

## PREMIER TAXIS PTE LTD

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

Our Ref: **SHD1492R**

**WITHOUT PREJUDICE**

Date: 14<sup>th</sup> May 2018

**Attn: The Motor Claims Department**

**( BY EMAIL ONLY )**

FWD Singapore Pte Ltd  
6, Temasek Boulevard, #18-01  
Suntec Tower Four  
Singapore 038986

### **ACCIDENT INVOLVING SHD1492R & SJV6971Z ALONG NEW UPPER CHANGI ROAD (NEAR BEDOK COMMUNITY CENTRE) ON 12.05.18**

We are the registered owner of vehicle number of **SHD1492R** which was involved on the above mentioned accident between **SJV6971Z**.

Investigation reveals that the motor vehicle number **SJV6971Z** 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 **SJV6971Z**. 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 **SHD1492R** 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,



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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.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/05/18

14 MAY 2018

x 4 SHD 1492 z

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



**SKETCH PLAN**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

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

Signature 

14 MAY 2018



Describe Circumstance of the Accident.

ON 12/05/2018 @ 1140 HRS, I WAS DRIVING MY TAXI ( SHD 1492 R )  
TRAVELLING ALONG NEW UPPER CHANGI ROAD TOWARDS THE TRAFFIC LIGHT  
JUNCTION OF BEDOK NORTH AVE 3, IN LANE 3 WITH A PASSENGER ONBOARD.

WHILE I WAS MOVING STRAIGHT AHEAD, SUDDENLY I FELT AN IMPACT FROM MY  
RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SJV 6971 Z – PTE CAR )  
WHICH WAS INITIALLY IN LANE 2, FAILED TO KEEP FOR PROPER LOOK OUT – HAD  
ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

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

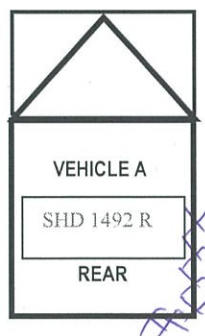
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT PORTION AND THE  
RIGHT REAR PORTION. VEHICLE B HAD DAMAGES ON THE FRONT LEFT PORTION.

NO INJURY INVOLVED.

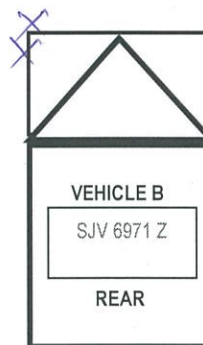
NO PASSENGERS ONBOARD VEHICLE B.

\*VIDEO FOOTAGE CAPTURED.


DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER  
TAXI



THIRD PARTY  
VEHICLE

 1175872/2.

Driver's Signature & NRIC Number  
Monday, May 14, 2018 @ 8:57:55 AM

( attended by

 )

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H  
Owner ID Type: Company  
Owner Name: PREMIER TAXIS PTE. LTD.  
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443  
Mailing Address: -  
Birth Date: -

**Vehicle Particulars**

Vehicle No.: SHD1492R  
Previous Vehicle No.: -  
Effective Date of Ownership: 04 Oct 2017  
Original Regn Date: 04 Oct 2017  
Registration Date: 04 Oct 2017  
Year of Manufacture: 2017  
Vehicle Type: Public Transport Taxi (Motor Car)  
Vehicle Scheme: Taxi (Company)  
Vehicle Attachment 1: Air-Con (Taxi)  
Vehicle Attachment 2: -  
Vehicle Attachment 3: -  
Vehicle Make: HYUNDAI  
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT  
Primary Colour: Silver  
Secondary Colour: -  
Passenger Capacity: 4  
Chassis No.: TMAD281UVHJ141899  
Engine No.: D4FBHZ172592  
Engine Capacity/Power Rating: 1582 cc / -  
Maximum Power Output: 100.0 kW (134 bhp)  
Propellant: Diesel  
Max Unladen Weight: 1496 kg  
Maximum Laden Weight: 1940 kg  
Open Market Value: \$19,970.00  
PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 03 Oct 2025  
Minimum PARF Benefit: \$7,482.00  
No. of Transfers: 0  
IU Label No.: 1050709931  
COE No.: 2017100401003686E  
COE Expiry Date: 03 Oct 2025  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)  
Quota Premium (QP) / Prevailing Quota Premium: - / \$42,564.00  
PQP Paid: \$34,052.00  
QP (Regn Cat): -  
OPC Cash Rebate Eligibility: No

**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-18-072469  
Date of Request: 14/05/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/05/2018  
Enquiry By VINCENT CHUA WEE AN  
TP Vehicle No. **SJV6971Z**  
Accident Date 12/05/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
<b>SJV6971Z</b>	<b>FWD Singapore Pte. Ltd.</b>	04/02/2018-03/02/2019	6727 5700

Thank You.

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Operating Hours: Monday to Friday 9am to 5pm  
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**TAX INVOICE**

Our Ref No: GR-18-072469

Date of Request: 14/05/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 14/05/2018  
Enquiry By VINCENT CHUA WEE AN  
TP Vehicle No. SJV6971Z  
Accident Date 12/05/2018

DESCRIPTION	AMOUNT (\$\$)
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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque