

PREMIER TAXIS PTE LTD

23 CHANGI SOUTH AVE 2 #03-02

SINGAPORE 486443

TEL:65446676, 65446689 FAX:62141511

Our Ref: **SHC6053Y**

WITHOUT PREJUDICE

Date: 29 January 2018

Attn: **The Motor Claims Department**

(BY EMAIL ONLY)

AXA Insurance Pte Ltd

No.8 Shenton Way

#27-01

Singapore 068811

ACCIDENT INVOLVING SHC6053Y & SLJ9931J ALONG ORANGE GROVE ROAD INTO ORCHARD ON 28.01.18

We are the registered owner of vehicle number of **SHC6053Y** which was involved on the above mentioned accident between **SLJ9931J**.

Investigation reveals that the motor vehicle number **SLJ9931J** 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 **SLJ9931J**. 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 **23 Changi South Ave 2 #01-02 Singapore 486443** within two (2) days from the date hereof as to avoid further LOR/I incur. We enclosed hereby the GIA report of **SHC6053Y** 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,



PREMIER TAXIS PTE LTD

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 ability.
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 Report	29/01/2018 08:49
Date Of Accident	28/01/2018 04:50
Exact Location Of Accident	ORANGE GROVE ROAD INTO ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6053Y
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	TAN HIAN THORN
NRIC No	S0018150A
Date Of Birth	18/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1973
Driving Experience	44 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96363219
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 491F #05-260 TAMPINES ST 45
Postcode	525491
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLES - NO PAX

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	SLJ9931J
Vehicle Make/Model/Colour	BMW
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

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



[Signature] 50018150A
511C 60534

29 JAN 2018

[Signature]

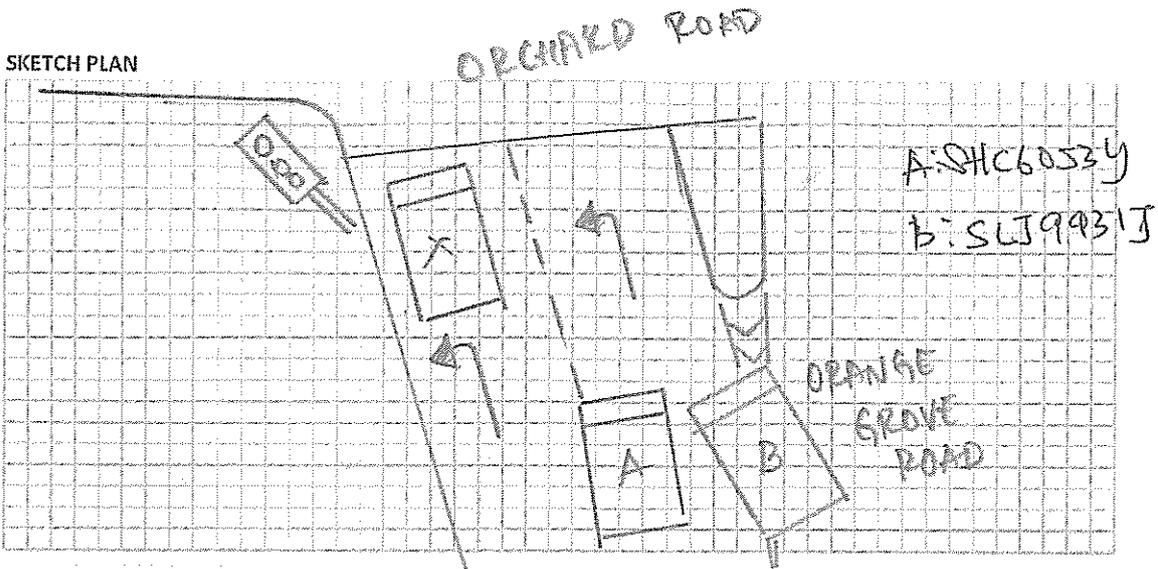
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As stated in police report, dated 28/1/18, police report number. 7/2018/28/2070
 at faupines NPC.

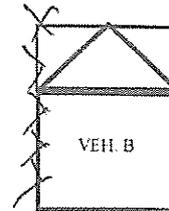
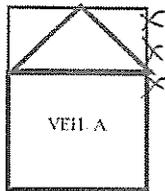
Brief Details.

On 28/01/2018 at about 0450hrs, I was driving my taxi alone along Orange Grove road and when nearing a traffic junction, I notice a taxi in front actually stopped hence I stopped my taxi as well.

However when my taxi was in a stationary position, one BMW from my rear actually wanted to overtake me and turned to the right lane but then it's left side actually side swipe my taxi right. After the collision, the said BMW stopped in front of my taxi and we engaged conversation with each other which he refused to exchange particulars with me and sped off after telling me to report the accident.

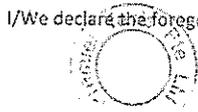
I wish to state that I did smell alcohol from the driver of the said BMW, and during this whole accident there is no police or ambulance called in to attend to us. I do have a in car camera installed in my taxi however I am unsure whether did it capture the whole accident, there are also CCTV camera located at the lamppost 1 nearby.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



DECLARATION

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



Policyholder's Signature
Date & Time:

Driver's Signature SHC60534
 (If driver is not the policyholder)
 Date & Time: 29 JAN 2018

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



**SINGAPORE
POLICE FORCE**



T/20180128/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20180128/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2018 06:34	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: TAN HIAN THORN		Address: APT BLK 491F TAMPINES ST 45 #05-260 SINGAPORE 525491	
ID Type / ID No.: NRIC NO / S0018150A		Contact No.: Home/Office: Mobile: 96363219	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 18/09/1951	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/01/2018 04:50	Type of Location:
Location: ORANGE GROVE ROAD ORCHARD ROAD junction of Orange Grove road and Orchard road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC6053Y	Car					0
SLJ9931J	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180128/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20180128/2020

CONTINUATION OF REPORT

Driver			
Name	TAN HIAN THORN	ID No.	S0018150A
Related Vehicle	SHC6053Y (Car)	Contact No.	96363219
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/01/2018 at about 0450hrs, I was driving my taxi alone along Orange Grove road and when nearing a traffic junction, I notice a taxi in front actually stopped hence I stopped my taxi as well.

However when my taxi was in a stationary position, one BMW from my rear actually wanted to overtake me and turned to the right lane but then it's left side actually side swipe my taxi right. After the collision, the said BMW stopped in front of my taxi and we engaged conversation with each other which he refused to exchange particulars with me and sped off after telling me to report the accident.

I wish to state that I did smell alcohol from the driver of the said BMW, and during this whole accident there is no police or ambulance called in to attend to us. I do have a in car camera installed in my taxi however I am unsure whether did it capture the whole accident, there are also CCTV camera located at the lamppost 1 nearby.



SINGAPORE
POLICE FORCE



T/20180128/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

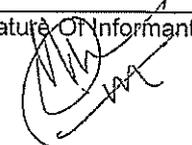
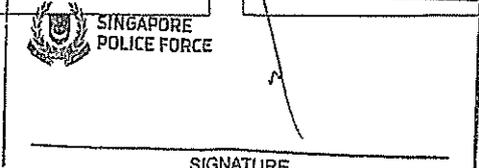
Report No. T/20180128/2020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 NG JUNJIE, EDWIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2018 06:34
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476209	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE SIGNATURE

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	10 Jul 2014 / 09:12:10	Receipt No.:	AACCK001-AX239-140710-000015
Asset Type:	Vehicle	Transaction Amount:	\$65,919.00
Asset ID:	SHC6053Y	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140710091210518854		

Vehicle No.: SHC6053Y
 Vehicle Type: H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1: Air-Con (Taxi)
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Scheme: Taxi (Company)
 First Registration Date: 10 Jul 2014
 Original Registration Date: 10 Jul 2014
 Vehicle Make: KIA
 Vehicle Model: OPTIMA 1.7(A) DIESEL
 Chassis No.: KNAGM414ME5463902
 Engine No.: D4FDDH308315
 Motor No.: -
 Trailer Chassis No.: -
 Propellant: Diesel
 Passenger Capacity: 4
 Engine Capacity: 1685
 Power Rating: -

Unladen Weight: 1584
 Maximum Laden Weight: 2050
 Primary Color: Silver
 Secondary Color: -
 Manufacturing Year: 2013
 Open Market Value: \$20,007.00
 Minimum PARF Benefit: \$7,506.00
 PARF Eligibility: Y
 No. of Transfer: 0
 Effective Ownership Date/Time: 10 Jul 2014 09:12:10
 COE No : 2014071001001214W
 COE Expiry Date: 09 Jul 2022
 COE Bid Category: -
 Actual QP/PQP Paid Amount: \$53,269.00
 Lifespan Expiry Date: 09 Jul 2022
 Owner ID Type: Company



Land Transport Authority
 10 Sin Ming Drive
 Singapore 575701
 GST Registration No. : M4-0006529-2

Vehicle No: SHC 6053 Y
 DOA: 28/01/2018

Print Date/Time : 29 Jan 2018 / 15:36:09

Receipt Date/Time : 29 Jan 2018 / 15:36:09

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180129-001385

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLJ9931J As at 28 Jan 2018/04:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SLJ9931J Enquiry Fee 20180129153533183710	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx0416		Credit Card: Visa/MasterCard	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.