

PREMIER TAXIS PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02

SINGAPORE 486443

TEL: 65446676 FAX: 62141511

Our Ref: SHC 6183 E

Date: 31/12/18

WITHOUT PREJUDICE

Attn: The Motor Claims Department

(BY EMAIL ONLY)

AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

#08-16

Singapore 079120

Dear Sirs/ Madam

ACCIDENT INVOLVING SHC6183E, SLX9073L & SHF766Y ALONG CTE ON 06.12.2018

We are the registered owner of vehicle number of **SHC6183E** which was involved on the above mentioned accident between **SLX9073L**.

Investigation reveals that the motor vehicle number **SLX9073L** 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 **SLX9073L**. 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 **SHC6183E** 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	06/12/2018 16:59
Date Of Accident	06/12/2018 15:35
Exact Location Of Accident	CTE - ANG MO KIO (AFTER ORCHARD ROAD EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6183E
<input checked="" type="radio"/> 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
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Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
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
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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	LIM BOON HWA
NRIC No	S1401960Z
Date Of Birth	07/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98189927
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 26 #13-03
BAYSHORE ROAD

Postcode 469972

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 CHAIN COLLISION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

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) 2

Passenger 1

NAME: : PAX IN THE FRONT SEAT - CHINESE

GENDER: : MALE

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

EH. A - 1 PAX VEH. B - 1-2 PAX VEH. C - UNKNOWN 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 SLX9073L

Vehicle Make/Model/Colour HONDA FREED - WHITE

Details Of Properties VEH. C

Vehicle Category PRIVATE CAR

Name of Driver ROZANNA BINTE KHALID

NRIC/Passport Number S8304931F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF766Y
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	FONG BEE HOCK
NRIC/Passport Number	S1317258G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

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

SPIC 6183 26 DEC 2018
S1401960/2
BNZ

(Handwritten signature)

SKETCH PLAN

CIE -
AMK
(After Orchard
Exit)

A

A

B

A

C

A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC6183E

B: SHF766Y

C: SLX9073L

DECLARATION

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

06 DEC 2010

Policyholder's Signature _____

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

*** CHAIN COLLISION ***

ON 06/12/2018 @ 1535HRS, I WAS DRIVING MY TAXI (SHC 6183 E), TRAVELING ALONG CTE – ANG MO KIO (AFTER ORCHARD EXIT) WITH A PASSENGER ONBOARD, IN LANE 1.

WHILE MOVING AHEAD, VEHICLE B (SHF 766Y – TRANSCAB) WHICH WAS IN FRONT OF ME STOPPED & UPON SEEING IT, I WAS UNABLE TO STOP IN TIME – CAUSING THE FRONT OF MY TAXI TOUCHES ONTO THE REAR OF VEHICLE B.

SUBSEQUENTLY I FELT AN IMPACT FROM THE REAR AND CAUSES MY TAXI TO SURGE FORWARD AGAIN.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE C (SLX 9073 L – HONDA FREED) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

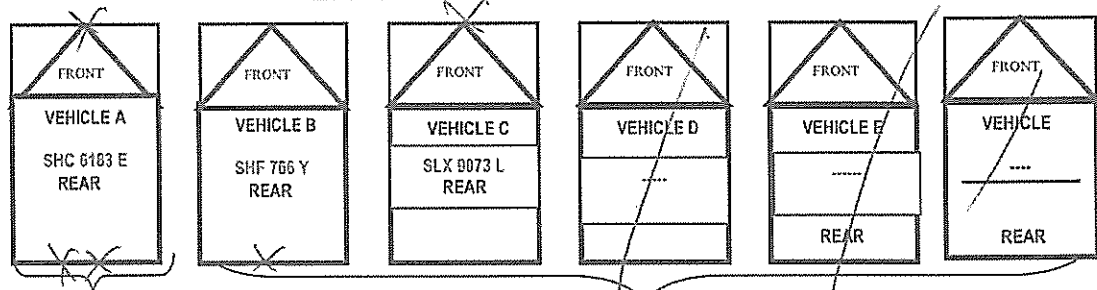
DUE TO THE IMPACT, MY VEHICLE DAMAGED ON THE FRONT & REAR PORTION. I WAS NOT AWARE OF DAMAGES TO OTHER VEHICLES.

NO INJURY INVOLVED.

UNKNOWN PASSENGERS ONBOARD VEHICLE B.

VEHICLE C HAD 1-2 PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED

CHAIN COLLISION / MULTIPLE VEHICLES**DAMAGES FOUND ON VEHICLE A, B, C, D, E & F**

PREMIER TAXI

THIRD PARTY VEHICLES



Driver's Signature & NRIC Number

Thursday, December 06, 2018 @ 5:09:27 PM

[> Back to OneMotoring](#)

Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 07 Dec 2018 / 08:58:06

Receipt Date/Time : 07 Dec 2018 / 08:58:06

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181207-000309

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SLX9073L				
As at 06 Dec 2018/15:35:00				
Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.				
1	Insurance Enquiry - SLX9073L Enquiry Fee 20181207084819150361	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	xxxxxxxxxxxx6384	Credit Card: Visa/MasterCard		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

[Print Receipt](#)[OK](#)[Save as PDF](#)

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

31-Dec-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6183 E

1 pc	Front bumper	\$	531.00
1 pc	Front bumper emblem	\$	44.00
1 pc	Front bumper centre grille	\$	174.00
1 pc	Front bumper tow hook cover	\$	14.00
1 pc	Front bumper inner sponge	\$	110.00
1 pc	Front bumper reinforcement	\$	328.00
2 pcs	Front bumper o/s & n/s side retainer @ \$16.00	\$	32.00
2 pcs	Front bumper o/s & n/s upper bracket @ \$16.00	\$	32.00
2 pcs	Front bumper o/s & n/s support bracket @ \$16.00	\$	32.00
1 pc	Rear bumper	\$	696.00
1 pc	Rear bumper lower cover	\$	206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	\$	58.00
1 pc	Rear bumper inner sponge	\$	114.00
1 pc	Rear bumper reinforcement	\$	607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00	\$	108.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00	\$	36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00	\$	36.00
		\$	3,158.00
		Less 10%	\$ 315.80
			\$ 2,842.20

S/NETT

1 set	Rear bumper clips	\$	48.00
1 set	Reverse sensor	\$	280.00
1 pc	Front no. plate with casing	\$	50.00
1 pc	Front bumper clips	\$	48.00
2 pcs	Front n/s & o/s head lamp lower clip @ \$6.00	\$	12.00
2 pcs	Front n/s & o/s head lamp side clip @ \$3.00	\$	6.00

31-Dec-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6183 E

Sundry	\$ 50.00
To check for wiring and to focus head lamps	\$ 80.00
To dismantle / replace reverse sensor to new bumper and reset to the same	\$ 120.00
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$ 180.00
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel etc	\$ 850.00
To putty and spray painting on front bumper, rear bumper, end panel	\$ 600.00
To apply rustproofing on the repaired and replaced panels.	\$ 120.00
	<u>\$ 5,286.20</u>

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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