

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 67440510

Fax: 67410510

Email: claim@twincar.com.sg

Our Ref:

GBM 444 K

Your ref:

XE 5224 C

27 September 2024

LONPAC INSURANCE BHD

BY EMAIL mt_claim@lonpac.com ONLY

100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 26 Sept 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 **TOPAIR ENGINEERING PTE LTD** to notify you of a road traffic accident on **26 Sept 2024** at about **09:00 HOURS** along **BRADDELL ROAD** our client's vehicle **GBM 444 K & XE 5224 C** 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,



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Twincar Automotive 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 Actual 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 First Submission	26/09/2024 14:48 (SGT)
Reported by	Actual Driver
Date of Accident	26/09/2024 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM444K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TOPAIR ENGINEERING PTE LTD
Company Reg No	200816861G
Email Address	WECARE@TOPAIR.COM.SG
Mobile Phone No	(Phone) +65-67895223
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	Diesel
First Registration Date	10/07/2018
Chassis no	JTFAT35Y00K210881
Effective Date/Time of Ownership	10/07/2018 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG24009349

DRIVER

Name of Driver	RAHAMAN MOTIAR
Passport No/FIN	G6546648T
Date Of Birth	03/03/1985
Occupation	Outdoor
Driving Pass Date	29/08/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84295210
Alt. Phone Number	-
Email Address	M01770337986@GMAIL.COM
Address	C/O 27 NEW INDUSTRIAL ROAD
Address complement	06-03 NOVELTY TECHPOINT
Postcode	536212
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LOKMAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5224C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PERIYANAYAGASAMY ANTHONYRAJ
Contact Number	(Phone) +65-98947895
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


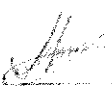

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMJ2927G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

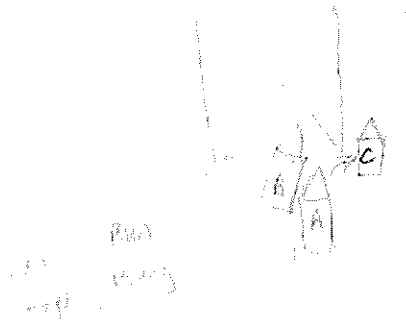
SKETCH PLAN

IMPORTANT NOTICE

1. This report is for use by the General Insurance Association of Singapore (GIA) for its claims management purposes only. It is not to be used for any other purpose.
2. The report is for use by the General Insurance Association of Singapore (GIA) for its claims management purposes only. It is not to be used for any other purpose.
3. Any false reporting may be deemed as an offence under the law.
4. The report will be reviewed by the General Insurance Association of Singapore (GIA) for its claims management purposes only. It is not to be used for any other purpose.
5. By the lodgment of this report, the insured is deemed to have consented to the disclosure of this report to the Centre and to the use of the report being made available aforesaid.
6. **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 be 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 a insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident and who collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Motor Vehicle Insurance Association of Singapore and any other government agency/authority, regulatory body, third party service providers or agents (collectively the "Purposes")
 - (b) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
 - (c) Investigating the accident and/or my claims;
 - (d) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (e) Administering my claims (including the making 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
 - (f) Complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (g) 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
 - (h) 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 based outside of Singapore, for one or more of the above Purposes.
 - (i) 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
 - (j) 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 Driver's Name and Date & Time	26/9/24  Reporting Officer's Signature Name & Time
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DATE: 26/9/20



Braddell Road.

A - GBM 444K

B - XE5224C

C - SMJ2927G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the 2nd lane of Braddell Road, suddenly this vehicle (B) cut into my lane I immediately jam on my brakes but somehow due to his long vehicle his right rear hit my vehicle (A) on the left and cause my vehicle (A) to be pushed to my right that cause my vehicle (A) encroachment into the 1st lane and collided onto one on coming vehicle (C).

DECLARATION

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

Driver's Signature
Date: 26/9/20

Witness's Signature
Name: [Signature]
Address: [Signature]
Contact No: [Signature]

26/9/20
Reporting Officer's Signature
Name: [Signature]
Address: [Signature]
Contact No: [Signature]