

## **PREMIER TAXIS PTE LTD**

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

Our Ref: **SHB8583B**

**WITHOUT PREJUDICE**

Date: 08 Oct 2018

Attn: **The Motor Claims Department**

**( BY EMAIL ONLY )**

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

### **ACCIDENT INVOLVING SHB8583B & SHD306C ALONG BOON LAY WAY ON 08.10.2018**

We are the registered owner of vehicle number of **SHB8583B** which was involved on the above mentioned accident between **SHD306C**.

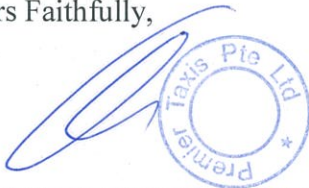
Investigation reveals that the motor vehicle number **SHD306C** was insured with you at the material time of the said accident.

As a result of the accident was caused solely and completely by the negligence of your insured vehicle number **SHD306C**. 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 Avenue 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 **SHB8583B** 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.



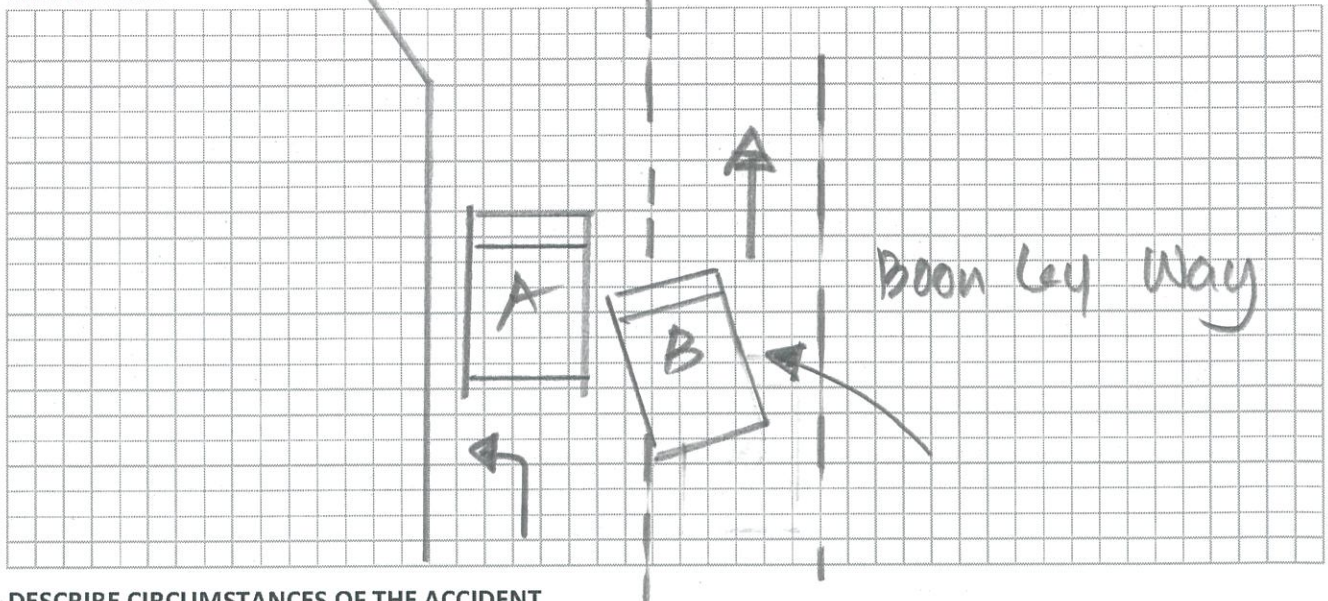
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHB 8583B

B: SHD 306C.

\* Refer to attach police report.

\* Video footage captured

DECLARATION

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

09 OCT 2018

Policyholder's Signature  
Date & Time:



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

27/12/15 841/E  
SHB 8583B

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



# SINGAPORE POLICE FORCE



T/20181008/2079

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No. T/20181008/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/10/2018 14:43	Vide Report No.:	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: LEE ENG KÉONG			Address: APT BLK 21 JALAN TENTERAM #09-457 SINGAPORE 320021		
ID Type / ID No.: NRIC NO / S7126584F			Contact No.: Home/Office: Mobile: 93578838		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 26/07/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/10/2018 11:15	Type of Location: Straight Road
Location: Along Road 1 BOON LAY WAY  TOWARDS CORPORATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB8583B	Car				Seriously Damaged	0
SHD306C	Car				Seriously Damaged	0

**Details of Person Involved**

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



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2 of 3

Report No. T/20181008/2079

**CONTINUATION OF REPORT**

Driver			
Name	LEE ENG KEONG		ID No. S7126584F
Related Vehicle	SHB8583B (Car)		Contact No. 93578838
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/10/2018	Date Discharge	08/10/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 08/10/2018 at about 1115hrs, I was driving along Boon Lay Way turning left towards Corporation road in my taxi bearing the plate number SHB8583B with no passengers on board. While I was about to make the left turn, suddenly one vehicle bearing the plate number SHD306C who on "Straight Lane" only suddenly filtered left and collided me with the right side of my taxi.

No one was injured at that point of time. My taxi suffered some scratches and dents. We then exchanged particulars with each other before resuming my journey. I then seek medical treatment as my back and neck having some pain and were given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20181008/2079

3 of 3

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**CONTINUATION OF REPORT**

Report No. T/20181008/2079

**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 3 MOHAMAD IZWAN BIN MOHAMAD  
ISHAK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp.  
NP168

Signature Of Informant:

Date/Time:  
08/10/2018 14:43

Classification Of Case:

SINGAPORE  
POLICE FORCE

SIGNATURE