

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: **GBF 5546 D**

Your ref: **SKV 7243 Z**

15 November 2024

AUTO & GENERAL INSURANCE (S) PTE LTD

SINGAPORE SHOPPING CENTRE

190 CLEMENCEAU AVENUE #03-01

SINGAPORE 239924

Attn: Motor Claims Department

BY EMAIL claims@budgetdirect.com.sg ONLY

Dear Sir/Madam,

DATE OF ACCIDENT : 11 Nov 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 **HH DECOR PTE LTD** to notify you of a road traffic accident on **11 Nov 2024 at 22:15 HOURS** along **OLD TOH TUCK RD X TOH TUCK AVE** our client's vehicle **GBF 5546 D & SKV 7243 Z** 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: GBF 5546D

MAKE & MODEL: Toyota Dyna

AUTO (MANUAL)

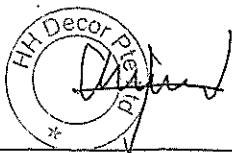
DATE OF ACCIDENT	11 / 11 / 2024	C.C. 3'0
TIME OF ACCIDENT	12215	AM / PM
LOCATION OF ACCIDENT	Old Toh Tuck Rd X Toh Tuck Ave	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	HH Decor Pte Ltd	
EMAIL	VINCENT - HHDECOR @ HOTMAIL .com	MOBILE 93879678
NRIC	202006704M	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	Income	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5123677499-02	
NAME OF DRIVER	AS ABOVE / IF NO: Sheikh Mohammad Sohag	
NRIC	G2458466L	
DATE OF BIRTH	17 / 06 / 1994	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	13 / 06 / 2014	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 9079 6762 Office:	
EMAIL		
ADDRESS	71 Tanney Lane #11-04 City Industrial Building S 347807	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / <u>IF NO</u> Employee	
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.	SKV7243Z Any Passenger: NA	
NAME	Lek Puay Koong Tina	
CONTACT NO.	98737095	
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?	YES <u>NO</u>	
Person Reporting	<u>Driver</u> / Owner / Both	
Original Language Used	<u>English</u> / Mandarin / Other:	
Have you been approach by unknown person soliciting (s) /		
Offering accident claims assistance?	YES <u>NO</u>	
N-51 Automotive Pte Ltd	Front Portion	

Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (GBF5546D) along old Toh Tuck Rd towards Toh Tuck Avenue. on the right lane of a 2 Lane Rd. At the junction of Toh Tuck Ave, The traffic light was in my favor with green light. I proceeded and vehicle B (SKV7243Z) came from the right. As a result, my vehicle front portion collided into the left front portion of vehicle B.

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

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.

HIA Decor Plate
Signature
*

Policyholder's Signature / Date & Time

Signature

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

Witnessed by Reporting Centre Personnel

Sketch Plan

