



UCB Engineering Pte Ltd

Business Reg. No. 199501338G

Our ref : 230806.CT(PD9898G)

03 August 2023

MS First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

Without Prejudice

motor_claims@msfirstcapital.com.sg

Attention : Motor Claims Department

Dear Sirs

**ACCIDENT INVOLVING PD 9898 G AND SMB 5033 H ON 25/07/2023
AT YEW TEE MRT WAITING AREAS**

We refer to the above matter.

Our client's vehicle, PD 9898 G was damages by your insured (SMB 5033 H) in an accident on 25/07/2023

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 / 62681281 or Mr. Tan at 97381908.

Yours faithfully

Tan Tiong Chia

Encs GIA Report for PD 9898 G
Quotation

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 First Submission	26/07/2023 10:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/07/2023 08:19 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YEW TEE MRT WAITING AREAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD9898G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CITITRANS BUS TRANSIT PTE LTD
Company Reg No	2XXXXX000G
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Foton
Model	BJ6946
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	6234

INSURANCE COMPANY

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

DRIVER

Name of Driver	YAU SWEE HEE
NRIC No	SXXXX876H
Date Of Birth	
Occupation	Outdoor

Date Of Driving Pass	03/10/2002
Driving experience	20 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

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)	18
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	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female



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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB5033H
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

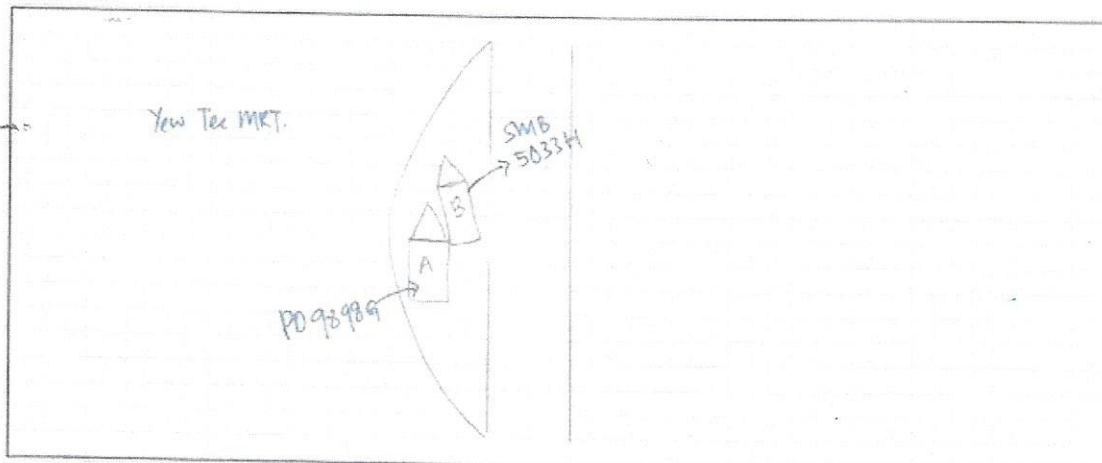
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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 shed outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 25/7/2023 at around 8:19am, I stopped my bus PD9897G at Yew Tee MRT to let the passengers to board the bus. Suddenly, I heard a sound from my right hand side and saw a SMRT bus registered SMB5033H passed by my bus by inches. I checked my bus and found that my right rear view mirror damaged.

Declaration

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


 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



UCB Engineering Pte Ltd

Business Reg. No. 199501338G

Our ref: 230806.CT(PD9898G)

03 August 2023

Cititrans Bus Transit Pte Ltd
Blk 686D Choa Chu Kang Crescent
#03-268
Singapore 684686

QUOTATION
without Prejudice

Dear Sir,

COST OF REPAIR FOR PD 9898 G

<u>QTY</u>	<u>DESCRIPTIONS</u>	<u>PRICE</u> <u>S\$</u>
1pc	RHS rear view mirror	750.00
	Labour charges for remove & replace the above damaged Parts and checking alignment	300.00
	To putty & spray painting onto affected areas	300.00
	TOTAL	<u>1,350.00</u>

(SGD: One Thousand Three Hundred And Fifty Only)

Yours faithfully,
Tan Tiong Chia