



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: **S 5030 TE**  
Your ref: **SHC 7248 X**

06 January 2020

**MS FIRST CAPITAL INSURANCE LIMITED**  
6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580  
Attn: Motor Claims Department

---

BY EMAIL: [motorclaims@msfirstcapital.com.sg](mailto:motorclaims@msfirstcapital.com.sg)

Dear Sir/Madam,

DATE OF ACCIDENT: 05 Jan 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 **OZGUR KILIC** to notify you of a road traffic accident on **05 Jan 2020** at about **14:10 HOURS** along **JUNC OF PASIR RIS DR 3 / ELIAS RD** involving our client's vehicle **S5030TE & SHC7248X** 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,



.....  
**N-51 AUTOMOTIVE PTE LTD**

<b>Vehicle No.</b>	S 5030 TR	<b>Model / Make</b>	MITSUBISHI GRANDIS
<b>Date of Accident</b>	05 / 01 / 2020		
<b>Time of Accident</b>	1410	HRS	
<b>Location of Accident</b>	NEAR THE JUNCTION OF PASIR RIS DR 3 / ELIAS RD.		
<b>Exact purpose use during accident</b>	Private Use		
<b>Name of Owner</b>	Uzgur Kilic		
<b>Telephone No.</b>	H/P: 84444872	<b>Home:</b>	<b>Office:</b>
<b>NRIC</b>	G0966651L		
<b>Address</b>	279 BEDOK SOUTH AVE 3 #08-33 S(465458)		
<b>Claim type</b>	OD <u>THIRD PARTY</u> REPORTING ONLY		
<b>Insurance Company</b>	AIG		
<b>Type of Coverage</b>	Comprehensive Third Party Third Party / Fire / Theft		
<b>Policy No.</b>	1800105260-01		
<b>Name of Driver</b>	As Above If No, FARIDAH BEGUM BINTE NOOR MOHAMED		
<b>NRIC</b>	S7925291C	Any Passengers: 2 (OWNER / SON)	
<b>Date of birth</b>	25/08/1979	BOTH MALE	
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	05 APR 2001		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 96430835	<b>Home:</b>	<b>Office:</b>
<b>Address</b>	279 BEDOK SOUTH AVE 3 #08-33 S(465458)		
<b>Driver have any own vehicle</b>	No If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state	SPOUSE
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where? TANAH MERAH NPP		
<b>Vehicle B No.</b>	SHC 7248X	Any Passengers:	
<b>Name of Driver</b>		Contact No.:	
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
<b>Witness Name</b>		Witness Contact:	
<b>Accident Portion</b>			
<b>Camera Recorder</b>	Yes/ No FRONT / REAR		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-S1 AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	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.

2

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

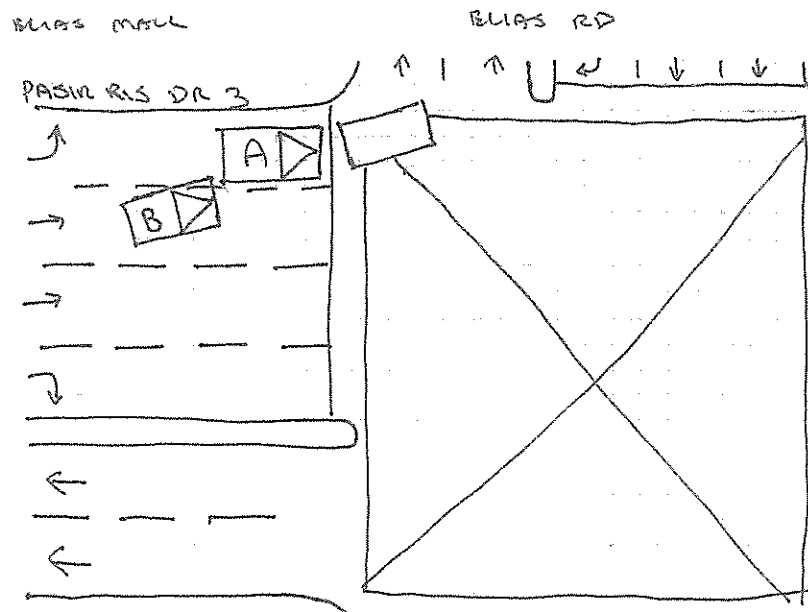
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

### SKETCH PLAN

Vehicle A  
- 55030TE

Vehicle B  
- SHC 7248X



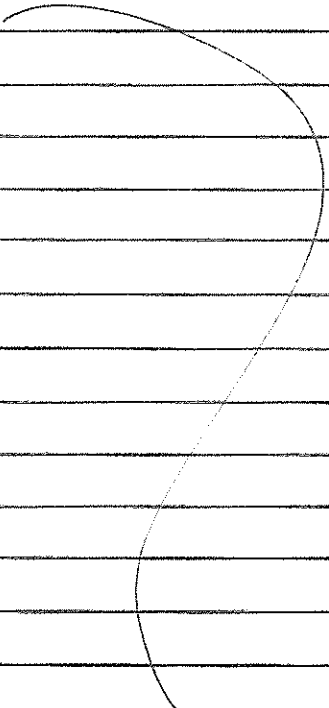
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS Per Police Report

Report Number:  
T/20200105/2078

Vehicle A - S5030TE

Vehicle B - SHC 7248X



## DECLARATION

I/We declare the foregoing particulars are true in every respect.

2

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.:



**SINGAPORE  
POLICE FORCE**



T/20200105/2078

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

1 of 4

Report No. T/20200105/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/01/2020 16:21		Vide Report No.:		Station Diary No.: 27	
<b>Informant's Particulars</b>					
Name of Informant: FARIDAH BEGUM BINTE NOOR MOHAMED			Address: 279 BEDOK SOUTH AVENUE 3 #08-33 SINGAPORE 465458		
ID Type / ID No.: NRIC NO / S7925291C			Contact No.: Home/Office: Mobile: 96430835		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 25/08/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: BANK OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/01/2020 14:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PASIR RIS DRIVE 3 ELIAS ROAD At the junction of Pasir Ris Drive 3 turning left to Elias Road, opposite Stratum Condo				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against Stationary Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
S5030TE	Car	MITSUBISHI	GRANDIS 2.4A	Silver	Seriously Damaged	2
SHC7248X	Taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20200105/2078

2 of 4

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

Report No. T/20200105/2078

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Vehicle Owner</b>			
Name	OZGUR KILIC	ID No.	G0966651L
Related Vehicle	S5030TE (Car)	Contact No.	84444872
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	FARIDAH BEGUM BINTE NOOR MOHAMED	ID No.	S7925291C
Related Vehicle	S5030TE (Car)	Contact No.	96430835
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	KHENG KIM TJOEAN	ID No.	S2166298D
Related Vehicle	SHC7248X (Taxi)	Contact No.	84523868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/01/2020 at about 1410hrs, I was driving my husband's vehicle (S5030TE) along Pasir Ris Drive 3. My husband was seated at the front passenger seat while my son was seated at the back passenger seat. The road along Pasir Drive 3 consist of 3 lanes and my vehicle was on the extreme left lane as I wanted to turn left to Elias Road.

When the traffic light along Pasir Drive 3 had turn green, I noticed the vehicle ahead of me did not move to make a left turn as there were pedestrians crossing along Elias Road hence I waited for the vehicle to move. While my vehicle was in a stationary position, I felt an impact coming from the rear right of my



**SINGAPORE  
POLICE FORCE**



T/20200105/2078

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

3 of 4

Report No. T/20200105/2078

**CONTINUATION OF REPORT**

vehicle. My husband then went out of the vehicle to make a check on the damages and he noticed dents and scratch marks on the rear bumper. My husband also noticed that the rear bumper was slightly dislodged. The taxi driver subsequently approached me and acknowledge that he was at fault. My husband and I then took photos of the accident scene. We then exchange particulars

My husband then contacted his insurance agent and who advised him to take the photos of the accident scene, to download the in car camera footages and to lodge a police report since the vehicle is a diplomatic vehicle. The taxi driver also informed us to liaise with Comfort Delgro for anything further. The both of us then left the said location as no towing was needed.

During the accident, nobody was injured hence ambulance services was not required. Furthermore, no police was called in during the accident.

I wish to state that the vehicle belongs to my husband who holds a diplomatic card from Turkey. In addition, the vehicle has an in car camera which had captured the footage of the accident.



**SINGAPORE  
POLICE FORCE**



T/20200105/2078

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

4 of 4

Report No. T/20200105/2078

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 MUHAMMAD KHAIRI BIN MOHAMMAD  
KUSBARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Signature Of Informant:

Date/Time:

05/01/2020 16:21

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE