



Company & GST Registration No. 200616038C

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27

Kaki Bukit Autohub Singapore 417921

Tel: 68420051

Fax: 67410510

Email: sales@n51.com.sg

Our Ref:

SFG 9099 Z

Your ref:

SMJ 3444 B

19 August 2024

INDIA INTERNATIONAL INSURANCE PTE LTD

BY EMAIL motorclaim@iii.com.sg ONLY

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 19 Aug 2024

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by **LIM BOON CHIP** to notify you of a road traffic accident on **19 Aug 2024** at about **11:23 HOURS**

along **PUNGGOL RD TWDS HOUGANG AVE 10 B4 RIVERVALE DR**

our client's vehicle **SFG 9099 Z & SMJ 3444 B** you/your insured at the material time.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle , please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please be inform that we don't excess to Merimen System and kindly reply to us by Email / Fax.

Yours faithfully,



N-51 AUTOMOTIVE PTE LTD



VEHICLE NO: SFG 90992

MAKE & MODEL: Kia Cerato

AUTO / MANUAL

DATE OF ACCIDENT	19 / 08 / 2024	C.C. 1.6
TIME OF ACCIDENT	1123	AM / PM
LOCATION OF ACCIDENT	Punggol Road towards Hougang Ave 10 before Riverside Drive	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Lim Boon Chip	
EMAIL	LIM WILSON 1 @ HOTMAIL.COM	Office: MOBILE 9339 2642
NRIC	S20463301	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	Tokio Marine	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	M2D03534	
NAME OF DRIVER	AS ABOVE / IF NO: Lim Wee Song Wilson	
NRIC	S99236542	
DATE OF BIRTH	28 / 04 / 1944	
ANY PASSENGER	<u>YES</u> / NO :	
NAME OF PASSENGER	1	
GENDER OF PASSENGER	MALE / FEMALE 1F	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	13 / 12 / 2023	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 9822-1629 Office:	
EMAIL		
ADDRESS	Apt B1K 17A Riverside Drive #05-76 S 54117	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. INSURER	
RELATIONSHIP	Employee / If <u>NO</u> Grand Father	
WEATHER CONDITION	<u>Clear</u> / Raining / Other.	
ROAD SURFACE	<u>Dry</u> / Wet / Other.	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONVEYED BY AMBULANCE	<u>No</u> / If yes: Who?	
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	SMJ 3444 B Any Passenger: NA	
NAME	Johari Bin Ahmad	
CONTACT NO.	9116 2419	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
Person Reporting	Driver / Owner / <u>Both</u>	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approached by unknown person soliciting (s) / offering accident claims assistance?	YES <u>NO</u>	
N-51 Automotive Pte Ltd	Reception	

Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SFG9099Z) along Punggol Road towards Hougang Ave 10 on the middle lane of 3 Lane Road. Before Rivervale Drive, The traffic light turned red. As such, I slowed down my vehicle to prepare to stop. Out of a sudden, vehicle B (SMJ3444B) collided into the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

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 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.

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.

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

