Our ref: 221201.HJ(CB8261P)

Business Reg. No. 199501338G

03 December 2022

motorclaims@msfirstcapital.com.sg

Without Prejudice

MS First Capital Insurance Ltd 16 Raffles Quay #42-01 Hong Leong Building Singapore 048581

**Attention: Motor Claims Department** 

Dear Sirs

# ACCIDENT INVOLVING CB 8261 P AND SMB 3512 E ON 30/11/2022 ALONG JURONG EAST CENTRAL

We refer to the above matter.

Our client's vehicle, CB 8261 P was damages by your insured (SMB 3512 B) in an accident on 30/11/2022

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 91773084 or Mr. Tan at 97381908.

Yours faithfully

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Encs GIA report for CB 8261 P

Quotation

E-mail: unitedcb@singnet.com.sg



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

01/12/2022 13:00 (SGT) Driver 30/11/2022 17:40 (SGT) Jurong East Central, Singapore

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

CB8261P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

Yes HONG JIN BUS TRANSPORT SERVICES HONGJINBUS@GMAIL.COM (Phone) +65-90085392

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category Transmission CC

Yutong ZK6107H

Employment

No - Claiming third party Manual 6693

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5111266646-03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN KIM LIANG S2000952G 05/03/1953 Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name Gender

PASSENGER 4

Name Gender

PASSENGER 5

Name Gender

PASSENGER 6

Name Gender

PASSENGER 7

Name Gender 28/03/1979

43 YEARS AND 8 MONTHS

Male

(Phone) +65-97779944

HONGJINBUS@GMAIL.COM BLK 455 HOUGANG AVENUE 10

#06-453 530455 No

Employee No

.

Collision - Cross Junction

DRIZZLING Wet

No 2

No

-

Yes 24

No -

-

-

**PASSENGER** 

Male

PASSENGER

Female

**PASSENGER** 

Male

PASSENGER

Female

PASSENGER

Male

PASSENGER

Female

PASSENGER

Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? No No

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

SUBMIT TO INCOME

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB3512E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Bus 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 Formmust 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.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ncluding their law yers	May Inno, winor	,,,,,					
tulwith	(表金)	Wer's Signature (If d	river is not the	policyholder)	/ Date	Witnessed by Repo	orting Centre
Policyholder's Signatu Time	ire / Date & . Di	Time				Personnel	
Sketch Plan							
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		- 61PEA	Te de la constante de la const				Drizzling / Wet
	C	5 8 A	1 1/3				J

scribe Circumstances of the Accident	( the transfer of the transfer
DENSE PLATE: CB 8361P ACCIDENT DATE & TIME: 30    ONTACT NUMBER: 9777 9944 / 9008 5392 E-MAIL ADDRESS: hoggin bus 6	11   12   5:40 pm
NTACT NUMBER: 7777 9944 / 9008 5392 E-MAIL ADDRESS: hoggin bus 6	a gmoul win
OCATION: Jurong East Central	V
	the second secon
I was travelling along Jurong East Central and stopped	
etween Jurong East Central and Boon Lay way. Bus , SMB3512E wh	nich was in front _
If my vahicle suddenly it reversed towards my vehicle.	. ,
he but dover but it continuously remersed the bus and regulated	collision between his
is. 3MR35/JE and my bus, CB8261P.	
No injury involved.	
	Sign and the second of the second sec
THE PART PART PART	YOU TO SUBMIT AN
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR	MODE INFORMATION
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR	J. IMONE HAL OLDSOLD
Please state:	
( ) Claim Own Policy ( ) Claim Third Party Claim OD/TP at other workshop	( ) Reporting Only

## Declaration

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

Witnessed by Reporting Centre Personnel



# **UCB Engineering Pte Ltd**

Business Reg. No. 199501338G

Our ref: 221201.HJ(CB8261P)

03 Secember 2022

Hong Jin Bus Transport Services Blk 148 Bukit Batok West Ave 6 #06-309 Singapore 650148

QUOTATION without Prejudice

Dear Sir,

# **COST OF REPAIR FOR CB 8261 P**

QTY	DESCRIPTIONS		PRICE S\$
1 8 tubes 1 pc 2 pcs 2 pcs 1 set 1 pc	Wiper link Wiper arm Wiper blade Rear view mirror Front grill Labour charges for remove 8	@\$40/- e & assemble fornt windscreen  @\$385/- @\$105/- (L & R)  k replace the above damaged	5,000.00 26.00 320.00 1,150.00 680.00 770.00 210.00 3,200.00 385.00
	Parts, checking alignment  To putty & spray painting onto  Wiring charges  Total	o affectered areas	1,500.00 160.00 <b>16,201.00</b>
	(Sgd: Sixteen thousand two I		

Yours faithfully, Tan Tiong Chia

E-mail: unitedcb@singnet.com.sg