



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:

GBE 6288 Y

Your ref:

SHF 122 E

19 July 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 : 17 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 **I-DEAL AUTO TRADING PRIVATE LIMITED** to notify you of a road traffic accident on **17 July 2024** at about **14:10 HOURS**

along **HILL ST TWDS VICTORIA ST BESIDE CENTRAL FIRE STATION S(179367)**

our client's vehicle **GBE 6288 Y & SHF 122 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,



N-51 AUTOMOTIVE PTE LTD



VEHICLE NO: GBE 6288Y	MAKE & MODEL: Toyota Hiace	AUTO <input checked="" type="checkbox"/> MANUAL
DATE OF ACCIDENT: 17 / 07 / 2024	CC: 3'0	
TIME OF ACCIDENT: 1410 HRS		
LOCATION OF ACCIDENT: Hill st towards Victoria St beside Central fire station 5179 36		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: I-Deal Auto trading Private Limited		
TEL NO: H/P: 87789969	OFFICE:	HOME:
NRIC: 201429874K		
ADDRESS: 18 8m mmy Ln #03-06 S 573960		
EMAIL: ANDY@I-DEAL.SG		
CLAIM TYPE: OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES <input checked="" type="checkbox"/> NO		
INSURANCE COMPANY: Liberty		
TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: SD23V14595/V02/R00		
NAME OF DRIVER: AS ABOVE / IF NO: Lim Choon Kian		
NRIC: 81685982F	ANY PASSENGER: NA	
DATE OF BIRTH: 09 / 04 / 1965	LICENCE PASSED DATE: 01 / 12 / 1992	
OCCUPATION: OUTDOOR / <input checked="" type="checkbox"/> INDOOR		
GENDER: <input checked="" type="checkbox"/> MALE / FEMALE		
CONTACT NO: H/P: 98191208	OFFICE:	HOME:
ADDRESS: Apt B1K 813 Jellicoe Road #11-26 S 200813		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <input checked="" type="checkbox"/> NO / IF YES, REG NO:	INSURER:	
RELATIONSHIP: Hirer		
WEATHER CONDITION: <input checked="" type="checkbox"/> CLEAR / RAINING / OTHERS:		
ROAD SURFACE: <input checked="" type="checkbox"/> DRY / WET / OTHER:		
ANY INJURIES: <input checked="" type="checkbox"/> NO / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: <input checked="" type="checkbox"/> NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? <input checked="" type="checkbox"/> NO / IF YES, WHO?		
VEHICLE B REG NO: SHF 122E	ANY PASSENGERS: NA	
NAME OF DRIVER: Rasul Bin Subadah	CONTACT NO: 92307550	
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? <input checked="" type="checkbox"/> YES / NO		
WAS THERE ANY AUDIO RECORDED? <input checked="" type="checkbox"/> YES / NO		
ACCIDENT SCENE PHOTOS TAKEN? <input checked="" type="checkbox"/> YES / NO		
ACCIDENT PORTION: left Rear portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <input checked="" type="checkbox"/> YES / NO		
WORKSHOP PARTICULAR: N-51 Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Steve 88215151		
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 Actual 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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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.

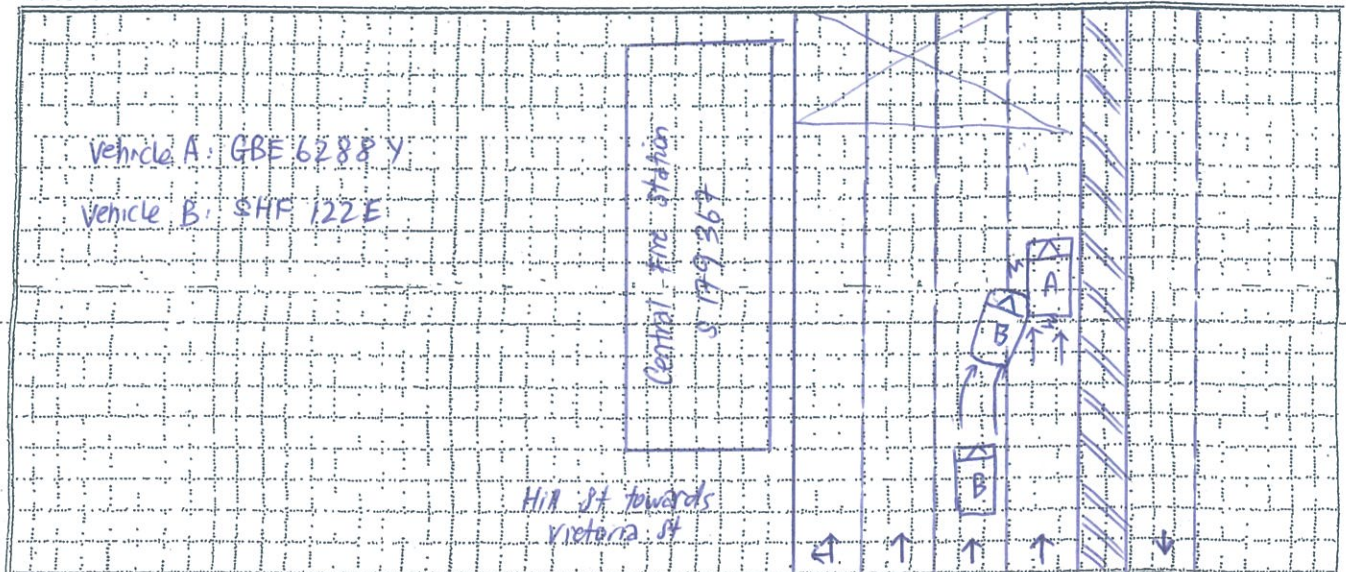


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle
(GBE6288Y) along Hill st towards Victoria st on the
extreme right lane of a 4 lane road. Beside Central
Fire station P179367, I was driving at a moderate
speed when suddenly, vehicle B(SHF122E) filtered from the
left (Lane 2) & collided into the left Rear portion
of my vehicle.

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
(Name as in NRIC/ID card)