

PREMIER TAXIS PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443
TEL: 65446676 FAX: 62141511

Our Ref: SHD 1573 R

Date: 31/12/18

WITHOUT PREJUDICE

Attn: The Motor Claims Department
AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#08-16
Singapore 079120

(BY EMAIL ONLY)

Dear Sirs/ Madam

ACCIDENT INVOLVING SHD1573R & SJU5407Z ALONG WOODLANDS AVE 9 ON 26.12.2018

We are the registered owner of vehicle number of **SHD1573R** which was involved on the above mentioned accident between **SJU5407Z**.

Investigation reveals that the motor vehicle number **SJU5407Z** 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 **SJU5407Z**. 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 **SHD1573R** 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	27/12/2018 10:15
Date Of Accident	26/12/2018 19:55
Exact Location Of Accident	WOODLANDS AVE 9 // RIVERSIDE RD & WDLNDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1573R
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	I30-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAN EE CHANG
NRIC No	S0216267I
Date Of Birth	25/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1977
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97614125
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 235 #04-33 BT PANJANG RING ROAD
Postcode	670235
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own 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 (including own vehicle) 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) 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

BOTH VEHICLES - NO PAX

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	SJU5407Z
Vehicle Make/Model/Colour	PTE CAR
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BOON PIAO
NRIC/Passport Number	
Contact Number	90903371
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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:

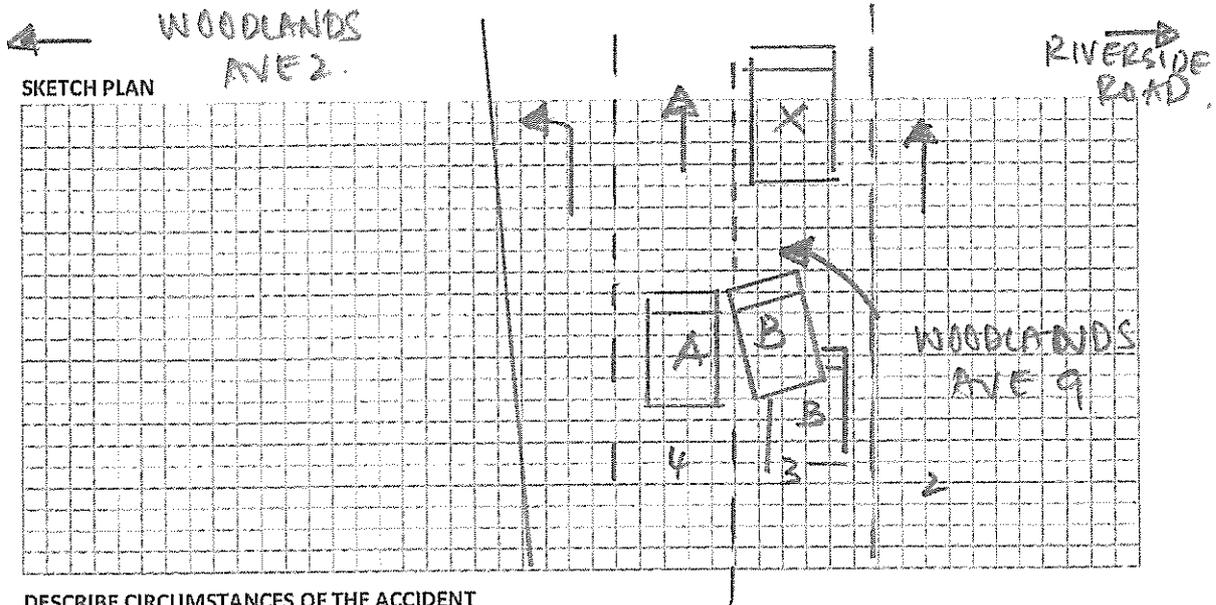
X 0216267/E
X STD 1573 R

27 DEC 2018

[Handwritten Signature]

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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1573R

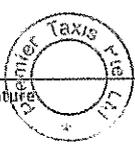
B: SJU 54072

[The rest of the form is crossed out with a diagonal line.]

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Handwritten date]
22/12/2018

27 DEC 2018
[Handwritten signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC sketchplan form v3

Describe Circumstance of the Accident.

ON 26/12/2018 @ 1955HRS, I WAS DRIVING MY TAXI (SHD 1573 R), TRAVELLING ALONG WOODLANDS AVE 9 TOWARDS THE TRAFFIC LIGHT JUNCTION OF RIVERSIDE ROAD & WOODLANDS AVE 2, IN LANE 4.

TRAFFIC LIGHT WAS GREEN ON MY ROUTE FAVOUR & I PROCEED AHEAD TOWARDS THE SAID JUNCTION BUT SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SJU 5407 Z – PTE CAR) WHICH WAS ON MY RIGHT – FAILED TO KEEP FOR PROPER LOOK OUT, HAD ENCROACHED ONTO MY PATH ON MY RIGHT ABRUPTLY.

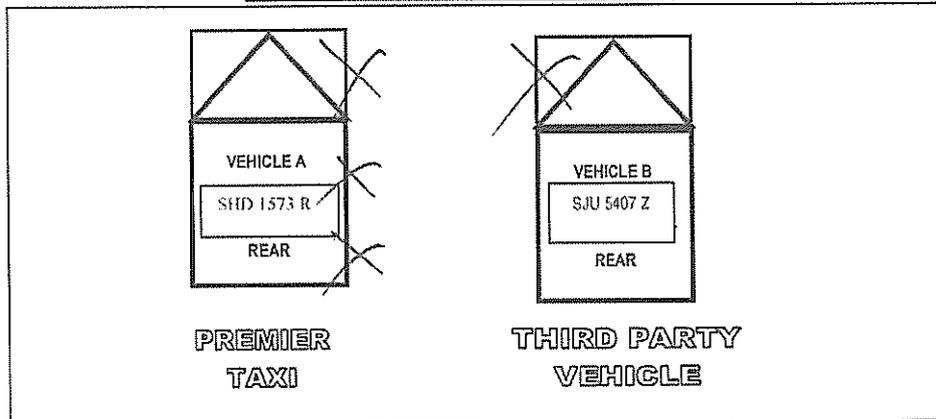
AS SUCH, THE LEFT FRONT OF VEHICLE B COLLIDED ONTO THE RIGHT PORTION OF MY TAXI.

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

NO INJURY INVOLVED
NO PASSENGER ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



[Handwritten Signature] 0216267/I

Driver's Signature & NRIC Number

@ 10:22:20 AM

(attended by *[Handwritten Initials]*)

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

27-Dec-18

ESTIMATE REPAIR BILL FOR HYUNDAI I30M REGN NO: SHD 1573 R

1 pc	Front o/s fender		\$	434.30
1 pc	Front o/s wheel cover		\$	114.80
			\$	<u>549.10</u>
		Less 20%	\$	<u>109.82</u>
			\$	<u>439.28</u>

S/NETT

1 pc	Front o/s fender sticker			\$30.00
1 set	o/s door stickers		\$	100.00
1 pc	Rear o/s fender sticker		\$	60.00
	Sundry		\$	50.00
	To check wheel alignment		\$	80.00
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the front o/s door, rear o/s door, rear o/s fender		\$	900.00
	To putty and spray painting on front o/s fender, o/s mirror assy, front o/s door, rear o/s door, rear o/s fender		\$	900.00
	To apply rustproofing on the repaired and replaced panels.		\$	180.00
			\$	<u>2,739.28</u>

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.



**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-18-198643
Date of Request: 27/12/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 27/12/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SJU5407Z
Accident Date 26/12/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJU5407Z	AIG Asia Pacific Insurance Pte. Ltd.	15/12/2018-14/12/2019	65-6419-3000

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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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-18-198643
Date of Request: 27/12/2018

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 27/12/2018
Enquiry By GOH WEE DEK
TP Vehicle No. SJU5407Z
Accident Date 26/12/2018

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.

For GIARMC Official use:

Date:

GIRO Cash Cheque

