

PREMIER TAXIS PTE LTD

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

Our Ref: **SHC6019Y**

WITHOUT PREJUDICE

Date: 14 March 2018

Attn: **The Motor Claims Department**

(BY EMAIL ONLY)

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

ACCIDENT INVOLVING SHC6019Y & SJU1280Y ALONG WEST COAST ROAD ON 14.03.2018

We are the registered owner of vehicle number of **SHC6019Y** which was involved on the above mentioned accident between **SJU1280Y**.

Investigation reveals that the motor vehicle number **SJU1280Y** 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 **SJU1280Y**. 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 **SHC6019Y** 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 | 14/03/2018 09:07 |
| Date Of Accident | 14/03/2018 07:20 |
| Exact Location Of Accident | WEST COAST ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHC6019Y |
| 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 | G M TAMILRASAN |
| NRIC No | S1554897E |
| Date Of Birth | 17/07/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/06/2006 |
| Driving Experience | 11 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90219382 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|-----------------------------------|
| Address | BLK 240 #02-65 SERANGOON AVE 2 |
| Postcode | 550240 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - SUPER RELIEF - TOA PAYOH |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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? | NO |
| If Yes, Please state which Police Station | |
| 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 | SJU1280Y |
| Vehicle Make/Model/Colour | CHEVROLET |
| Details Of Properties | VEH. B |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KNG SWEE MOI SUSAN |
| NRIC/Passport Number | S1566453C |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | DAMAGED ON THE FRONT PORTION |
| No. Of Passenger (Including Driver) | 1 |

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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)

(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.



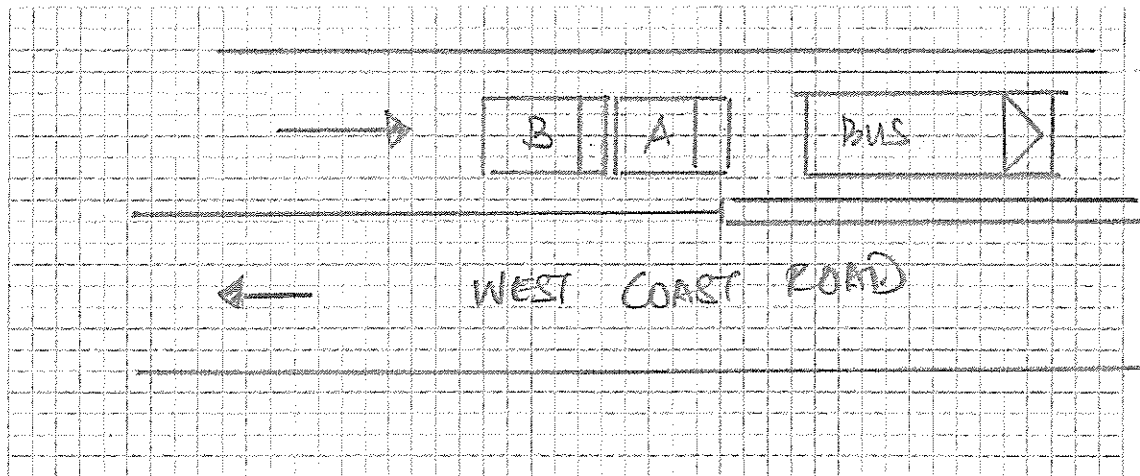
134897E

14 MAR 2010

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

SHC 6019Y

SKETCH PLAN



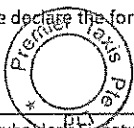
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 60194

B: SJU 12804.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]
16/5/2010

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

14 MAR 2010



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

Describe Circumstance of the Accident.

ON 14/03/2018 @ 0720HRS, I WAS DRIVING MY TAXI (SHC 6019 Y)
TRAVELLING ALONG WEST COAST ROAD – ON A SINGLE LANE OF DUAL CARRIAGE
WAY.

I STOPPED MY TAXI AS A BUS, WHICH WAS IN FRONT OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

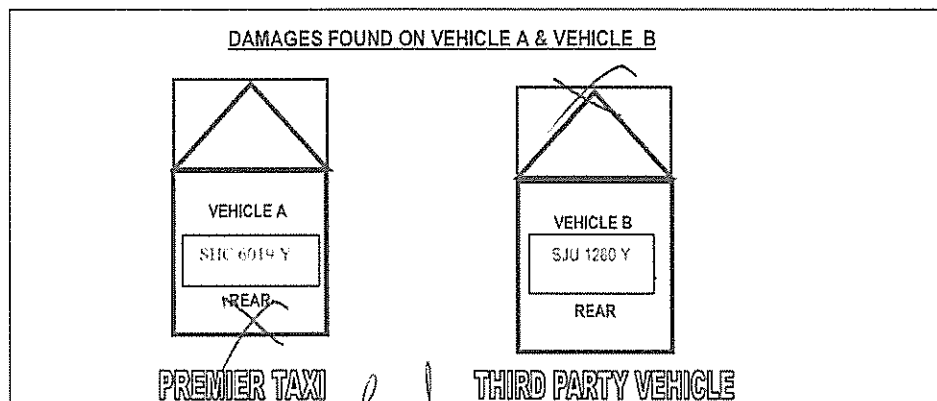
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SJU 1280 Y –
CHEVROLET) WHICH WAS BEHIND ME, FAILED TO STOP IN TIME & HAD
COLLIDED ONTO THE REAR OF MY TAXI.

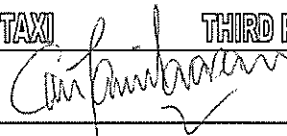
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND VEHICLE
B HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.

NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED




Driver's Signature & NRIC Number
@ 9:15:45 AM

(attended by )

Text size + -

Enquire Transaction History**Transaction History Details**

| | | | |
|-------------------------------------|---------------------------------|---------------------|-----------------------------------------------|
| Log Date/Time: | 13 Jun 2014 / 09:09:15 | Receipt No.: | AACCK001-AX239-140613-000004 |
| Asset Type: | Vehicle | Transaction Amount: | \$70,018.00 |
| Asset ID: | SHC6019Y | Channel: | AA Counterless - CYCLE & CARRIAGE KIA PTE LTD |
| Transaction Type: | 01.02 Register New Vehicle (AA) | | |
| Business Transaction Reference No.: | 20140613090915601025 | | |

| | |
|--------------------------------|-----------------------------------------|
| Vehicle No.: | SHC6019Y |
| 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: | 13 Jun 2014 |
| Original Registration Date: | 13 Jun 2014 |
| Vehicle Make: | KIA |
| Vehicle Model: | OPTIMA 1.7(A) DIESEL |
| Chassis No.: | KNAGM414ME5463467 |
| Engine No.: | D4FDDH308341 |
| 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: | \$20,028.00 |
| Minimum PARF Benefit: | \$7,524.00 |
| PARF Eligibility: | Y |
| No. of Transfer: | 0 |
| Effective Ownership Date/Time: | 13 Jun 2014 09:09:15 |
| COE No.: | 2014061301001192M |
| COE Expiry Date: | 12 Jun 2022 |
| COE Bid Category: | - |
| Actual QP/PQP Paid Amount: | \$57,338.00 |
| Lifespan Expiry Date: | 12 Jun 2022 |
| Owner ID Type: | Company |

**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-18-039041
Date of Request: 14/03/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/03/2018
Enquiry By VINCENT CHUA WEE AN
TP Vehicle No. SJU1280Y
Accident Date 14/03/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| SJU1280Y | AXA Insurance Pte Ltd | 28/01/2018-27/01/2019 | 6338 7288 |

Thank You.

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**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

TAX INVOICE

Our Ref No: GR-18-039041

Date of Request: 14/03/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/03/2018

Enquiry By VINCENT CHUA WEE AN

TP Vehicle No. SJU1280Y

Accident Date 14/03/2018

| 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:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque