



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: **SKX 2153 Y**
Your ref: **SHA 5981 K**

20 December 2018

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

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

Dear Sir/Madam,

DATE OF ACCIDENT : 19 Dec 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 **TWINCAR LEASING PTE LTD** to notify you of a road traffic accident on **19 Dec 2018** at about **09:40 HOURS** along **BELOW WOODSVILLE FLYOVER TURNING TO JLN TOA PAYOH TWDS MACPHERSON RD** involving our client's vehicle **SKX 2153 Y & SHA 5981 K** 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.	SKX 2153 J	Model / Make	TOYOTA AUVIS
Date of Accident	19/12/2018		
Time of Accident	09 40	HRS	
Location of Accident	BELOW WOODVILLE FLYOVER TURNING TO JLN TOA PAHON		
Exact purpose use during accident	WORKING HOUR TOWARDS MACPHERSON RD		
Name of Owner	THINCAR LEASING PTE LTD		
Telephone No.	H/P : 8380 2233	Home :	Office :
NRIC	2015 33046 C		
Address	2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOMOB S(417921)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	AIG		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	999994387		
Name of Driver	As Above If <u>No</u> , PUNH CHUN TIONH		
NRIC	57110553 I	Any Passengers :	1 (FEMALE)
Date of birth	22 MAR 1971		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	30 MAR 1994		
Gender	<u>Male</u> / Female		
Contact No.	H/P : 9387 7599	Home :	Office :
Address	BLK 307 CANBERRA ROAD #10-91 S(750307)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	<u>Employee</u> , If no, state RENTAL / LEASING		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	<u>No</u> , If <u>Yes</u> , Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SHA 5981 K	Any Passengers :	
Name of Driver		Contact No. :	
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	LEFT FRONT		
Camera Recorder	<u>Yes</u> / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP			
N-51 AUTOMOTIVE PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n51.com.sg		

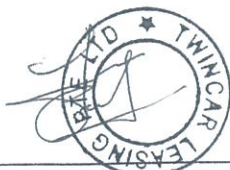
SKETCH PLAN

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

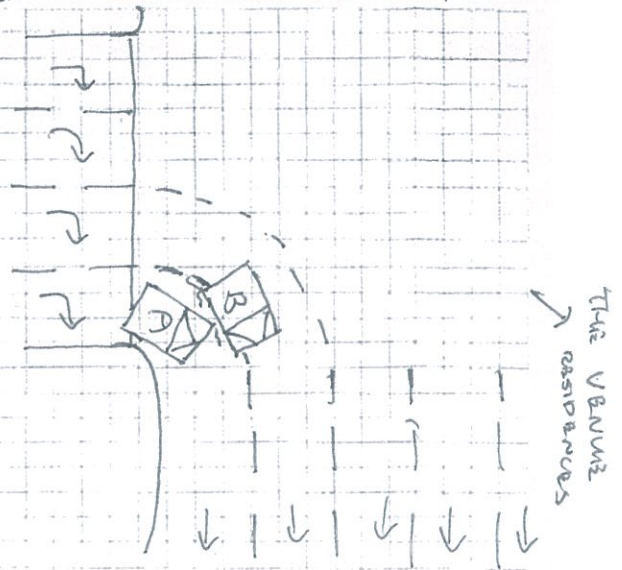
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BELOW WOODSVILLE ELY OVER TURNING TO JLN TOA PASOH

VEHICLE A - SKX 2153Y

VEHICLE B - SHA 5981K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MAKING A RIGHT TURN INTO JLN TOA PASOH, WHILE HALF WAY COMPLETE, SUDDENLY A VEHICLE SWERVED INTO MY LANE AND HIT ONTO THE LEFT FRONT PORTION OF MY VEHICLE.

IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SHA 5981K) THAT MADE A EARLY TURN AND SWERVED INTO MY LANE AND CAUSES THE COLLISION TO MY VEHICLE.

THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

VEHICLE A - SKX 2153Y

VEHICLE B - SHA 5981K

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: