

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:

SLK 8213 A

Your ref:

SHA 4711 E

12 October 2024

MS FIRST CAPITAL INSURANCE LIMITED

BY EMAIL MotorClaims@msfirstcapital.com.sg ONLY

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 11 Oct 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 **THAM CHYE ANN** to notify you of a road traffic accident on **11 Oct 2024** at about **21:44 HOURS**

along **LOYANG AVE TWDS CHANGI B4 PASIR RIS DR 1**

our client's vehicle **SLK 8213 A & SHA 4711 E** 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

VEHICLE NO:	SLK 8213A	MAKE & MODEL:	Mercedes Mando 3	ATC / MANUAL
DATE OF ACCIDENT:	11 / 10 / 24	CC:	1-5	
TIME OF ACCIDENT:	2144 HRS			
LOCATION OF ACCIDENT:	Loyang Ave twls Changi betw Pasir Ris			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			Dr 1
NAME OF OWNER:	Tham Chye Ann Ann			
TEL NO:	H/P: 97666420	OFFICE:		HOME:
NRIC:	S6830541M			
ADDRESS:	141 Pasir Ris Str 11 #06-169 (S) 510141			
EMAIL:	ROCKTHUMB@gmail.com			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO?			
INSURANCE COMPANY:	FWD			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	PWPV2021-00000710-03			
NAME OF DRIVER:	AS ABOVE / IF NO:			
NRIC:	AS above	ANY PASSENGER:	1 (CF)	
DATE OF BIRTH:	27/08/1968	LICENCE PASSED DATE:	19/04/1996	
OCCUPATION:	OUTDOOR / INDOOR:			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: AS above	OFFICE:		HOME:
ADDRESS:	AS above			
EMAIL:	AS above			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			INSURER:
RELATIONSHIP:	owner			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	Tham Chye Ann, 9766 6420			
NAME & CONTACT:				
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?			
VEHICLE B REG NO:	SHA 4711E	ANY PASSENGERS:	N/A	
NAME OF DRIVER:	Nguyen Minh Thai	CONTACT NO:	9788 9379	
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:	Plan portion			
Have you been approached by unknown person soliciting 1st offering accident claims assistance?	YES / NO			
WORKSHOP PARTICULAR:	Twin Car Automotive			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Jun Ming			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.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 willful 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:

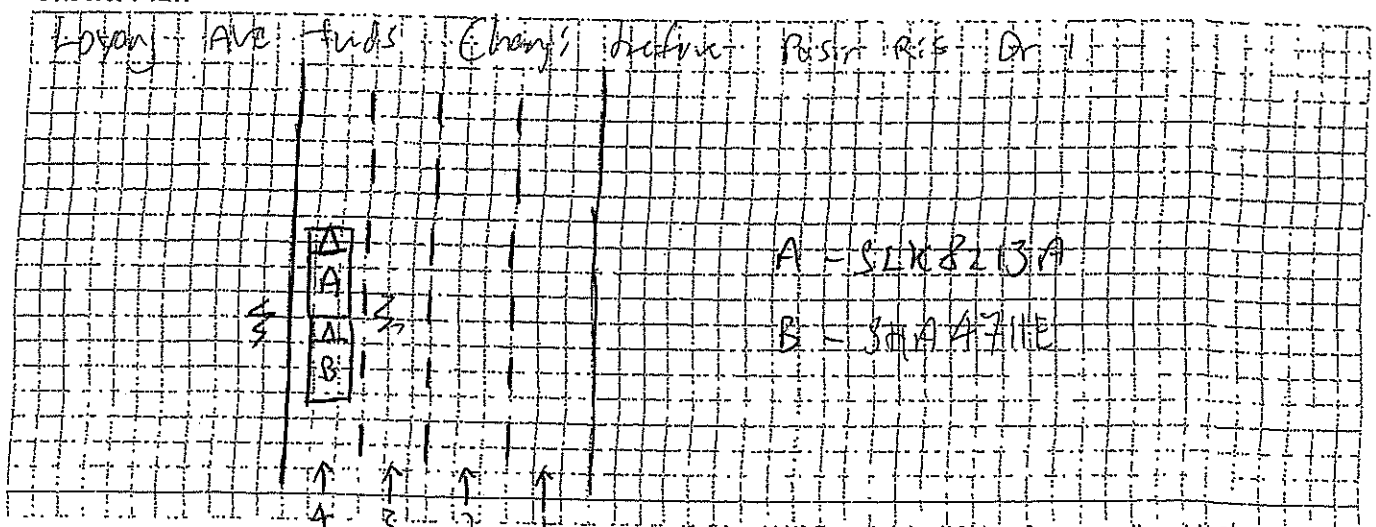
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 SLK 8213A along Loyang Ave towards Changi on the extreme left lane. Somewhere before Pisir Ris Dr 1, vehicle in front of me jammed brake and stopped. I applied brake and stopped accordingly. Suddenly vehicle SHA 4711E which was behind me collided onto my vehicle rear portion. Video Footage attached.

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

Witnessed by Reporting Centre Personnel