without Prejudice by Fax: 6224 4174



# **UCB** Engineering Pte Ltd

GST Registration Number: 19-9501338-G

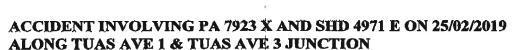
Our ref: 190206.Sky(PA7923X)

27 February 2019

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

Attention: Motor Claims Department

Dear Sirs



We refer to the above matter.

Our client's vehicle, PA 7923 X was damages by your insured in an accident on 25-02-2019.

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 7923 X
- 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

2C Jalan Pesawat, Jurong, Singapore 619359 Tel: 6268 1281 Fax: 6268 1282 E-mail: unitedcb@singnet.com.sg MVA119025641 / VAC - Bukh Batok EMTRY DATE & TIME: 25/02/2019 11:43 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 misrapresentation or witholding 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 (lability on the part of the insurance companies.

- 5. Any false reporting may be referred to the Police for Investigation.

  5. 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.

aforesald.	ant to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	25/02/2019 11:43	
Date Of Accident	25/02/2019 08:05	
Exact Location Of Accident	TUAS AVE 1 & TUAS AVE 3 JUNCTION	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	PA7923X	
Insured/Policyholder		
Name Of Registered Owner	SKY ISLAND TRANSPORT & TRADING PTE LTD	
Co Reg No	201700039E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-83839608	
Alternative Phone No	OFFICE-83839608	
Vehicle Particulara		
Manufacturer	MITSUBISHI	
Model	ROSA-4.2 D BE437 (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	
	国民的美国的人的《全国集集》的基础的主义的企业。	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	

NO

5087913223-02

Type Of Coverage Fleet Policy

**Policy Number** 

Cover Note Number

Driver

Name of Driver TEO TUNG MEE NRIC No S1257630G Date Of Birth 29/06/1956 Occupation OUTDOOR **Date Of Driving Pass** 19/10/1978

**Driving Experience** 40 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83839608

Fax Number

Contact Number OFFICE-83839608 Address

9 TECK WHYE LANE

COLLISION - HEAD TO REAR

#08-268

Postcode

\$680009

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

YES

CLEAR

glophic for

DRY

2

NO

YES

NO

NO

NO

General information of the Accident

Type Of Accident

Weather Conditions

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (Including own vehicle)

Involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

YES

TAXI CAME FROM BEHIND AND HIT ONTO THE REAR PORTION OF MY VEHICLE.

Are accident photos available for attachment? Was there any video captured by Car Camera?

I STOPPED MY VEHICLE ALONG THE JUNCTION

Remarks/ Reasons:

Attachment(s)

Was there any audio recorded?

YES

SENT TO INSURANCE

OF TUAS AVE 1 ON THE STOP LINE JUNCTION, ALL OF A SUDDEN, A

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHD4971E

COMFORT TAXI

TAXI

LOO KEE BIN

S7418716A

04

#### Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Polleyholder 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
- 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
- 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.
- B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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/lew 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 daims 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
- (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
- 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.
- 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

5/2/2019 (mos)

for complying with requirements under any regulations, laws or court orders. IDAC BUKIT BATOK (VAC)

511 Bukit Batok Street 23 Singapore 659545 Tel: 6560 3312 Fax: 6569 0722 Email: vachb@singnet.com,sg

OL N

time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

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DECLARATION		
We declare the foregoing particulars are true in	every respect. 25 FEB 2019	IDAC BUKIT BATOK (VAC) 511 Bukit Batok Street 23, Singapore 659548 Tel: 6560 3312 Fax: 6569 0722 Email: vacbb@aingnet.com.sg
JAN STERM	25/2/2019 Fre	511 Bukit Batok Street 23. Singapore 659548
JIM SECTION A	23/2/2019 (346	Tel: 8560 3312 Fax: 8569 0722 Email: yachb@ainanot.com
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ate & Tune: (If driver	s not the policyholder)	Reporting Centre Personnel's Signature Name:
Date & Ti	me:	NRIC/FIN No.:





# **UCB** Engineering Pte Ltd

GST Registration Number: 19-9501338-G

Business Reg. No. 199501338G

Our ref: 190206.Sky (PA7923X)

27 February 2019

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

QUOTATION without Prejudice

Dear Sir.

## **COST OF REPAIR FOR PA 7923 X**

QTY	DESCRIPTIONS	PRICE S\$
1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc 1 pc	Rear bumper Rear bumper lamp Rear bumper bracket Number plate Rear door Rear lamp Exhuast pipe	2,482.18 205.00 125.00 32.00 3,650.00 185.00 380.00
	Labour charges for remove & replace the above damaged parts checking alignment and repair affectered damaged areas	1,600.00
	To putty & spray painting onto complete rear body Affectered areas	1,050.00
	Artwork	180.00
	Total	9,889.18

(SGD: Nine Thousand Eight, Hundred Eighty-Nine And Cents Eighteen Only)

Price quoted above is subjected to 7% GST

Yours faithfully, Tan Tlong Chia