



UCB Engineering Pte Ltd

GST Registration Number: 19-9501338-G

Business Reg. No. 199501338G

Our ref: PA6860A.Sky

07 November 2018

India International Insurance Pte Ltd
64 Cecil Street
#04/#05 IOB Building
Singapore 049711



**without Prejudice
by Fax : 6224 4174**

Attention : Motor Claims Department

Dear Sirs

**ACCIDENT INVOLVING PA 6860 A AND SH 6292 S ON 03/11/2018
INSIDE SENTOSA IMBAH ROAD**

We refer to the above matter.

Our client's vehicle, PA 6860 A was damages by your insured in an accident on 03-11-2018.

Our client proposed to file for third party claim for the losses incurred. Enclosed herewith please find a copy of the quotation from our workshop as well as our client's GIA report for your kind attention.

We enclose the following:

- 1) GIA Report for PA 6860 A
- 2) Quotation for the repair cost

Please arrange for your surveyor to liaise with us for an inspection on our client's vehicle at your earliest convenient. Kindly contact Madam Ah Siang at 62681281/ 62684816 or Mr. Tan at 97381908.

Yours faithfully,
Tan Tiong Chia

Encs

MVA118142686 / VAC - Bukit Batok
 ENTRY DATE & TIME: 03/11/2018 11:45
 SUBMITTED BY: SUSAN SEAH SOH ENG

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	03/11/2018 11:45
Date Of Accident	03/11/2018 09:20
Exact Location Of Accident	INSIDE SENTOSA IMBAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6860A
Name Of Registered Owner	SKY ISLAND TRANSPORT & TRADING PTE LTD
Co Reg No	201700039E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86508858
Alternative Phone No	OFFICE-86508858
Manufacturer	ISUZU
Model	LT134P-7.8 D (M)
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	BUS
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087913223-02
Cover Note Number	
Name of Driver	LIM CHUN
Work Permit No	G6349307X
Date Of Birth	20/12/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86508858
Fax Number	
Contact Number	OFFICE-86508858
EMail Address	NOEMAIL

Address 535 BUKIT PANJANG RING ROAD
 #11-817
 Postcode S670535
 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 -
 -
 -

Type Of Accident COLLISION - ROUNDABOUT
 Weather Conditions CLEAR
 Road Surface DRY

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 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

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?

I WAS AT THE ROUNDABOUT IN SENTOSA "IMBAH ROAD" GOING TOWARDS THE EXIT , AS THE VEHICLE INFRONT OF ME STOPPED AND I FOLLWED TO STOPPED MY VEHICLE. THE TAXI WHICH WAS BEHIND ME WA TRYING TO SQUEEZE THROUGH AND THUS THE TAXI CAME SQUEEZING FROM MY LEFT SIDE AND HIT ONTO THE LEFT SIDE PORTION OF MY VEHICLE.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6292S
 Vehicle Make/Model/Colour COMFORT TAXI
 Details Of Properties
 Vehicle Category TAXI
 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

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- 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.

[Handwritten Signature]



Policyholder's Signature
Date & Time:

[Handwritten Signature: LIN CHUN]

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

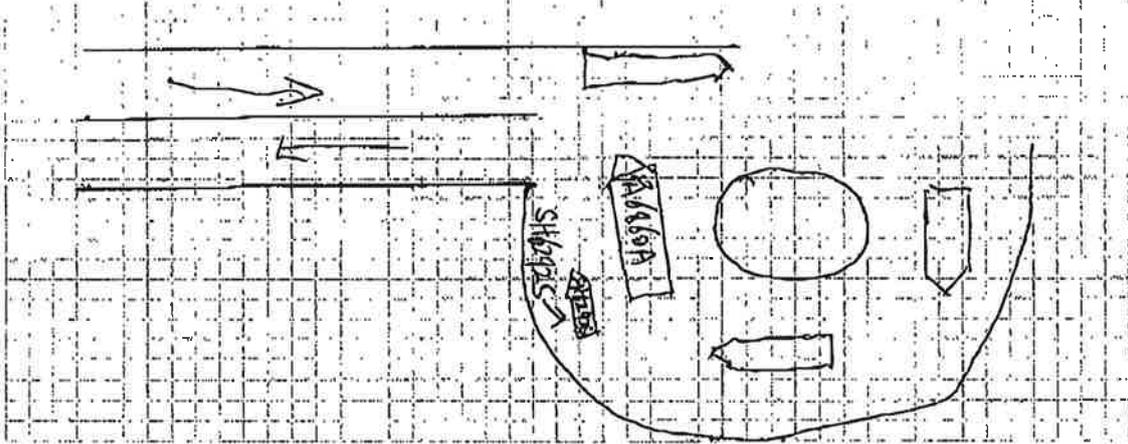
3 NOV 2018

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6580 3312 Fax: 6589 0722
Email: vacbba@singnet.com.sg

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines, intended for describing the circumstances of the accident. A diagonal line is drawn across this area from the bottom-left corner to the top-right corner, indicating that no text has been entered.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:



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

- 3 NOV 2018

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

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 610045
 Tel: 6560 3312 Fax: 6569 0732
 Email: vacbb@singnet.com.sg



UCB Engineering Pte Ltd

GST Registration Number: 19-9501338-G

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Our ref: PA6860A.Sky
Your ref :

07 November 2018

Sky Island Transport & Trading Pte Ltd
Blk 535 Bukit Panjang Ring Road
#11-817
Singapore 670535

QUOTATION
without Prejudice

Dear Sir,

COST OF REPAIR FOR PA 6860 A

<u>QTY</u>	<u>DESCRIPTIONS</u>	<u>PRICE</u> S\$
1 pc	LHS body – below structure with aluminium panel	950.00
1 pc	Luggage compartment door panel	850.00
1 pc	Sealant	35.00
	Labour charges for remove & replace the above damaged parts, checking alignment	1,600.00
	To putty & spray painting onto affected areas	1,100.00
	Logo artwork	500.00
	TOTAL	5,035.00

(SGD: Five Thousand And Thirty-Five Only)

Price quoted above is subjected to 7% GST

Yours faithfully,
Tan Tiong Chia

2C Jalan Pesawat, Jurong, Singapore 619359
Tel: 6268 1281 Fax: 6268 1282
E-mail: unitedcb@singnet.com.sg