

PREMIER TAXIS PTE LTD

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

Our Ref: **SHB8832H**

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 SHB8832H & SGK425S ALONG KEPPEL ROAD - AYE ON 27.01.18

We are the registered owner of vehicle number of **SHB8832H** which was involved on the above mentioned accident between **SGK425S**.

Investigation reveals that the motor vehicle number **SGK425S** 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 **SGK425S**. 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 **SHB8832H** 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 10:48
Date Of Accident	27/01/2018 09:50
Exact Location Of Accident	KEPPEL ROAD - AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8832H
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	GOH BOON LIANG
NRIC No	S1210380H
Date Of Birth	11/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	26/08/1974
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93691665
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 115 #05-1310 HOUGANG AVE 1
Postcode	530115
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	PAYA LEBAR NPP
Police Station Address	ROAD: 114 HOUGANG AVE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A & VEH. D - NO PAX VEH. B - UNKNOWN PAX VEH. C - 2 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	SGK425S
Vehicle Make/Model/Colour	TOYOTA WISH
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	DAMAGED ON THE FRONT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM4347M
Vehicle Make/Model/Colour	NISSAN QASHQAI / WHITE
Details Of Properties	VEH. C
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT & REAR
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GW7284Y
Vehicle Make/Model/Colour	HYUNDAI VAN
Details Of Properties	VEH. D
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	GOH BOON LIANG - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	FELT UNWELL, WENT TO NUH FOR MEDICAL TREATMENT & HAD 2 DAYS MC
Injured person in which vehicle?	SHB8832H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MALE CHIENSE - DRIVER OF VEH. B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGK425S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	CHILD - PAX IN VEH. C
------	-----------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLM4347M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.



Policyholder's Signature
Date & Time:

(Handwritten signature) 1210380 H
(Handwritten signature) 8832 H 29 JAN 2018

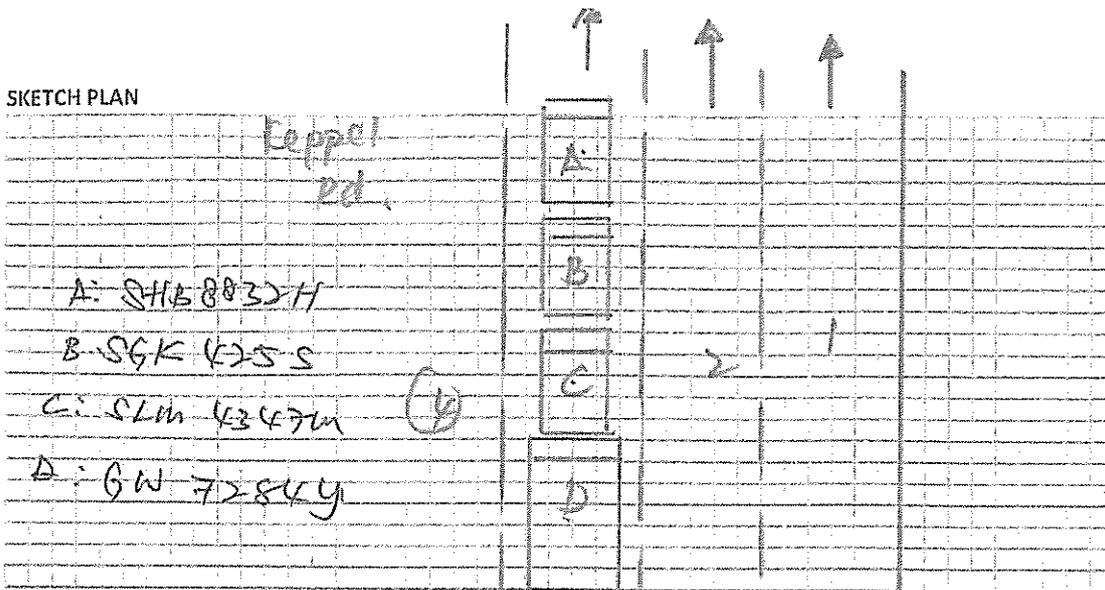
Driver's Signature
(If driver is not the policyholder)
Date & Time:

(Handwritten signature)

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

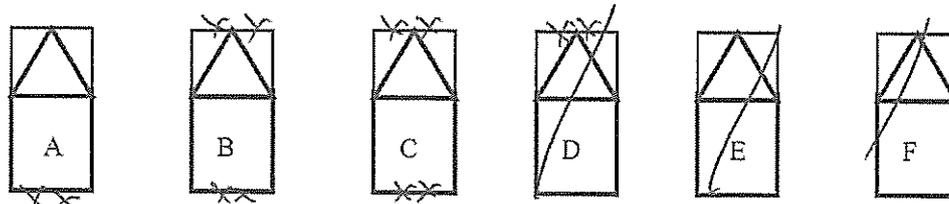
As stated in police report, dated 29/1/2018, police report number. 1120180127/2169
 at Paya Lebar NPP

Brief Details.

On 27/01/2018 at about 0950hrs, I was driving my vehicle (SHB8832H) along Keppel Road (towards AYE) on lane 3. Some where near to Pillar 26, the vehicle ahead of mine had suddenly braked. Thus, I applied my brakes and managed to stop in time. However, I then felt an impact coming from the rear. Upon making a check, I discovered my vehicle was involved in a chain collision. The 2nd vehicle (SGK425S - V2) had collided onto my vehicle's rear, another vehicle (SLM4347M - V3) had also collided onto V2's rear, and a last vehicle (GW7284Y - V4) had collided onto V3's rear.

However, I am unsure as to which vehicle had collided onto which first. Traffic Police and ambulance later arrived. The driver of V2 and one passenger from V3 was later conveyed to hospital. I do not have any of the other drivers' or passengers' details. TP personnel later advised me to lodge a traffic accident report. I wish to state that due to the accident, I felt some pain on my neck and shoulder area. I have since sought medical treatment and was given 2 days of MC. I have in-car CCTV which is forward facing only.

DAMAGES FOUND ON VEHICLES INVOLVED IN THE ACCIDENT



DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]
29 JAN 2018

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

[Handwritten Signature]

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



**SINGAPORE
POLICE FORCE**



T/20180127/2167

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

1 of 3
Report No. T/20180127/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2018 21:25		Vide Report No.: A/20180127/0096	Station Diary No.: 32
Informant's Particulars			
Name of Informant: GOH BOON LIANG		Address: APT BLK 115 HOUGANG AVENUE 1 #05-1310 SINGAPORE 530115	
ID Type / ID No.: NRIC NO / S1210380H		Contact No.:	Mobile: 93691665
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 11/12/1955	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/01/2018 09:50	Type of Location:
Location: Along Road 1 KEPPEL ROAD near Pillar 26				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GW7284Y	Van	HYUNDAI	Starex	Silver		0
SGK425S	Car	TOYOTA	Wish	Grey		0
SHB8832H	Car	KIA	Optima	Grey	Slightly Damaged	0
SLM4347M	Car	NISSAN	Qashqai	White		0



**SINGAPORE
POLICE FORCE**



T/20180127/2167

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

2 of 3

Report No. T/20180127/2167

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH BOON LIANG	ID No.	S1210380H
Related Vehicle	SHB8832H (Car)	Contact No.	93691665
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	27/01/2018	Date Discharge	27/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

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**SINGAPORE
POLICE FORCE**



T/20180127/2167

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999.

3 of 3

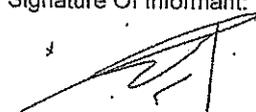
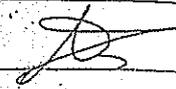
Report No. T/20180127/2167

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: F / Staff Sgt MUHAMMAD KHAIRUL AZBI BIN A GHAFAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2018 21:25
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No. 65476185	Classification Of Case:
Authentication Stamp: NP168 Signature:  Singapore Police Force	

Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:	27 Feb 2014 / 09:45:06	Receipt No.:	AACCK001-AX239-140227-000010
Asset Type:	Vehicle	Transaction Amount:	\$70,862.00
Asset ID:	SHB8832H	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140227094506612245		

Vehicle No.: SHB8832H
 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: 27 Feb 2014

Original Registration Date: 27 Feb 2014
 Vehicle Make: KIA
 Vehicle Model: OPTIMA 1.7(A) DIESEL
 Chassis No.: KNAGM414ME5454862
 Engine No.: D4FDDH308940
 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: \$19,632.00
 Minimum PARF Benefit: \$7,279.00
 PARF Eligibility: Y

No. of Transfer: 0
 Effective Ownership Date/Time: 27 Feb 2014 09:45:06
 COE No.: 2014022701000926W
 COE Expiry Date: 26 Feb 2022
 COE Bid Category: -
 Actual QP/PQP Paid Amount: \$58,590.00
 Lifespan Expiry Date: 26 Feb 2022
 Owner ID Type: Company



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

Print Date/Time : 29 Jan 2018 / 15:59:37

Receipt Date/Time : 29 Jan 2018 / 15:59:37

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180129-001450

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 - SGK425S As at 27 Jan 2018/09:50:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SGK425S Enquiry Fee 20180129155903533699	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.