



UCB Engineering Pte Ltd

Business Reg. No. 199501338G

Our ref: 221001.TM(PC6651B))

05 October 2022

Lonpac Insurance Bhd
300 Beach Road
Singapore 199555

without Prejudice
email: mt_claim@lonpac.com

Attention : Motor Claims Department

Dear Sirs

ACCIDENT INVOLVING PC 6651 B AND XE 5050 L ON 03/10/2022 ALONG KIAN TECK ROAD

We refer to the above matter.

Our client's vehicle, PC 6651 B was damages by your insured in an accident on 03/10/2022.

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.

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, 91773084 or Mr. Tan at 97381908.

Yours faithfully

Tan Tiong Chin

Encs GIA report for PC 6651 B
Quotation



UCB Engineering Pte Ltd

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Our ref: 221001.TM(PC6651B)

05 October 2022

Travel Ministry Pte Ltd
Blk 535 Bukit Panjang Ring Road
#19-819
Singapore 670535

QUOTATION
without Prejudice

Dear Sir,

COST OF REPAIR FOR PC 6651 B

<u>QTY</u>	<u>DESCRIPTIONS</u>	<u>PRICE</u> <u>S\$</u>
1 pc	Rear view electric mirror – LHS	1,600.00
	Labour charges for remove & replace the damaged parts And checking alignment	300.00
	To putty & spray painting onto rear view mirror	300.00
	Wiring charges	30.00
	TOTAL	2,230.00 =====

(SGD: Two Thousand Two Hundred And Thirty Only)

Yours faithfully,
Tan Tiong Chia

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	05/10/2022 14:49 (SGT)
Reported by	Both
Date of Accident	03/10/2022 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG KIAN TECK ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6651B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRAVEL MINISTRY PTE LTD
Company Reg No	2XXXXX550G
Email Address	unitedcb@singnet.com.sg
Mobile Phone No	(Phone) +65-92722638
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
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	12742

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001942022

DRIVER

Name of Driver	DAI YONGMING
Work Permit No	GXXXX332Q
Date Of Birth	24/07/1988
Occupation	Outdoor

Date Of Driving Pass	22/11/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93588892
Alt. Phone Number	-
Email Address	unitedcb@singnet.com.sg
Address	BLK 535 BUKIT PANJANG RING ROAD, #19-819
Address complement	-
Postcode	670535
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	Side Swipe
Weather Conditions	RAIN STOP
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)	11
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male



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 TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5050L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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:

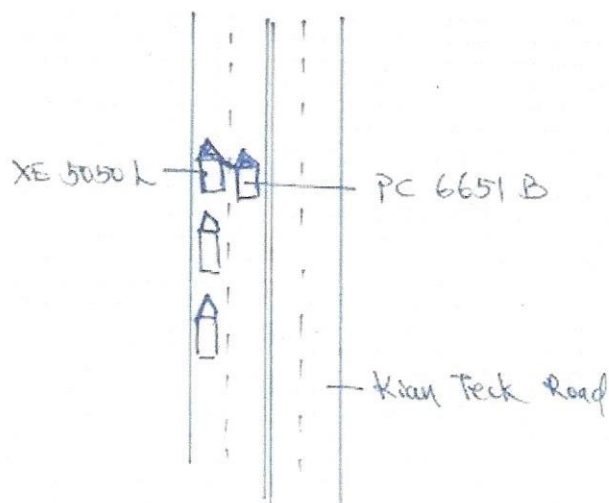


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/10/22 at about 6.15 p.m, I was driving my company bus Reg. No PC 6651 B along Kiam Teck Road toward Kiam Teck Ave.

While traveling, A lorry Reg. No: XE 5050 L was parked at the Roadside, suddenly open the door and caused the accident happen.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

W

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



[Signature]