PREMIER RENT A CAR PTE LTD

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

Our Ref: SLR559T

WITHOUT PREJUDICE

Date: 19 Nov 2018

Attn: The Motor Claims Department

(BY EMAIL ONLY)

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

ACCIDENT INVOLVING SLR559T & SJB8301A ALONG AIRPORT BLVD ON 17.11.2018

We are the registered owner of vehicle number of SLR559T which was involved on the above mentioned accident between SJB8301A.

Investigation reveals that the motor vehicle number SJB8301A 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 SJB8301A. 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 <u>23 Changi South Avenue 2</u>, #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 SLR559T 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 RENT A CAR 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 witholding 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. 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 aforeseld.

	ACCIDENT STATEMENT
Date Of Report	19/11/2018 16:09
Date Of Accident	17/11/2018 16:45
Exact Location Of Accident	BT TIMAH ROAD
Country/State of Loss	SINGAPORE

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR559T	
Insured/Policyholder		

Name Of Registered Owner PREMIER RENT A CAR PTE LTD

Co Reg No 200612929E
Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-62141101

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS-1.6 CVT (A)

Exact Purpose for which vehicle was being used at

time of accident

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 PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number B 29080481 MCX

Cover Note Number

DriverName of Driver HAYATO OGURA

 NRIC No
 G3137335U

 Date Of Birth
 02/10/1986

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/11/2015

Driving Experience 3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87997998

Fax Number

Contact Number

EMail Address ROSALIND.TUNG@TFSS.COM.SG

Address

CO: TOYOFUJI SHIPPING PTE LTD

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - RENTAL

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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)

NO

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

REFER TO ATTACHED

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

SJB8301A

Vehicle Make/Model/Colour

LEXUS

Details Of Properties

VEH. B

Vehicle Category

PRIVATE CAR

Name of Driver

GIAN BEE YOON THERESE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 interested parties.
- By the ladgment 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 (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:
 - 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 invoive 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 regulrements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: Zold Nov 26/8

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

Sketch Plan Pg. 2

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11/19/2018 Invoice



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-18-179100

Date of Request:

19/11/2018

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd 23 Changi South Ave 2

#01-02

Singapore 486443

Dear Sir/Madam,

Enquiry Date

19/11/2018

Enquiry By

GOH WEE DEK

TP Vehicle No.

SJB8301A

Accident Date

17/11/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJB8301A	AXA Insurance Pte Ltd	21/01/2018-20/01/2019	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.

Invoice 11/19/2018



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-18-179100

Date of Request:

19/11/2018

Your Ref No:

Online Purchase

Premier Automotive Services Pte Ltd 23 Changi South Ave 2

#01-02

Singapore 486443

Dear Sir/Madam,

Enquiry Date

19/11/2018

Enquiry By

GOH WEE DEK

TP Vehicle No.

SJB8301A

Accident Date

17/11/2018

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