

**CATHERINE LIM LLC**

林 林 ADVOCATES & SOLICITORS  
 翠 NOTARY PUBLIC - 公証官  
 玲 COMMISSIONER FOR OATHS - 宣誓官  
 律  
 郎 CATHERINE C.L.LIM  
 馆 DIRECTOR  
 LL.B (HONS) SINGAPORE - 法律系 - 律師  
 M.B.A. (BUSINESS LAW) - 商业系 - 碩士

20 Havelock Road #03-01  
 Central Square Singapore 059765  
 UEN No. 201310922K

Tel: (65) 6438 5500  
 Fax: (65) 6438 0111  
 www.catherinelimllc.com  
 Email: Info@catherinelimllc.com  
 CATHERINE LIM LLC is a law corporation  
 with limited liability

Your Ref: SHD 4162Z  
 Our Ref: CL/191126/T/TNB.sg

11 November 2019

India International Insurance Pte Ltd  
 64 Cecil Street #04-05  
 IOB Building  
 Singapore 049711  
 Attn: Motor Claims Dept

Comfort Transportation Pte Ltd  
 383 Sin Ming Drive  
 GAS Building  
 Singapore 575717

Dear Sir

**RE: NOTICE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PRE-ACTION PROTOCOL FOR NON-INJURY MOTOR ACCIDENT CLAIMS (NIMA)**

**ACCIDENT INVOLVING SMF 4938H / SHD 4162Z ON 10.11.2019 AT BLK 795 YISHUN RING ROAD FRONT CARPARK**

We are instructed by TONG KHING KIA to notify you of a road traffic accident involving our client's vehicle No. SMF 4938H and vehicle No. SHD 4162Z driven by you at the material time. A copy of the Singapore Accident Statement and/or Police Report is enclosed.

As a result of the accident, our client's motor vehicle has been damaged. Before our client proceed to repair the damaged motor vehicle, please let us know within 2 working days of your receipt of this notice whether you/your insurer would like to conduct a pre-repair survey of the motor vehicle. If we do not receive any reply from you/your insurer within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please let us know your appointed surveyor.

Venue: T&B Motor Repairs Services Pte Ltd  
 160 Sin Ming Drive  
 #08-03 Sin Ming AutoCity  
 Singapore 575722

Yours faithfully

Enc  
 cc: clients



via fax: 6224 4174 & by hand

**CERTIFICATE OF POSTING**

(Please be informed that all supporting documents have been forwarded to your insurer.)

MSI119149028 / STA INSPECTION PTE LTD - Sin Ming  
ENTRY DATE & TIME: 11/11/2019 15:30  
SUBMITTED BY: Wong Lip Yung

## 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	11/11/2019 15:30
Date Of Accident	10/11/2019 20:25
Exact Location Of Accident	BLK 795 YISHUN RING ROAD FRONT CARPARK
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4938H
Name Of Registered Owner	TONG KHING KIA
NRIC No	S1470028E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96171332
Alternative Phone No	OTHERS-96171332

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105419891
Cover Note Number	

Name of Driver	TONG KHING KIA
NRIC No	S1470028E
Date Of Birth	24/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96171332
Fax Number	
Contact Number	OTHERS-96171332
Email Address	NOEMAIL

Address BLK 795 YISHUN RING ROAD  
 #10-3394  
 Postcode 760795  
 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 COLLISION - OPENING DOOR OF VEHICLE  
 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) 5  
 Passenger 1  
 NAME: : NA  
 GENDER: : MALE  
 Passenger 2  
 NAME: : NA  
 GENDER: : FEMALE  
 Passenger 3  
 NAME: : NA  
 GENDER: : FEMALE  
 Passenger 4  
 NAME: : NA  
 GENDER: : FEMALE

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?

## Details of the Accident

REFER ATTACHED - VEHICLE B PASSENGER CONTACT NUMBER - 92211747. VEHICLE B PASSENGER OPEN THE DOOR AND HIT MY VEHICLE.

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD41622  
 Vehicle Make/Model/Colour

**Details Of Properties**

**Vehicle Category**

**Name of Driver**

**NRIC/Passport Number**

**Contact Number**

**Address**

**Postcode**

**Insurance Company Name**

**Nature Of Damage**

**No. Of Passenger (Including Driver)**

**TAXI**

**RICHARD LIM EE CHUANG**

**S1419078C**

**82666696**


## Sketch Plan Pg. 1


SKETCH PLANIMPORTANT NOTICE


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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.

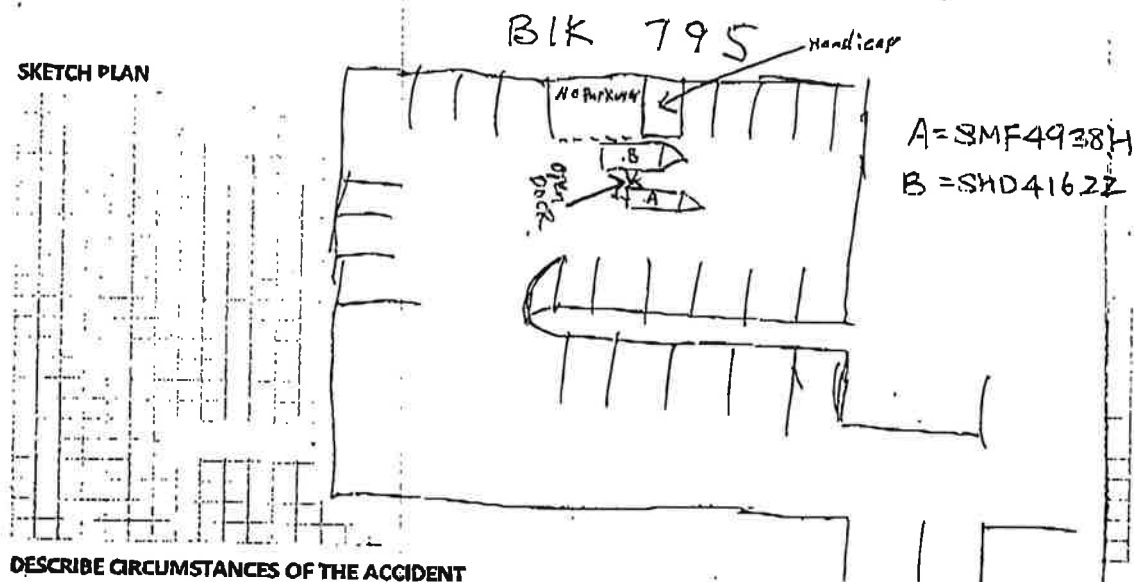
  
Policyholder's Signature  
Date & Time:

  
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




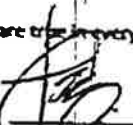
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 10/11/2019 at about 20.25 hours, I was entering BLK 795 open space car park. I notice a taxi SHD41622 drive and stopped with Brake light on and stopped at BLK 795 drop off point, so I drive pass more than half of the taxi SHD41622 I felt a big impact knock of my car SMF4938H Rear Left Door.

## DECLARATION

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:  
 NRCC/IRN No.: