

SAN TEE AUTO PTE LTD

BLK 1019 #01-388 YISHUN INDUSTRIAL PARK A SINGAPORE 768761

TEL: (65)67538276 FAX: (65)67592034 H/P: (65)97232449

EMAIL: santeeauto@singnet.com.sg

TO: LONPAC INSURANCE BHD
300 BEACH ROAD
#17-04/07
THE CONCOURSE
SINGAPORE 199555

DATE : 24-Jun-22

ATTN : CLAIMS DEPARTMENT

RE: DIRECT SETTLEMENT, 3RD PARTY CLAIM AGAINST
XD3284Y AND VEHICLE NO. SGS3789E, TOYOTA CAMRY
DATE OF ACCIDENT 06/06/2022

We SAN TEE AUTO PTE LTD instructed by the UK Government (BDSSU) to claim, against your insured for the damage to their government vehicle no. SGS3789E. Toyota Camry

List attach are the estimate repair cost

Kindly arrange surveyor to access damage for the above mention vehicle

Address to survey
No. 280 Woodlands Industrial Park E5
#01-13 HARVEST Building
Singapore 757322
Person to contact : Devi 67556210 / Raj 97232449

Thank you.

K A DEVI
SAN TEE AUTO PTE LTD

SAN TEE AUTO PTE LTD

BLK 1019 #01-388 YISHUN INDUSTRIAL PARK A SINGAPORE 768761

TEL: (65)67538276 FAX: (65)67592034 H/P: (65)97232449

EMAIL: santeeauto@singnet.com.sg

TO: LONPAC INSURANCE BHD
300 BEACH ROAD
#17-04/07
THE CONCOURSE
SINGAPORE 199555

DATE : 24-Jun-22

ATTN : 3RD PARTY CLAIMS

RE: DIRECT SETTLEMENT, 3RD PARTY CLAIM AGAINST
XD3284Y AND VEHICLE NO. SGS3789E, TOYOTA CAMRY
DATE OF ACCIDENT 06/06/2022

S/NO	DESCRIPTION	UNIT PRICE	AMOUNT
		\$	\$
1	REAR BUMPER ASSY		738.00
2	2 PCS REAR BUMPER RETAINERS		220.00
3	1 SET REAR BUMPER REVERSE SENSORS		180.00
4	TO CARRY OUT PANEL BEATING ON R/H FENDER ASSY AND ALIGNMENT)		700.00
5	TO SPRAY PAINT AFFECTED AREAS AND POLISHING)		750.00
6	MISCELLANEOUS - ELECTRICAL WIRING ETC)		80.00
7	TOWING CHARGES		152.00
TOTAL (\$)			\$2,820.00



**SINGAPORE
POLICE FORCE**



A/20220608/7018

1 of 2

POLICE REPORT (NP299)

Report No. A/20220608/7018

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 08/06/2022 12:29	Vide Report No.	Station Diary No.
Name Of Informant SHAW STEVEN JAMES	Address 12 FOLKESTONE ROAD SINGAPORE 139588	
ID Type / ID No. FIN NO / G3632851M	Contact No. Home/Office:	Mobile: 91085407
Nationality BRITISH	Email Address STEVE SHAW2112@GMAIL.COM	
Occupation Foreign armed forces personnel	Sex Male	Age 38
Institution/School Name	Date of Birth 21/12/1983	Race Caucasian
Date/Time Of Incident 06/06/2022 08:15 - 06/06/2022 08:30	Location Of Incident OUTRAM ROAD	

Brief details.

3rd party truck collided with my vehicle whilst changing lane. He hit my rear offside quarter. I did not manage to get his insurance details.

Subjects Involved			
Victim			
Person Name	SHAW STEVEN JAMES		
ID Type	FIN NO	ID No	G3632851M
Gender	Male	Age	38

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
08/06/2022 12:29

Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20220608/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220608/7018

Race	Caucasian	Language	English
Occupation	Foreign armed forces personnel	Address	12 FOLKESTONE ROAD SINGAPORE 139588
Mobile No	91085407	Is Informant A Victim?	Yes
Person Name	SHAW STEVEN JAMES (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
08/06/2022 12:29

Classification Of Case:

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	06/06/2022 17:09 (SGT)
Date of Accident	06/06/2022 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OUTRAM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3284Y
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NCK TRANSPORT SERVICES PTE LTD
Company Reg No	201808760C
Email Address	DOCS@NCKTPT.COM
Mobile Phone No	(Phone) +65-63377668
Alternative Phone No	(Office) +65-63377668

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fv51j
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	Auto
CC	12882

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z22VC05010487
Cover Note Number	-

DRIVER

Name of Driver	CHANG XIANGJUN
Work Permit No	G5062476K

Date Of Birth	18/12/1971
Occupation	Outdoor
Date Of Driving Pass	23/02/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80280687
Alt. Phone Number	-
Email Address	DOCS@NCKTPT.COM
Address	NA
Address complement	-
Postcode	-
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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

REFER SKETCH PLAN

REPAIR AT OWNER'S WORKSHOP

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGS3789E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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 willful 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 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.



Handwritten signature of the policyholder or driver.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 6/6/2022, at about 8.20 am, I was travelling along Outram Road. Suddenly vehicle SG53789E cut into my lane & collided onto the front left of my vehicle.

Declaration

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



[Handwritten signature]



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel