

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit Autohub

2 Kaki Bukit Ave 2, #01-17

Singapore 417921

Tel No. : +65 6744 0510 / 6842 0051 Fax No. : +65 6741 0510

Company Reg. No. : 200714616M

GST Registration No. : 200714616M

Our Ref:

GBD 3835 T

Your ref:

SHA 7925 K

28 February 2019

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: 28 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 **COMBI GALLERY PTE LTD** to notify you of a road traffic accident on **28 DEC 2018** at about **15:20 HOURS** along **WOODLANDS IND PARK E4 MAIN GATE OF SSDC** involving our client's vehicle **GBD3835T & SHA7925K** 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,



.....
TwinCar Automotive Pte Ltd

MSME19000840 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 03/01/2019 09:42
 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 03/01/2019 09:49

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 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. 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	03/01/2019 09:42
Date Of Accident	28/12/2018 15:20
Exact Location Of Accident	WOODLANDS IND PARK E4 MAIN GATE OF SSDC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3835T
Insured/Policyholder	
Name Of Registered Owner	COMBI GALLERY PTE LTD
Co Reg No	201527298D
Email Address	NOEMAIL
Mobile Phone No	

Alternative Phone No	OFFICE-98002975
----------------------	-----------------

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR

Exact Purpose for which vehicle was being used at time of accident

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
---------------------------	-----------------------

Type Of Coverage	COMPREHENSIVE
------------------	---------------

Fleet Policy	NO
--------------	----

Policy Number	P1817376
---------------	----------

Cover Note Number	
-------------------	--

Driver

Name of Driver	KRISHNAMOORTHY KANNITHAMIZHAN
----------------	-------------------------------

NRIC No	G7754567R
---------	-----------

Date Of Birth	10/05/1986
---------------	------------

Occupation	INDOOR
------------	--------

Date Of Driving Pass	12/11/2015
----------------------	------------

Driving Experience	3 YEARS AND 1 MONTH
--------------------	---------------------

Gender	MALE
--------	------

Mobile Number	(LOCAL) +65-85253471
---------------	----------------------

Fax Number	
------------	--

Contact Number	
----------------	--

EMail Address	NOEMAIL
---------------	---------

Address -
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 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) 1

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 WAS STATIONARY WAITING AT THE MAIN GATE OF SSDC WAITING TO PROCEED ON INTO THE BUILDING. WHILE WAITING TO PROCEED ON, SUDDENLY THE VEHICLE IN FRONT REVERSING OUT. I TRIED HORNING AS THERE WAS VEHICLES BEHIND OF ME AND I COULDN'T MOVE. NEVERTHELESS, WITH MY EFFORT OF HORNING AND WANING THE DRIVER IN FRONT OF ME, HE DIDN'T STOP AND REVERSE AND HIT ONTO THE FRONT LEFT PORTION OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE, AND THE DRIVE OF (SHA7925K) IMMEDIATELY APOLOGISED AND ADMITTED HIS FAULT OF REVERSING AND HIT ONTO MY VEHICLE. HE INITIALLY OFFERED PRIVATE SETTLEMENT. BUT DUE TO THIS IS MY COMPANY VEHICLE, I COULDN'T DECIDE AND SO WE EXCHANGED PARTICULARS AND WE BOTH LEFT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA7925K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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:

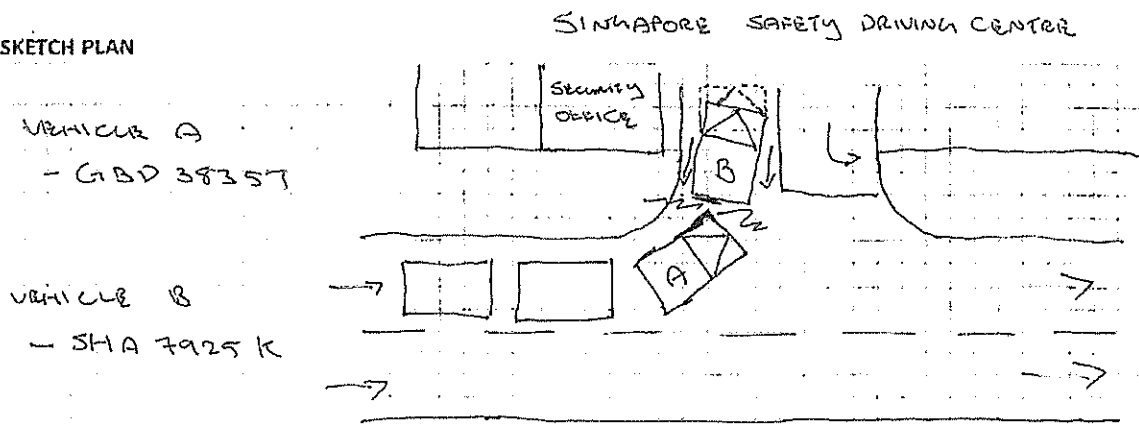


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY WAITING AT THE MAIN GATE OF SSDC WAITING TO PROCEED ON INTO THE BUILDING.

WHILE WAITING TO PROCEED ON, SUDDENLY THE VEHICLE IN FRONT, REVERSED OUT, I TRIED HORNING AS THERE WAS VEHICLE BEHIND OF ME AND I COULDN'T MOVE.

NEVERTHELESS WITH MY EFFORT OF HORNING AND WARN THE DRIVER IN FRONT OF ME, HE DIDN'T STOPPED AND REVERSE AND HIT ONTO THE FRONT LEFT PORTION OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE, AND THE DRIVER OF (SHA 7925 K) IMMEDIATELY APOLOGISED AND ADMITTED HIS FAULT OF REVERSING AND HIT ONTO MY VEHICLE. HE INITIALLY OFFERED PRIVATE SETTLEMENT, BUT DUE TO THIS IS MY COMPANY VEHICLE I COULDN'T DECIDE AND SO WE EXCHANGED PARTICULAR AND WE BOTH LEFT.


VEHICLE A - GBD 3835 T

VEHICLE B - SHA 7925 K

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.: