



Kaki Bukit Autohub,
2 Kaki Bukit Ave 2, #01-18
Singapore 417921
Tel No. : +65 6842 0051 / 6744 0510 Fax No. : +65 6741 0510
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

Our Ref: **SGV 8227 L**
Your ref: **SLB 2987 L**

05 October 2016

AIG ASIA PACIFIC INSURANCE PTE. LTD.
NO: 78 SHENTON WAY
#07-16 CHARTIS BUILDING
SINGAPORE 079120
Attn: Motor Claims Department

BY FAX 6835-7416 & EMAIL :
AIGSGP_ClaimsSurvey@aig.com

Dear Sir/Madam,

DATE OF ACCIDENT : 01 Oct 2016
NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by **HITCHCAR** to notify you of a road traffic accident on **01 Oct 2016** at about **10:30 HOURS** At **BLK 893A TAMPINES AVE 8** involving our client's vehicle **SGV 8227 L & SLB 2987 L** driven by 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

Vehicle No.	SCU 8227L	Model / Make	TOYOTA RUSH
Date of Accident	1/10/16		
Time of Accident	1030	HRS	
Location of Accident	TAMPINES AVE 8 803A		
Exact purpose use during accident	ATE USE		
Name of Owner	HITCHCAR / JOHNNY CHAN ZHI HAO		
Telephone No.	H/P: 85111991	Home :	Office :
NRIC	S9011932Z		
Address	BLK 126 PASIR RIS STREET 11		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC INCOME		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire /Theft
Policy No.	5084403042		
Name of Driver	As Above If No, MUHAMMAD IZZAT BIN MUHAMMAD SALLEH		
NRIC	S78084131H	Any Passengers :	NIL
Date of birth	06/03/1978		
Occupation	Outdoor / Indoor		
Driving License Pass Date	18 JUN 1999 (CLASS 3)		
Gender	Male / Female		
Contact No.	H/P: 82611636	Home :	Office :
Address	BLK 787C WOODLANDS CRESCENT #06-44 S(733787)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state FRIEND		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SLB 2987L	Any Passengers :	2
Name of Driver		Contact No. :	96809143
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion			
Camera Recorder	YES / NO		
Email Address	mohd122at7891@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
		Yes / No	
PARTICULAR WORKSHOP	N51 AUTOMOTIVE		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	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 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 :

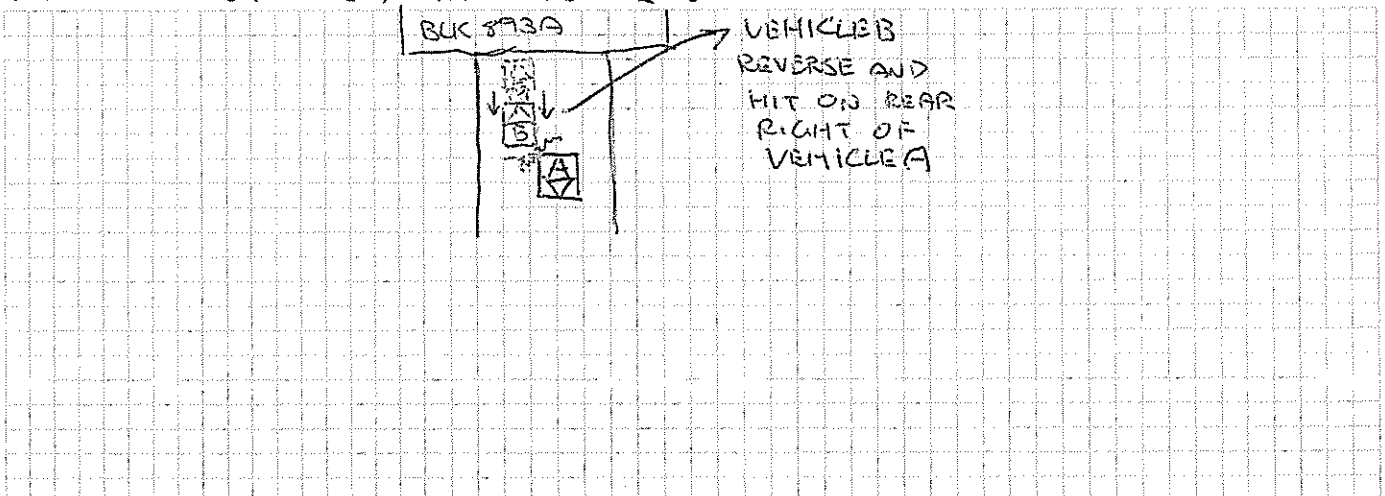
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan 3LK 893A TAMPINES AVE 8



Describe Circumstances of the Accident

I WAS STATIONARY STOPPED AT THE RUBBISH CHUTE AREA OF BLK 893A TAMPINES AVE 8, AND THERE WAS ANOTHER VEHICLE (SLB 2987L) CAR BEHIND ME FACING AT THE BLOCK. WHILE I WAS WAITING, SUDDENLY I FELT A IMPACT FROM THE REAR OF MY CAR, AND SO I ALIGHTED FROM MY VEHICLE (SGV 8227L) AND REALIZED THAT VEHICLE (SLB 2987L) HAD COLLIDED INTO THE REAR RIGHT OF MY VEHICLE (SGV 8227L) AND THE TIME OF ACCIDENT, THE WEATHER WAS CLEAR AND THE FLOOR WAS DRIED.

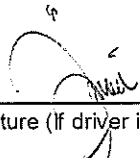
VEHICLE A - SGV 8227L

VEHICLE B - SLB 2987L

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