

PREMIER TAXIS PTE LTD

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

Our Ref: **SHD1801H**

WITHOUT PREJUDICE

Date: 30 Nov 2018

Attn: **The Motor Claims Department**

(BY EMAIL ONLY)

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

ACCIDENT INVOLVING SHD1801H & FBM7540U ALONG PIE TOWARDS CHANGI ON 23.11.18

We are the registered owner of vehicle number of **SHD1801H** which was involved on the above mentioned accident between **FBM7540U**.

Investigation reveals that the motor vehicle number **FBM7540U** 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 **FBM7540U**. 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 **SHD1801H** 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 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 aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|---------------------|
| Date Of Report | 26/11/2018 17:09 |
| Date Of Accident | 23/11/2018 19:05 |
| Exact Location Of Accident | PIE TOWARDS AIRPORT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SHD1801H |
| 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 | HYUNDAI |
| Model | I30M |
| Exact Purpose for which vehicle was being used at time of accident | HIRE & REWARD |
| 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 | CHIN KEAM YOONG |
| NRIC No | S0129510A |
| Date Of Birth | 05/08/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 28/03/1991 |
| Driving Experience | 27 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96174580 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | BLK 604 SENJA ROAD #13-21 |
| Postcode | 670604 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - RELIEF |
| 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 | AFTER RAIN |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | TRAFFIC POLICE |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER ATTACH POLICE REPORT T/20181123/2171

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 | FBM7540U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | UMMU SAMIRAH BINTE TAHAR |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|--------------------|
| Name | RIDER OF VEHICLE B |
|------|--------------------|

Approximate Age

Injuries Sustain

ARM

Injured person in which vehicle?

FBM7540U

Were seat belts worn?

NO

Was this injured conveyed to hospital by
ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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)**

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:

[Handwritten Signature]

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

[Handwritten Signature]

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

Handwritten notes on graph paper:

A. SHS BOYH

B. FRM 754

Diagram showing a vertical line with a box labeled 'A' at the top and a box labeled 'B' below it. The line is labeled 'TIE' on the right side.

Below the diagram, the numbers 3, 2, 1 are written, corresponding to the vertical line.

re for H+halh T/20181123/2171

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

$$f_1 = 2.0 \times 10^{-2} \text{ s}^{-1}, f_2 = 1.0 \times 10^{-2} \text{ s}^{-1}, f_3 = 1.0 \times 10^{-2} \text{ s}^{-1}, f_4 = 1.0 \times 10^{-2} \text{ s}^{-1}$$

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**SINGAPORE
POLICE FORCE**



T/20181123/2171

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181123/2171

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 23/11/2018 22:48 | | Vide Report No.: E/20181123/0135 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHIN KEAM YOONG | | | Address: APT BLK 604 SENJA ROAD #13-21 SINGAPORE 670604 | | |
| ID Type / ID No.: NRIC NO / S0129510A | | | Contact No.: Home/Office: Mobile: 96174580 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 65 | Date of Birth: 05/08/1953 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: TAXI DRIVER | | | Driving Licence Information: Class: Date of Expiry: | | |

| | | | | |
|--|------------------------------|-----------------------|--|-------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 23/11/2018 19:05 | Type of Location: |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY BEFORE LORNEY ROAD | | | | |
| Weather: | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|---------|--|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBM7540U | Motorcycle | HONDA | CB150R MANUAL | | | 0 |
| SHD1801H | Car | HYUNDAI | FD I30CW 1.6 MT 5DR TURBO 2WD | | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20181123/2171

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20181123/2171

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------|--|-----------------------------------|
| Rider | | | |
| Name | UMMU SAMIRAH BINTE TAHAR | ID No. | S9602718D |
| Related Vehicle | FBM7540U (Motorcycle) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | CHIN KEAM YOONG | ID No. | S0129510A |
| Related Vehicle | SHD1801H (Car) | Contact No. | 96174580 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

ON STATED TIME, DATE AND LOCATION,
I TRAVELLED ALONG PIE HEADING TOWARDS CHANGI AIRPORT. I WAS TRAVELLING ON THE FIRST LANE OF 4 LANES. IT WAS IN NORMAL TRAFFIC. AS I DRIVE PER NORMAL, ALL OF SUDDEN, THE SAID VEHICLE COLLIDED ONTO MY REAR BUMPER OF MY CAR. A FEW SECONDS LATER, I STOPPED MY CAR AND CAME OUT TO SEE THE RIDER. THERE'S ALSO SOME PEOPLE TRIED TO HELP THE RIDER. THE POLICE OFFICER GAVE ME THE RIDER'S PARTICULARS.



**SINGAPORE
POLICE FORCE**



T/20181123/2171

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

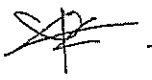

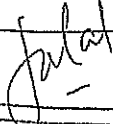
Report No. T/20181123/2171

CONTINUATION OF REPORT

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: TP / MOHAMED ANWAR BIN MOHAMED IBRAHIM | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 23/11/2018 22:48 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247 | Classification Of Case:  SINGAPORE POLICE FORCE  |
| Authentication Stamp NP168 | Signature: _____ |

**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-18-183443
Date of Request: 26/11/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,


Enquiry Date 26/11/2018
Enquiry By GOH WEE DEK
Vehicle No. FBM7540U
Accident Date 23/11/2018

Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|-----------------------|-----------------------|------------------|
| FBM7540U | AXA Insurance Pte Ltd | 15/03/2018-14/03/2019 | 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.

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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-18-183443

Date of Request: 26/11/2018

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 26/11/2018

Enquiry By GOH WEE DEK

☐ Vehicle No. FBM7540U

Accident Date 23/11/2018

| 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:

☒ GIRO ☐ Cash ☐ Cheque