



N-51 AUTOMOTIVE PTE LTD

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:

SBK 969 Z

Your ref:

SBL 8991 A

01 October 2024

AUTO & GENERAL INSURANCE (S) PTE LTD

BY EMAIL claims@budgetdirect.com.sg ONLY

SINGAPORE SHOPPING CENTRE

190 CLEMENCEAU AVENUE #03-01

SINGAPORE 239924

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 **KOH HONG KOOI MRS HOE BOON KWEE** to notify you of a road traffic accident on **26 Sept 2024** at **17:00 HOURS**

along **COLLYER QUAY TWDS ESPLANADE DR NEAR OCEAN FINANCIAL CENTRE**

our client's vehicle **SBK 969 Z & SBL 8991 A** 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



bizSAFE

VEHICLE NO:	3BK969Z		MAKE & MODEL:	Peugeot 3008		ATD / MANUAL
DATE OF ACCIDENT:	26 / 09 / 24		CC:			
TIME OF ACCIDENT:	1700 HRS					
LOCATION OF ACCIDENT:	Collyer Quay twds Esplanade Dr near					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		Ocean Financial Corp			
NAME OF OWNER:	Koh Hong Kai MRS HOE Boon Khee					
TEL NO:	H/P: 98448661		OFFICE:	HOME:		
NRIC:	S1297207E					
ADDRESS:	21B Rosyth rd (S) 546171					
EMAIL:	JEVONHOE@gmail.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	Liberty					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	SD24V10805/VPC/R02					
NAME OF DRIVER:	AS ABOVE / IF NO: Hoe Qing Yao, Jevon					
NRIC:	89327717A		ANY PASSENGER: N-A			
DATE OF BIRTH:	04 / 08 / 1993		LICENCE PASSED DATE: 07 / 11 / 2012			
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 97382541		OFFICE:	HOME:		
ADDRESS:	364A Upper Serangoon rd #02-1002 (S) 531364					
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Mother-Son					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SBL8991A		ANY PASSENGERS: 1(M), 1(F)			
NAME OF DRIVER:	Soh Bon Eng		CONTACT NO: 93808033			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
Any Witness? If Yes, Name?			Witness Contact:			
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Left Side portion					
Have you been approach by unknown person soliciting to offering accident claims assistance?	YES / NO					
WORKSHOP PARTICULAR:	X-51 Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Jun Ming					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@x51.com.sg					

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

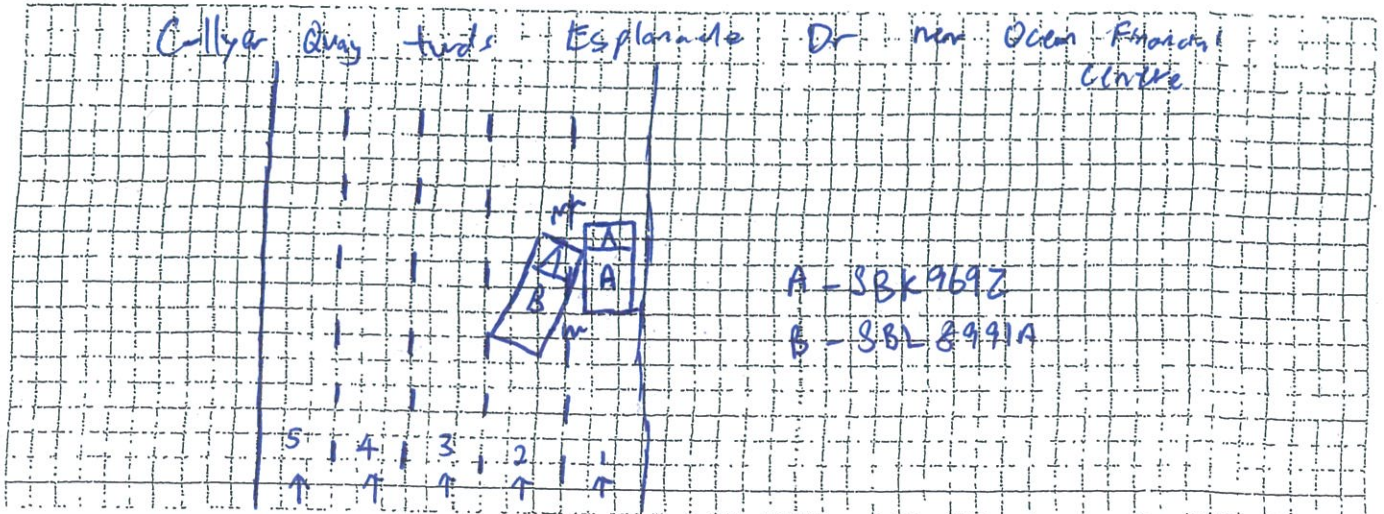
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per above date and time, I was driving along
Collyer Quay towards Esplanade Dr on the extreme
right lane. Somewhere near Ocean Financial Centre,
Veh (B) 8BL8991A from lane 2 filtered onto my lane without
checking. As a result, encroaching onto my path and
collided onto my vehicle left side portion.

Declaration

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

DK

Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre
Personnel