

# 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](mailto:claim@twincar.com.sg)

Our Ref:

**SLW 9477 K**

Your ref:

**SMT 1976 T**

29 July 2024

**AUTO & GENERAL INSURANCE (S) PTE LTD**

BY EMAIL [claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg) ONLY

SINGAPORE SHOPPING CENTRE

190 CLEMENCEAU AVENUE #03-01

SINGAPORE 239924

Attn: Motor Claims Department

Dear Sir/Madam,

**DATE OF ACCIDENT : 27 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 **MK CARS LEASING PTE LTD** to notify you of a road traffic accident on **27 July 2024** at about **22:25 HOURS**

along **PIE TWDS TUAS B4 BKE**

our client's vehicle **SLW 9477 K & SMT 1976 T** 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: 3LW 9477K

MAKE &amp; MODEL: Honda Vezel

(AUTO) MANUAL

DATE OF ACCIDENT	27 / 07 / 2024	C.C. 1-5
TIME OF ACCIDENT	2225	AM / PM
LOCATION OF ACCIDENT	PIE towards Tuas before BKE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	
NAME OF OWNER	MK Cars Leasing Pte Ltd	
EMAIL	MARK_khoo 6 @Hotmail.com	Office: MOBILE: 82230806
NRIC	202242908Z	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	Income	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5145679719	
NAME OF DRIVER	AS ABOVE / IF NO: Tan Hock Soon Admin	
NRIC	S8038219G	
DATE OF BIRTH	25 / 11 / 1980	
ANY PASSENGER	<u>YES</u> / NO :	
NAME OF PASSENGER	1	
GENDER OF PASSENGER	MALE / FEMALE 1F	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	26 / 05 / 2003	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 8900 1719 Office:	
EMAIL		
ADDRESS	Apt B1k 247 Jurong East Street 24 #10-20 S 600247	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No: Hire	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes: Who? Tan Hock Soon Admin (8900 1719)	
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.	SMT 1976T	Any Passenger: unknown
NAME	Mr Jeremy	
CONTACT NO.	88897160	
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:	
Is anyone been approach by unknown person soliciting (s) /		
Offering accident claims assistance?	YES / <u>NO</u>	
TWNCAR Automotive Pte Ltd	Rear portion	

Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SLW 9477K) along PIE towards Tuas on the 3rd from the left lane of a 6 Lane expressway. Before the exit of BKE, I slowed down & stopped my vehicle due to the vehicle in front of my vehicle stopping. Out of a sudden, vehicle BC 9MT1976T ) 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

## 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' law yers/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' law yers/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 law yers/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

PIE towards road before BKE

Vehicle A: SLW 9477K

Vehicle B: SMT 1976T

BKE BKE BKE

A B

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