

PREMIER TAXIS PTE LTD

23 CHANGI SOUTH AVE 2 #03-02

SINGAPORE 486443

TEL: 65446676, 65446689 FAX: 62141511

Our Ref: **SHC 6648 G**

WITHOUT PREJUDICE

Date: 21 Jan 2019

Attn: **The Motor Claims Department**

(BY EMAIL ONLY)

AXA Insurance Pte Ltd

No.8 Shenton Way

#27-01

Singapore 068811

**ACCIDENT INVOLVING SHC6648G, SJM7733K, SHC5005T & SHD6661L
ALONG BAYFRONT AVE ON 19.01.19**

We are the registered owner of vehicle number of **SHC6648G** which was involved on the above mentioned accident between **SJM7733K**.

Investigation reveals that the motor vehicle number **SJM7733K** 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 **SJM7733K**. 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 **SHC6648G** 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

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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 6648G

B: SJM 77331C

C: SHC 5005T

D: SHD 6661L.

* Refer to attach police report

* Video footage captured

DECLARATION

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

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/1/2019 1140h.

50056901B.

21 JAN 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190120/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2019 19:31		Vide Report No.:		Station Diary No.: 177	
Informant's Particulars					
Name of Informant: SEE LUB HOK			Address: APT BLK 377 CLEMENTI AVENUE 5 #05-322 SINGAPORE 120377		
ID Type / ID No.: NRIC NO / S0095690B			Contact No.: Home/Office: Mobile: 81099369		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 03/04/1952	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 BAYFRONT AVENUE along Bayfront Ave towards Temasek Ave near Lamp Post 13				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5005T	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DRLATITU DE	Red	Seriously Damaged	0
SHC6648G	Car	KIA	OPTIMA 1.7(A)	Silver	Seriously Damaged	4
SHD6661L	Car	MERCEDES BENZ	E220 BLUETEC	White	Slightly Damaged	0



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190120/2112

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM7733K	Car	BMW	740LI 3.0L A/T ABS D/AB 2WD 4DR HID SR	Grey	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEE LUB HOK	ID No.	S0095690B
Related Vehicle	SHC6648G (Car)	Contact No.	81099369
Hospital/Clinic	FINESTHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/01/2019	Date Discharge	20/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 19/01/2019 at about 2200hrs, I was driving my silver Premier taxi - SHC6648G with 4 passengers along Bayfront Ave towards Temasek Ave near Lamp Post 13 at the junction of Bayfront Ave to turn left to Raffles Ave. As the traffic light indicated red, I stopped my taxi and waited. Suddenly I heard a loud thud from the rear and then realised that the impact caused my taxi to hit the car in front of me.

In total, 4 cars are involved. The car in front of me is a Transcab - SHC5005T with driving namely Wong Soon Chai S0092439C HP: 97501009 and the car in front of SHC5005T which is a CDG taxi - SHD6661L was also affected. The driver is namely Yu Chin Song S25674161B HP: 96226711. The car behind me is a SJM7733K and the driver is namely Chua Tiong Kee S7173600H HP: 91095010.

My left rear part of my taxi was badly damaged and the front part of my taxi was also damaged. Ambulance and traffic police attended to scene but no one conveyed. I seek medical attention at Finest Health Medical Centre which is located at 9 Lorong 7 Toa Payoh #01-268 as the back of my neck felt stiff and was given unfit for duty for 4 days from 20/01/19 to 23/01/2019. There is an in-car camera installed in my taxi but it only captures the front side.



**SINGAPORE
POLICE FORCE**



T/20190120/2112

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20190120/2112

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:
D /
Sr Staff Sgt SUZIANNA BINTE ZAINAL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MOHAMED RIZWAN BIN IBRAHIM
Contact No.: 93265045

Authentication Stamp
NP168

Signature Of Informant:

[Signature]
20/1/2019

Date/Time:
20/01/2019 19:31

Classification Of Case:

SN 37



SINGAPORE
POLICE FORCE

[Signature]
SIGNATURE



RECORDS MANAGEMENT CENTRE

**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-19-011402

Date of Request: 21/01/2019

Your Ref No:

Online Purchase

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

Dear Sir/Madam,

Enquiry Date 21/01/2019
Enquiry By GOH WEE DEK
TP Vehicle No. SJM7733K
Accident Date 19/01/2019

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJM7733K	AXA Insurance Pte Ltd	30/07/2018-29/07/2019	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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RECORDS MANAGEMENT CENTRE

**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-19-011402

Date of Request: 21/01/2019

Your Ref No: Online Purchase

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

Dear Sir/Madam,

Enquiry Date 21/01/2019
Enquiry By GOH WEE DEK
TP Vehicle No. SJM7733K
Accident Date 19/01/2019

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