

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:

SMK 5577 H

Your ref:

SDK 9006 U

18 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 : 17 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 **AW KIM LENG** to notify you of a road traffic

accident on **17 Nov 2024** at about **16:30 HOURS**

along **PIE TWDS CHANGI B4 KIM KEAT LINK**

our client's vehicle **SMK 5577 H & SDK 9006 U** 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,



Twincar Automotive Pte Ltd

VEHICLE NO.: 3MK5577H

MAKE & MODEL: Honda Freed

(AUTO) MANUAL

DATE OF ACCIDENT	17 / 11 / 2024	C.C. 1.5
TIME OF ACCIDENT	1630	AM / PM
LOCATION OF ACCIDENT	DIE towards changi before km keat Lmk	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Aw Km Leng	
EMAIL	SEAN AW 05 @Yahoo.com.sg	Office MOBILE 8189 6841
NRIC	87731400H	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u>	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	7220023489-02	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: As above	
NRIC	As above	
DATE OF BIRTH	07 / 11 / 1977	
ANY PASSENGER	<u>YES</u> / NO:	
NAME OF PASSENGER	4 (2M 2F)	
GENDER OF PASSENGER	<u>MALE</u> / <u>FEMALE</u>	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	22 / 07 / 1996	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: As above Office:	
EMAIL		
ADDRESS	633A Punggol Drive #08-675 S 821632	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / IF NO: Owner	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	Dry / <u>Wet</u> / Other:	
ANY INJURIES	No / 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.	SDK 9006U Any Passenger: unknown	
NAME	unknown	
CONTACT NO.	unknown	
VEHICLE C NO.	SMJ 2393X Any Passenger: unknown	
VEHICLE D NO.	SLQ 9852S Any Passenger: unknown	
VEHICLE E NO.	SLU 4980S Any Passenger: unknown	
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 approach by unknown person soliciting (s) /		
Offering accident claims assistance?	YES / <u>NO</u>	
Rear & Front portion	Two car Automatic PTC Ltd	

Describe Circumstances of the Accident


As of above date & time, I was driving my vehicle (SMK 5577 H) along PIE towards Changi on the 2nd from the right lane of a 4 lane expressway. Before Km 160+ Link, vehicle E (SLU 4980 S) which was in front of my vehicle, slowed down & stopped. I followed accordingly. Out of a sudden, vehicle B (SDK 9006 U) collided into the rear portion of my vehicle. Due to the impact, my vehicle surged forward & collided into the rear portion of vehicle E. I alighted & discovered I was involved in a 5 car chain collision involving vehicle C (SMJ 2393 X) & vehicle P (SLQ 9852 S). I wish to state there was two impacts from the rear causing my vehicle to hit vehicle E twice.

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 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

