

# N-51 AUTOMOTIVE PTE LTD

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: **SLL 8513 D**  
Your ref: **SHD 7183 T**

02 July 2018

**INDIA INTERNATIONAL INSURANCE PTE LTD**  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711  
Attn: Motor Claims Department

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**BY FAX 6224-4174 & EMAIL :**  
**motorclaim@iii.com.sg**

Dear Sir/Madam,

**DATE OF ACCIDENT : 30 June 2018**  
**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 **GRAB RENTALS PTE LTD** to notify you of a road traffic accident on **30 June 2018** at about **20:40 HOURS** At **UNITY STREET** involving our client's vehicle **SLL 8513 D & SHD 7183 T** 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**

## SINGAPORE ACCIDENT STATEMENT

### 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 ability.
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. This 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.

### ACCIDENT STATEMENT

Date Of Report	01/07/2018 16:49
Date Of Accident	30/06/2018 20:40
Exact Location Of Accident	UNITY STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8513D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE HIRE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29069766MKF
Cover Note Number	

### Driver

Name of Driver	LIM MIN HUA
NRIC No	S1667635G
Date Of Birth	16/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/10/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87814940
Fax Number	
Contact Number	
Email Address	L4940MH@GMAIL.COM

Address	BLK 866 JURONG WEST STREET 81 #02-539
Postcode	640866
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : PASSENGER 1 GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I (SLL8513D) was driving along unity street on a one way lane when suddenly a taxi (SHD7183T) came out from a small road on my right, and hit me. The front left side of the taxi make contact with the front right side of my car. No injuries involved.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7183T
Vehicle Make/Model/Colour	HYUNDAI/I40 1.7 CRDI/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NEO ENG HOE
NRIC/Passport Number	S1272092J
Contact Number	90073883
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1



# Sketch Plan

5. Any false reporting may be a criminal offence.
6. The report will be forwarded by the Insurers of the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available to you.
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 being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
 

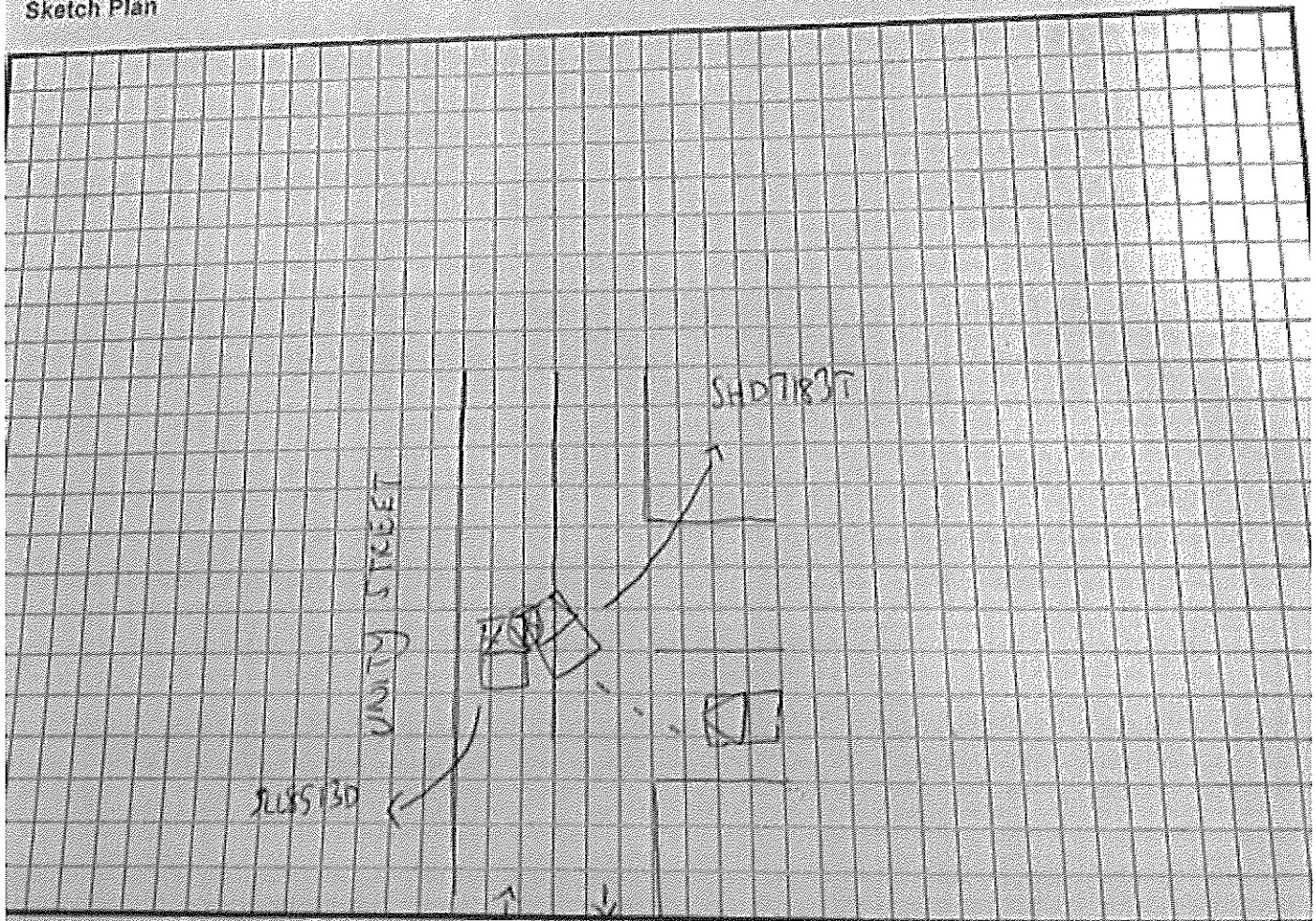
I understand, acknowledge, agree and consent that:

  - (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.
  - (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.

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
MOHAMMAD SULHANDI BIN  
MOHD AFFANDI

Policyholder's Signature / Date & Time      Driver's Signature (If driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel

## Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I (SLL8513D) was driving along unity street on a one way lane when suddenly a taxi (SHD7183T) came out from a small road on my right, and hit me. The front left side of the taxi make contact with the front right side of my car. No injuries involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

1 July 2018 at 3:30 PM

Date/Time:

1 July 2018 at 3:30 PM