

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: **GBM 333 Y**

Your ref: **SLD 2297 J**

11 July 2024

INDIA INTERNATIONAL INSURANCE PTE LTD

BY EMAIL motorclaim@iii.com.sg ONLY

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 11 July 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 **CARSTOMERS PTE LTD** to notify you of a road traffic accident on **11 July 2024** at about **05:25 HOURS** along **OLD TAMPINES RD TWDS LOYANNG AVE SLIP RD INTO LOYANG AVE** our client's vehicle **GBM 333 Y & SLD 2297 J** 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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N-51 AUTOMOTIVE PTE LTD



DATE OF ACCIDENT		11 / 07 / 2024		*C.C.
TIME OF ACCIDENT		0525 AM / PM		
LOCATION OF ACCIDENT		Old Tampines Road towards Layan Ave slip rd into Layan Ave		
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER		Carstomers pte ltd		
EMAIL: DEARCARSTOMERS @ Gmail .com		Office:	MOBILE: 96282100	
NRIC		202111783D		
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY:		YES / <u>(NO)</u> /		
INSURANCE CO.		Income		
TYPE OF COVERAGE		Comprehensive / <u>Third Party</u> / Third Party Fire & Theft		
POLICY NO.		5146297266		
NAME OF DRIVER		AS ABOVE / IF NO: Gurmeet Singh		
NRIC		G7988606N		
DATE OF BIRTH		09 / 03 / 1981		
ANY PASSENGER		YES / <u>(NO)</u> /		
NAME OF PASSENGER		-		
GENDER OF PASSENGER		MALE / FEMALE		
OCCUPATION		Outdoor / <u>Indoor</u> /		
DATE OF DRIVING PASS		15 / 03 / 2023		
GENDER		<u>(Male)</u> / Female		
CONTACT NO.		Mobile:	94455088	
EMAIL		Office:		
ADDRESS				
DOES DRIVER OWN OTHER VEHICLES?		<u>(NO)</u> / If yes, Reg No.	INSURER:	
RELATIONSHIP		Employee / If <u>(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.		SLD 2297J	Any Passenger: Unknown	
NAME		Phang Kee Chong		
CONTACT NO.		91143091		
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 / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>(NO)</u> /		
N-51 Automotive Pte Ltd		Rear portion		

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.

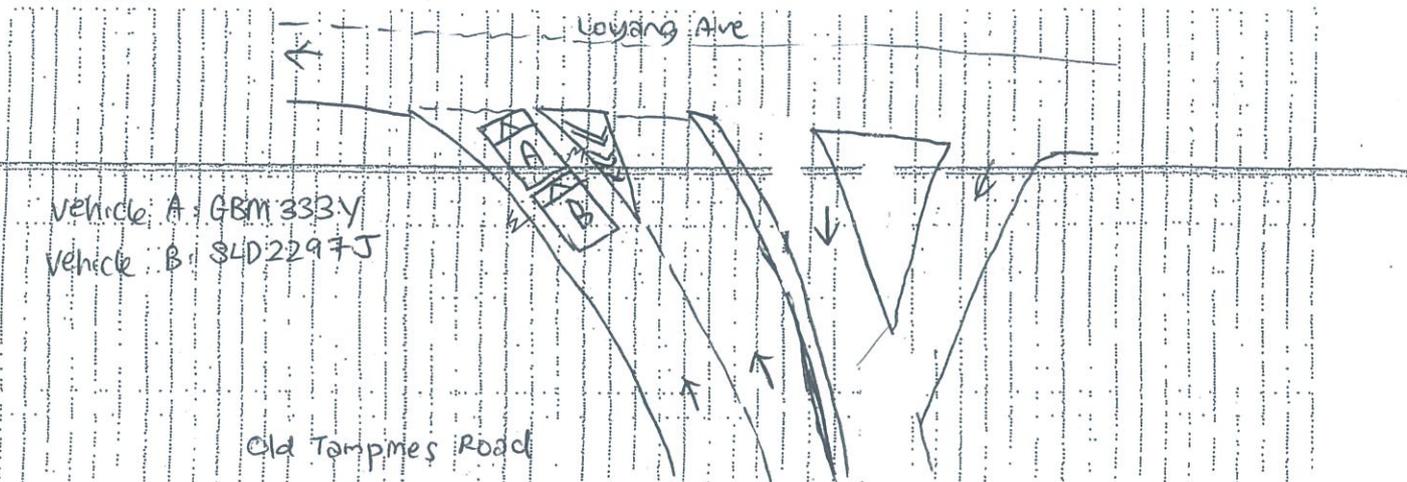


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

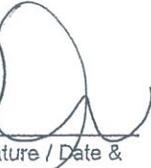


Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (GBM333Y) along Old Tampines Rd towards Loyang Ave slip Rd into Loyang Ave. I slowed down & stopped my vehicle due to on-coming traffic. As I stopped behind the giveaway line, vehicle B (SLD2297J) collided into the rear portion of my vehicle.

Declaration

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