount				SGD 1,458.00

Remarks: LOU 3.5 DAYS

\$1100

03 days

mustapa 11/4/23

Thomas

Taufik 97495749
wp 13/4/23 e Han
* After repair photos
taufik@lkkauto.com

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

- 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:

1 / 1

Surveyor Sign: _____

Surveyor Name: _____

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 Actual 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	12/04/2023 10:17 (SGT)
Reported by	Actual Driver
Date of Accident	11/04/2023 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Traffic Junction of Benoi Rd and Gul Circle
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC458H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Woodlands Transport Service Pte Ltd
Company Reg No	1XXXXX721M
Email Address	xinyi.lim@woodlandstransport.com.sg
Mobile Phone No	(Phone) +65-65598954
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
Variant	-
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	7790

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V12853

DRIVER

Name of Driver	Azman Bin Abdul Rahim
NRIC No	SXXXX267E
Date Of Birth	23/05/1973
Occupation	Outdoor

Date Of Driving Pass	08/01/2007
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82227759
Alt. Phone Number	-
Email Address	xinyi.lim@woodlandstransport.com.sg
Address	Blk 111 Ho Ching Rd
Address complement	#04-24
Postcode	Singapore 610111
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	Collision - Head to Rear
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 11/04/2023, at about 07:40 hrs, I was ferrying workers from Yishun MRT to Tractors Singapore Limited with 30 passengers on board. The traffic was heavy and the weather was clear with dry road surface at that point of time. I was waiting for the traffic light to turn green at the traffic junction of Benoi Road and Gul Circle. My vehicle (PC458H) was stationary in the left most lane of Benoi Road when suddenly, a vehicle B (GBJ310D) collided into the rear of my bus. I immediately checked with my passengers on board to ensure that they were alright. I then got off my bus to check on the situation. The driver of vehicle B informed me that he was very sleepy, which resulted in him failing to maintain a safe distance from my bus. Upon checking, my vehicle sustained damage to rear portion while the front portion of vehicle B was damaged. 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ310D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Mohammad Faizal Bin Mohamed
Contact Number	(Phone) +65-89393213
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 Actual 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 reputate 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 Traffic Police Department for investigation.**
- 6 This report will be forwarded by the insurers to 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.

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Lim Xin Yi

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Vehicle A - PC458H
Vehicle B - GBJ310D

Location:
Traffic Junction of Benoi Rd and Gul Circle

vJun2022



M PTE. LTD.
AS CRESCENT
ROXIMA@GAMBAS
22
NY NO : 200312176H
DRIVER 2 OTHERS



