

## **PREMIER TAXIS PTE LTD**

23 CHANGI SOUTH AVE 2 #03-02  
SINGAPORE 486443  
TEL:65446676, 65446689 FAX:62141511

Our Ref: **SHD 1649 G**

**WITHOUT PREJUDICE**

Date: 18 Dec 2017

**Attn: The Motor Claims Department**

**( BY EMAIL ONLY )**

AXA Insurance Pte Ltd  
No.8 Shenton Way  
#27-01  
Singapore 068811

### **ACCIDENT INVOLVING SHD1649G & SLK5866K ALONG JLN BATU DRIVEWAY ON 16.12.17**

We are the registered owner of vehicle number of **SHD1649G** which was involved on the above mentioned accident between **SLK5866K**.

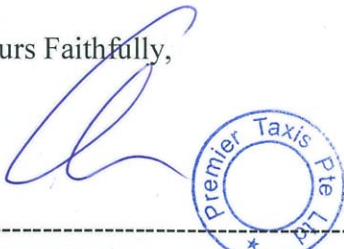
Investigation reveals that the motor vehicle number **SLK5866K** was insured with you at the material time of the said accident.

As a result of the accident was caused solely and completely by the negligence of your insured vehicle number **SLK5866K**. Therefore, we are holding you liable for the repair costs and other consequential loss which was sustained by us.

Kindly arrange your representative to survey our vehicle at **KOMOCO MOTOS PTE LTD, 253 ALEXANDRA ROAD SINGAPORE 159936** within two (2) days from the date hereof as to avoid further LOR/I incur. We enclosed hereby the GIA report of **SHD1649G** for your kind attention.

Failing which, we have no alternative but to proceed with the necessary repairs and the bill will be forward to you for reimbursement.

Yours Faithfully,

A handwritten signature in blue ink is written over a circular blue stamp. The stamp contains the text "Premier Taxis Pte Ltd" around the perimeter and a small star at the bottom.

PREMIER TAXIS PTE LTD

## 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.



x AY 1391818/2 18 DEC 2017

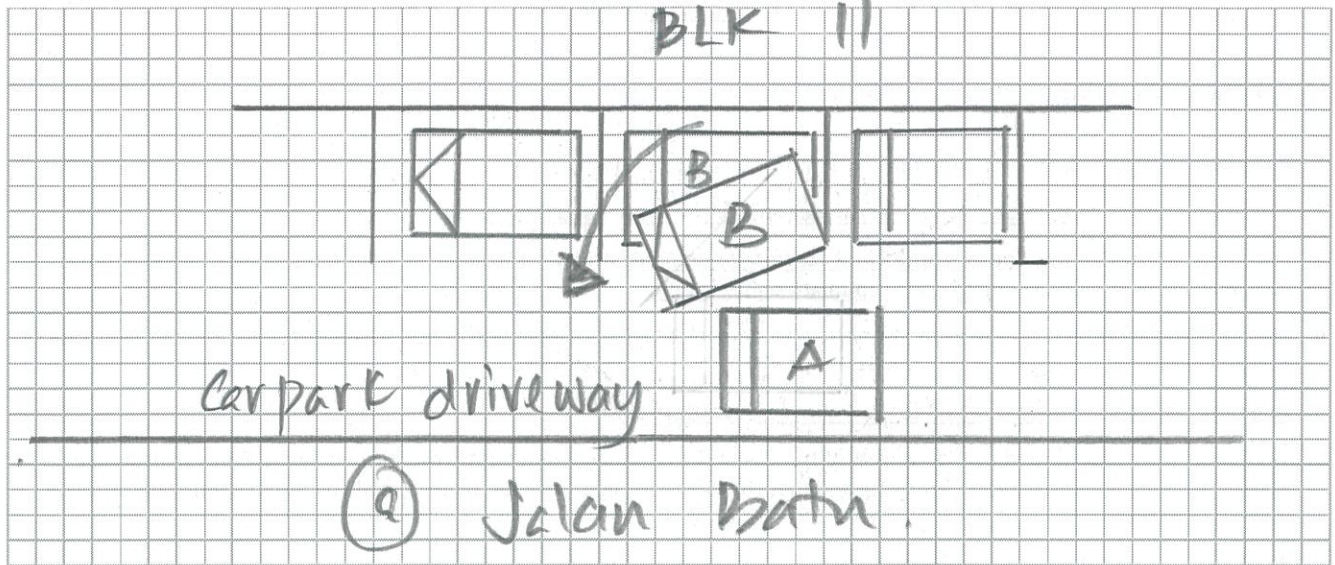
Policyholder's Signature  
Date & Time:

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

A: SHD 16496

B: SLK 5866K.

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:

18 DEC 2017

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

Describe Circumstance of the Accident.

ON 16/12/2017 @ 1025HRS, I WAS DRIVING MY TAXI ( SHD 1649 G ) TRAVELLING ALONG THE CARPARK DRIVEWAY @ JALAN BATU WITH 2 PASSENGERS ONBOARD ( CHINESE COUPLES ).

UPON APPROACHING MY PASSENGERS DESTINATION, SUDDENLY VEHICLE B ( SLK 5866 K – PORSCHE ) WHICH WAS INITIALLY PARKED HORIZONTALLY ON MY RIGHT – FAILED TO KEEP FOR PROPER LOOK OUT FOR CLEARANCE – STEERED OUT & ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

AS SUCH, THE FRONT LEFT TYRE OF VEHICLE B COLLIDED ONTO THE RIGHT FRONT OF MY TAXI.

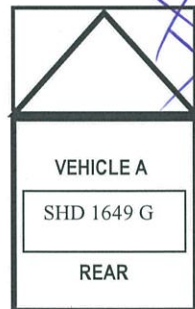
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT FRONT PORTION AND NO VISIBLE DAMAGES TO VEHICLE B.

NO INJURY INVOLVED.

VEHICLE B HAD A PASSENGER ONBOARD ( FEMALE CHINESE )

\*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



Premier



THIRD PARTY VEHICLE



Driver's Signature

Monday, December 18, 2017 @ 10:10:02 AM

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-17-190258

Date of Request: 18/12/2017

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 18/12/2017  
Enquiry By GOH WEE DEK  
TP Vehicle No. SLK5866K  
Accident Date 16/12/2017

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLK5866K	AXA Insurance Pte Ltd	20/01/2017-19/01/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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RECORDS MANAGEMENT CENTRE

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**TAX INVOICE**

Our Ref No: GR-17-190258

Date of Request: 18/12/2017

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd  
23 Changi South Ave 2  
#01-02  
Singapore 486443

Dear Sir/Madam,

Enquiry Date 18/12/2017  
Enquiry By GOH WEE DEK  
TP Vehicle No. SLK5866K  
Accident Date 16/12/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque