



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: **SLK 2878 X**
Your ref: **SH 8011 Z**

18 June 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 : 15 Jun 2019
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 **15 Jun 2019** at about **16:30 HOURS** along **SLE/WOODLANDS BEFORE MANDAI EXIT** involving our client's vehicle **SLK2878X & SH8011Z** 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 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	17/06/2019 19:48
Date Of Accident	15/06/2019 16:30
Exact Location Of Accident	SLE/WOODLANDS BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2878X
Insured/Policyholder	
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	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	HIRE AND 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	A29114756MKF
Cover Note Number	NA

Driver

Name of Driver	ELLIOTZ KAMARULZAMAN THIARA
NRIC No	S9009336C
Date Of Birth	19/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82820430
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
Postcode	
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 (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE UBI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to police report no: t/20190615/7001 lodged at traffic police - Ubi. Brief Details.: On 15 June 2019 at about 0420hrs I was driving my vehicle (SLK2878X) along SLE towards BKE before Mandai Road exit. Suddenly a vehicle (SH8011Z) collided into a road works vehicle (XE320R) along lane 1. After he collided onto the road works vehicle he swerve out and his rear collided onto the side of my vehicle . I sustained injuries from the above mentioned accident and was given 7 days of MC.

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	SH8011Z
Vehicle Make/Model/Colour	HYUNDAI I40 1.7L CRDI AT ABS AIRBAG 4DR
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	YANG JIQIANG,FREDDIE
NRIC/Passport Number	S8503218F
Contact Number	96821007
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1 NAME: : PASSENGER 1
GENDER: : MALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XE0320R
Vehicle Make/Model/Colour NISSAN CWB45CLPHNB
Details Of Properties NA
Vehicle Category COMMERCIAL VEHICLE
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ELLIOTZ KAMARULZAMAN THIARA
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLK2878X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

IMPORTANT NOTICE

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 5. Any false reporting may be referred to the Police for investigation.
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 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.



VERIFIED BY AJAX MARS
 REPORTING OFFICER

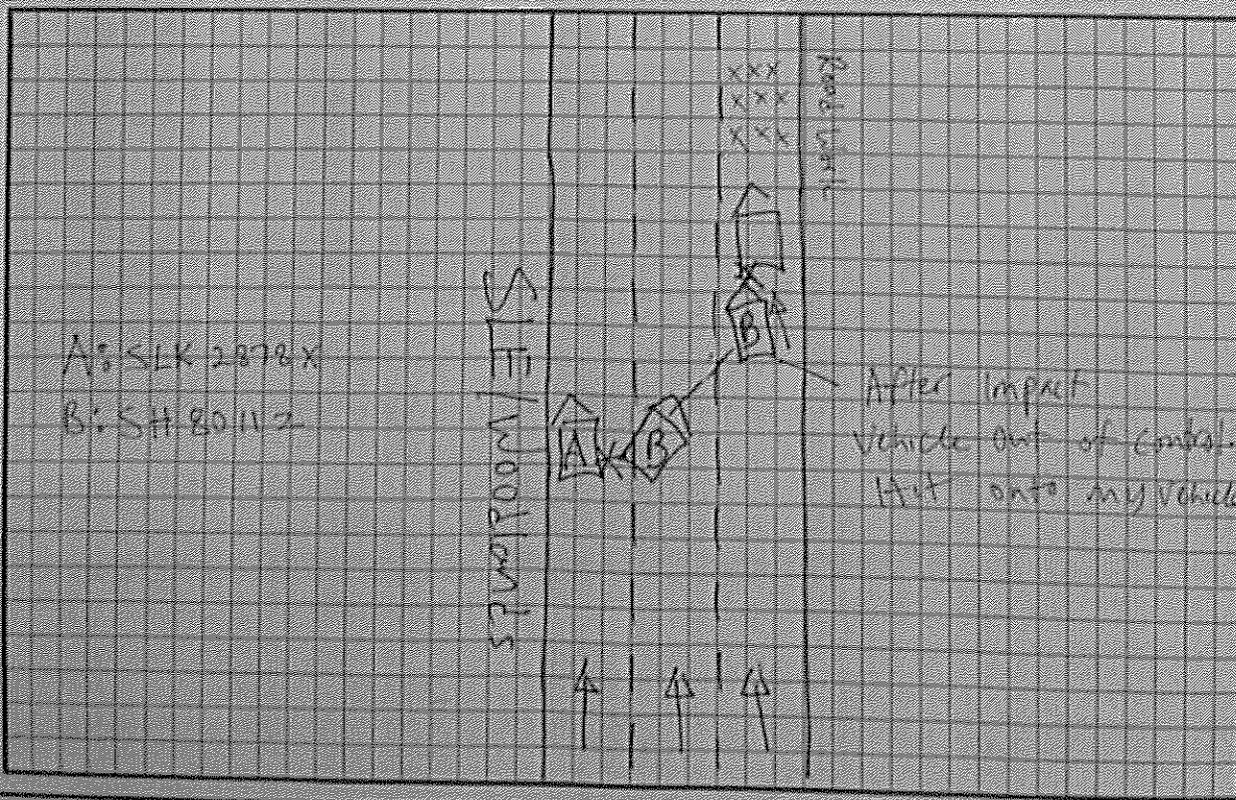
AIZAM BIN ATAN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190615/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20190615/7001

CONTINUATION OF REPORT

Driver			
Name	ELLIOTZ KAMARULZAMAN THIARA	ID No.	S9009336C
Related Vehicle	SLK2878X (Car)	Contact No.	82820430
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

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I sustained injuries from the above mentioned accident and was given 7 days of MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190615/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190615/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/06/2019 05:58

Classification Of Case: