

## **PREMIER TAXIS PTE LTD**

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

Our Ref: **SHB 8906 D**

**WITHOUT PREJUDICE**

Date: 10 Dec 2018

Attn: **The Motor Claims Department**

**( BY EMAIL ONLY )**

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

### **ACCIDENT INVOLVING SHB8906D, SMA4611B, SJQ803S & GBH1286U ALONG NICOLL HIGHWAY ON 07.12.2018**

We are the registered owner of vehicle number of **SHB8906D** which was involved on the above mentioned accident between **SMA4611B**.


Investigation reveals that the motor vehicle number **SMA4611B** 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 **SMA4611B**. 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 **SHB8906D** 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: 1637132 G

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

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D	B	A	C
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NICOLL H/WAY

A: SHB 8906D

B: SMA 4611B

C: SJQ 8035

D: GBH 12864.

\* Refer to attach police report

\* video footage captured.

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

Signature

✓ 29/2





# SINGAPORE POLICE FORCE



T/20181208/2095

1 of 4

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20181208/2095

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/12/2018 15:19		Vide Report No.:		Station Diary No.: 21	
<b>Informant's Particulars</b>					
Name of Informant: KWOK WAN KEONG			Address: APT BLK 276 YISHUN STREET 22 #10-242 SINGAPORE 760276		
ID Type / ID No.: NRIC NO / S1637132G			Contact No.: Home/Office: Mobile: 84822460		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 03/11/1964	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2018 22:25	Type of Location:
Location: Along Road 1 NICOLL HIGHWAY  towards Geylang				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1286U	Van					0
SHB8906D	Car					0 3
SJQ803S	Car					3 1
SMA4611B	Car					0



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T/20181208/2095

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Report No. T/20181208/2095

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Kho Jialing Genevieve	ID No.	S8340706I
Related Vehicle	GBH1286U (Van)	Contact No.	81114989
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	KWOK WAN KEONG	ID No.	S1637132G
Related Vehicle	SHB8906D (Car)	Contact No.	84822460
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/12/2018	Date Discharge	08/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhu Zixiang	ID No.	S9473496G
Related Vehicle	SJQ803S (Car)	Contact No.	86081430
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



**SINGAPORE  
POLICE FORCE**



T/20181208/2095

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Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20181208/2095

**CONTINUATION OF REPORT**

Driver			
Name	Ong Kheng Hoe	ID No.	S6830179C
Related Vehicle	SMA4611B (Car)	Contact No.	81021129
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 the above mentioned date, time and location, I was driving on the extreme left lane. I noticed that the car in front of me started to slow down. So I followed. Then out of a sudden, the vehicle behind me hit onto me. SMA 4611B hit me. Due to the impact from the hit, my vehicle moved forward and hit onto the car in front SJQ803S. My vehicle suffered several scratches from the front and rear of the vehicle. I came out of the vehicle and found that GBH1286U, was also involved and the vehicle hit onto SMA4611B.

I went to Mount Alvernia Hospital and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20181208/2095

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109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20181208/2095

**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:

G /

Staff Sgt DZULHILMI BIN OMAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/12/2018 15:19

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

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-18-190567  
Date of Request: 10/12/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 10/12/2018  
Enquiry By GOH WEE DEK  
TP Vehicle No. SMA4611B  
Accident Date 07/12/2018

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SMA4611B	AXA Insurance Pte Ltd	08/06/2018-07/06/2019	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-18-190567  
Date of Request: 10/12/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 10/12/2018  
Enquiry By GOH WEE DEK  
TP Vehicle No. SMA4611B  
Accident Date 07/12/2018

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.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque