



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: **SLF 7321 D**
Your ref: **SJG 6479 H**

23 December 2019

FWD SINGAPORE PTE LTD
6 TEMASEK BOULEVARD
#18-01 SUNTEC TOWER FOUR
SINGAPORE 038986
Attn: Motor Claims Department

BY EMAIL: venessa.chan@fwd.com

Dear Sir/Madam,

DATE OF ACCIDENT: 21 Dec 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 **HAMSTER CAR RENTAL PTE LTD** to notify you of a road traffic accident on **21 Dec 2019** at about **18:45 HOURS** along **ROCHOR RD / BEACH RD** involving our client's vehicle **SLF7231D & SJG6479H** 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. | SLF 7321D | Model / Make | Honda Vezel Hybrid |
| Date of Accident | 21 / 12 / 2019 | | |
| Time of Accident | 1845 | HRS | |
| Location of Accident | Along Rochor Rd / Beach Road | | |
| Exact purpose use during accident | Work | | |
| Name of Owner | Hamster Car Rental Pte Ltd | | |
| Telephone No. | H/P: 86089649 | Home: | Office: |
| NRIC | 2019171756 | | |
| Address | 8 Burn Road #15-13 S(369977) | | |
| Claim type | OD | THIRD PARTY | REPORTING ONLY |
| Insurance Company | NTUC | | |
| Type of Coverage | Comprehensive | Third Party | Third Party / Fire / Theft |
| Policy No. | 5110749922-00003 | | |
| Name of Driver | As Above If No, Mak Chon How | | |
| NRIC | S8862454H | Any Passengers: - | |
| Date of birth | 13 / 6 / 1988 | | |
| Occupation | Outdoor | / Indoor | |
| Driving License Pass Date | 19 / 4 / 2016 | | |
| Gender | Male | / Female | |
| Contact No. | H/P: 84513653 | Home: | Office: |
| Address | Blk 605 Woodlands Drive 42 #11-97 S(730605) | | |
| Driver have any own vehicle | No | If yes, Reg No. | |
| Relationship | Employee, | If no, state Hirer | |
| Weather condition | Clear | Raining | Other Dizzling |
| Road Surface | Dry | Wet | Other |
| Any Injuries | No, | If Yes, Who? | |
| Name And Contact No. | Mak Chon How | | |
| Name And Contact No. | 8451 3653 | | |
| Police Report | No | If Yes, Where? | |
| Vehicle B No. | SJG 6479H | Any Passengers: 1 | |
| Name of Driver | Tao ZiHao | Contact No.: 9873 1497 | |
| Vehicle C No. | FBQ 6594A | 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 | Rear portion | | |
| Camera Recorder | Yes / No | | |
| Email Address | makmarcus75@gmail.com | | |
| PARTICULAR WORKSHOP | N-SI Automotive Pte Ltd | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Zi Ting | | |
| FAX NO | 6741 0510 | | |
| UNPUBLISHED FAX ADDRESS | sales@nsl.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.

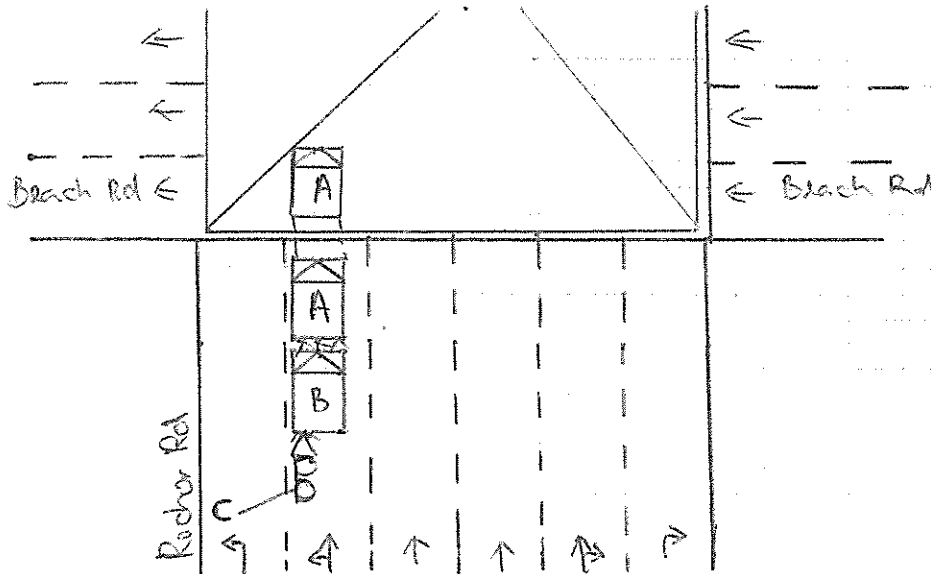


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/12/19 11:50am

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

SKETCH PLAN



A : SLF 7321P
B : SJG 6479H
C : FBQ 6594A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

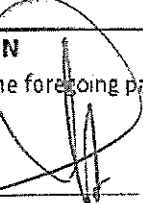
On above said date & time, I was driving my vehicle A (SLF 7321P) travelling along Rochor Rd towards Bukit Timah Rd on fifth lane of 6-lanes, road.

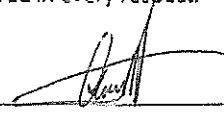
Somewhere at the junction of Beach Rd, the traffic light was green and I slowed down and stopped my vehicle before the stop line due to the heavy traffic flow. Out of sudden, vehicle B (SJG 6479H) came from rear and collided directly onto the portion. Due to the impact, my vehicle was surged forward to the yellow box. After accident, I alighted and realised I was involved in a 3 car chain accident.

Third vehicle C : FBQ 6594A

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: 22/12/19 11:50am

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