

PREMIER TAXIS PTE LTD

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

Our Ref: **SHCC6346C**

WITHOUT PREJUDICE

Date: 30 Oct 2018

Attn: **The Motor Claims Department**

(BY EMAIL ONLY)

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

ACCIDENT INVOLVING SHC6346C & SJF2819S ALONG AIRPORT BLVD ON 29.10.2018

We are the registered owner of vehicle number of **SHC6346C** which was involved on the above mentioned accident between **SJF2819S**.

Investigation reveals that the motor vehicle number **SJF2819S** 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 **SJF2819S**. 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 **SHC6346C** 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,

A handwritten signature in blue ink is written over a circular blue stamp. The stamp contains the text "Premier Taxis Pte Ltd" around the perimeter and a small asterisk at the bottom.

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:

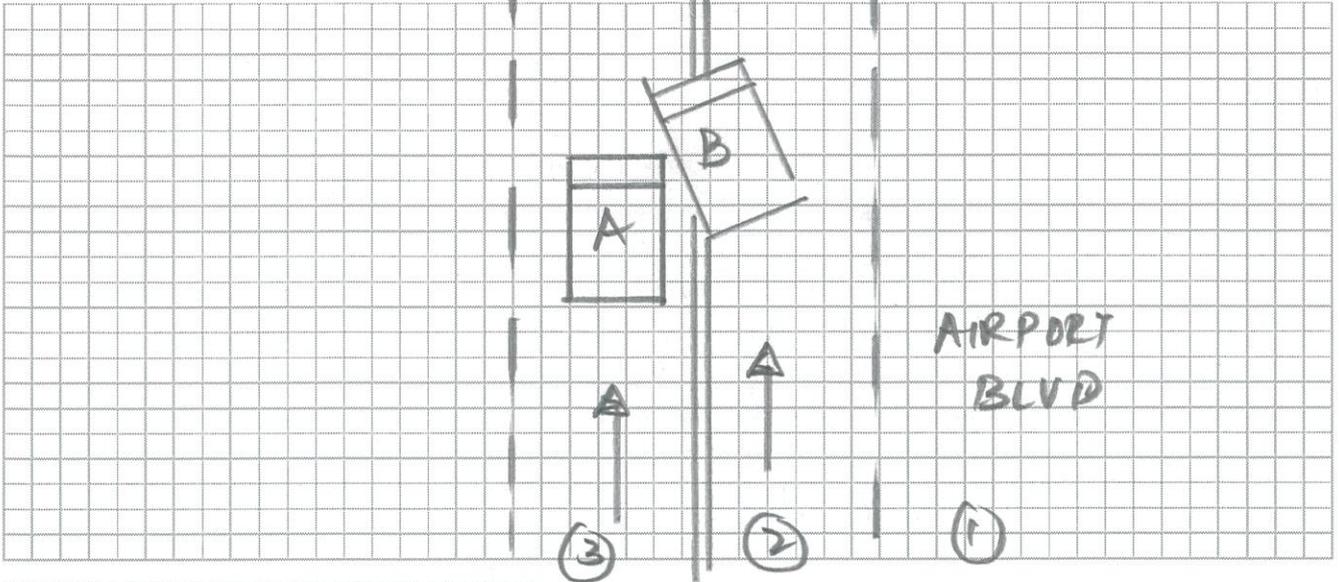
Driver's Signature
(If driver is not the policyholder)
Date & Time:

30 OCT 2018

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

6942807/Z
SHC 6346C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SJF 6346 C

B: SJF 2819 S

[A large blue scribble is present across the middle of the form.]

DECLARATION

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

Policyholder's Signature _____
 Date & Time: _____



Driver's Signature *[Signature]* _____
 (If driver is not the policyholder)
 Date & Time: 30 OCT 2018

Reporting Centre Personnel's Signature *[Signature]* _____
 Name: _____
 NRIC/FIN No.: _____

Describe Circumstance of the Accident.

ON 29/10/2018 @ 1810HRS, I WAS DRIVING MY TAXI (SHC 6346 C), TRAVELLING ALONG AIRPORT BOULEVARD TWDS CITY WITH 2 PASSENGERS ONBOARD, IN LANE 3.

WHILE I WAS MOVING STRAIGHT AHEAD (WITHIN MY LANE & ACCORDING TO THE FLOW OF TRAFFIC), SUDDENLY VEHICLE B (SJF 2819 S – BMW/WHITE) WHICH WAS FROM LANE 2, HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

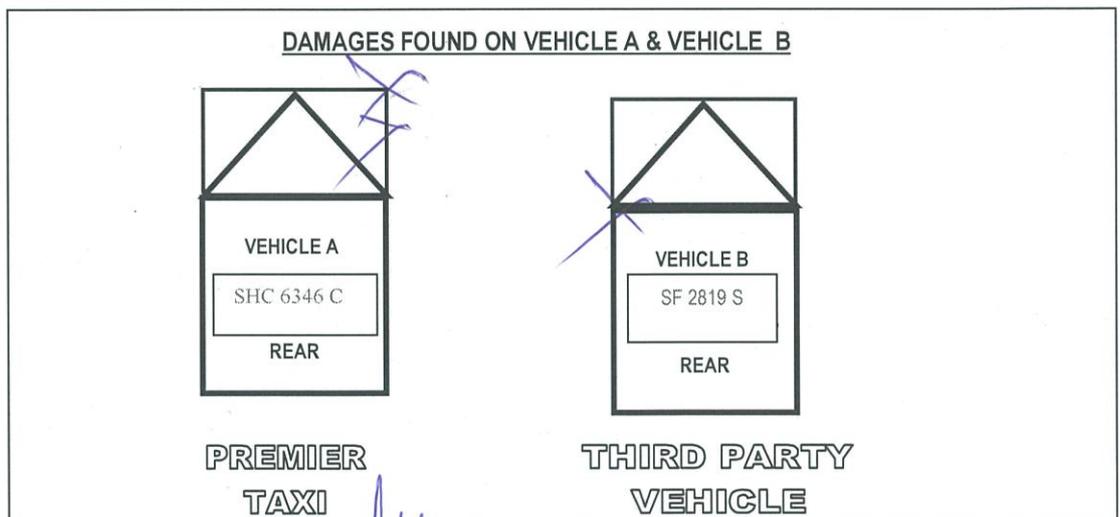
AS SUCH, THE LEFT PORTION OF VEHICLE B HAD COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI WHILE HE WAS FILTERING INTO MY LANE - & CROSSING OVER THE DOUBLE CONTINUOUS WHITE LINES.

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

AS A RESULT, I FELT SOME DISCOMFORT ON MY BODY & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE.

VEHICLE B HAD A PASSENGER ONBOARD.

* SCENE PHOTOS TAKEN.



 6942807/2

Driver's Signature & NRIC Number
Tuesday, October 30, 2018 @ 9:13:27 AM

(attended by )



**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-18-167829
Date of Request: 30/10/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 30/10/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SJF2819S
Accident Date 29/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJF2819S	AXA Insurance Pte Ltd	28/05/2018-25/05/2019	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

 6 Raffles Quay #18-00, Singapore 048580
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 Operating Hours: Monday to Friday 9am to 5pm
 GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-167829

Date of Request: 30/10/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

 Enquiry Date 30/10/2018
 Enquiry By GOH WEE DEK
 TP Vehicle No. SJF2819S
 Accident Date 29/10/2018

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:

 GIRO Cash Cheque