

## **PREMIER TAXIS PTE LTD**

23 CHANGI SOUTH AVE 2 #03-02

SINGAPORE 486443

TEL: 65446676, 65446689 FAX: 62141511

Our Ref: **SHD1435G**

**WITHOUT PREJUDICE**

Date: 01 Apr 2019

**Attn: The Motor Claims Department**

**( BY EMAIL ONLY )**

AXA Insurance Pte Ltd

No.8 Shenton Way

#27-01

Singapore 068811

### **ACCIDENT INVOLVING SHD1435G & SHC5921Z ALONG TANJONG PAGAR ROAD ON 31.03.19**

We are the registered owner of vehicle number of **SHD1435G** which was involved on the above mentioned accident between **SHC5921Z**

Investigation reveals that the motor vehicle number **SHC5921Z** 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 **SHC5921Z**. 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 AVE 2 SINGAPORE 486443** within two (2) days from the date hereof as to avoid further LOR/I incur. We enclosed hereby the GIA report of **SHD1435G** 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.



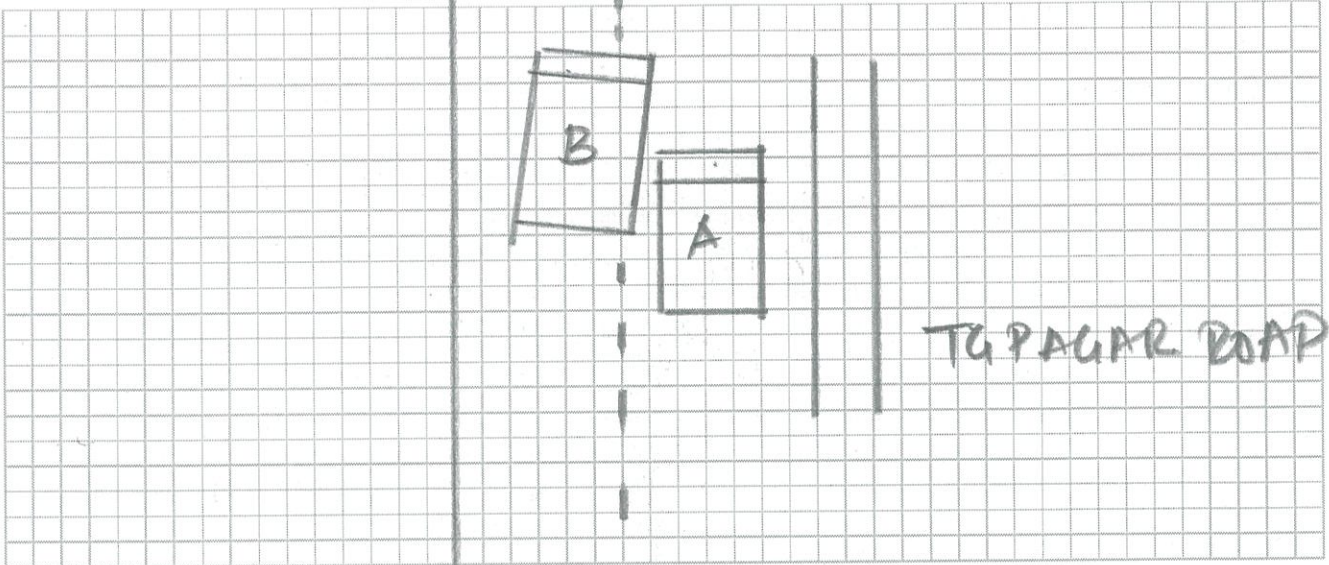
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 14356

B: SHC 59212

\* refer to attach police report

## DECLARATION

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



Policyholder's Signature  
Date & Time:

x *[Signature]*

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

*815420621*

01 APR 2013

*[Signature]*

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



# SINGAPORE POLICE FORCE



T/20190401/2003

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190401/2003

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                         |
|--|------------------|-------------------------|
| Date/Time Report Made:<br>01/04/2019 01:35 | Vide Report No.: | Station Diary No.:<br>9 |
|--|------------------|-------------------------|

**Informant's Particulars**

|   |  |                              |                              |
|---|--|------------------------------|------------------------------|
| Name of Informant:<br>ABDUL RAZAR BIN ABDUL GHANI | Address:<br>APT BLK 722 WOODLANDS AVENUE 6 #02-550<br>SINGAPORE 730722 |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S1542062F          | Contact No.:<br>Home/Office: Mobile: 90588614                          |                              |                              |
| Nationality:<br>SINGAPORE CITIZEN                 | Email:   |                              |                              |
| Sex:<br>Male                                      | Age:<br>57   | Date of Birth:<br>09/01/1962 | Type of Informant:<br>Driver |
| Race:<br>Pakistani                                | Language:<br>English   |                              | Institution / School Name:   |
| Occupation:<br>Taxi driver                        | Driving Licence Information:<br>Class: 2B,2A,2,3,4,5 Date of Expiry:   |                              |                              |

**General Information of the Accident**

|  |                  |                      |  |                                     |
|--|------------------|----------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No   | Date/Time of Accident:<br>31/03/2019 03:40 | Type of Location:<br>Straight Road  |
| Location:<br><br>TANJONG PAGAR ROAD<br>MAXWELL ROAD          |                  |                      |  |                                     |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry |  | Road Speed Limit:                   |
| Traffic Flow:  |                  | Traffic Control:     |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                      |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model                                    | Color  | Condition           | No of Passenger |
|-------------|------|---------|--|--------|---------------------|-----------------|
| SHC5921Z    | Car  | RENAULT | LATITUDE<br>2.0L DCI<br>AUTO D/AB<br>4DR | Red    |                     | 0               |
| SHD1435G    | Car  | HYUNDAI | I30 GDH 1.6<br>TCI 5DR<br>DCT            | Silver | Slightly<br>Damaged | 1               |



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Report No. T/20190401/2003

**CONTINUATION OF REPORT**

|                                   |                             |  |   |
|-----------------------------------|-----------------------------|--|---|
| <b>Details of Person Involved</b> |                             |  |   |
| Any Pedestrian Involved: No       |                             |  |   |
| No. of Pedestrians Injured: NIL   |                             | Use of Pedestrian Crossing: NA         |   |
| <b>Driver</b>                     |                             |  |   |
| Name                              | ABDUL RAZAR BIN ABDUL GHANI | ID No.                                 | S1542062F                                   |
| Related Vehicle                   | SHD1435G (Car)              | Contact No.                            | 90588614                                    |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL     | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 01/04/2019                  | Date Discharge                         | 01/04/2019                                  |
| No. of Days granted Medical Leave | 05                          | Degree of Injury                       | Slight                                      |
| <b>Passenger</b>                  |                             |  |   |
| Name                              | ELANGO VAN RAMASAMY         | ID No.                                 | S1469813B                                   |
| Related Vehicle                   | SHD1435G (Car)              | Contact No.                            | 98905507                                    |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL           |
| Date Treatment                    | 01/04/2019                  | Date Discharge                         | 01/04/2019                                  |
| No. of Days granted Medical Leave | 05                          | Degree of Injury                       | Serious                                     |

**Brief Details.**

On 31/03/2019 at about 0340hrs, I was driving my company taxi bearing registration plate no. SHD1435G along Tanjong Pagar Road towards Maxwell Road on the extreme right lane with another passenger on-board. Suddenly, a TransCab taxi bearing registration plate no. SHC5921Z had cut into my lane from the left whereby I do not have enough time to react which resulted in my taxi collided into the right rear portion of the said taxi. Thereat, all parties did not exchanged particular and left the scene. No Traffic Police or Ambulance was called to scene.

On 01/04/2019, as I was feeling discomfort, I had then went to Mount Alvernia Hospital together with the passenger to consult a doctor whereby both of us were given 5-days of medical leave from the period of 01/04/2019 to 05/04/2019. I wish to state that I have an in-car camera installed in my taxi. I further state that I am lodging this report for insurance claim. That is all.



**SINGAPORE  
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Report No. T/20190401/2003

**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:  
L /  
Sgt 1 RICKSON ONG KIAN MENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/04/2019 01:35

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

SN 085



Signature:

Singapore Police Force