



Kaki Bukit Autohub,
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Singapore 417921
Tel No. : +65 6842 0051 / 6744 0510 Fax No. : +65 6741 0510
Company Reg. No. : 200616038C
GST Registration No. : 200616038C

Our Ref: **SJW 7831 H**
Your ref: **SHA 8155 J**

30 January 2020

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

BY EMAIL MotorClaims@msfirstcapital.com.sg ONLY

Dear Sir/Madam,

DATE OF ACCIDENT : 20 Jan 2020
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 **JOURNEY MOTORS** to notify you of a road traffic accident on **20 Jan 2020** at about **09:00 HOURS** along **ANSON RD JUNCTION BERNAM ST** involving our client's vehicle **SJW 7831 H & SHA 8155 J** 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.	SJW 7831 H- Model/Make KIA Cerato .	
Date of Accident	20 / 01 / 2020 .	
Time of Accident	0900HRS	
Location of Accident	Anson Road Junction Bernam Street .	
Exact purpose use during accident	Chauffeur	
Name of Owner	Journey Motors .	
Telephone No.	H/P: 9857 5910 Home:	Office:
NRIC	53390528A .	
Address	BLK 603 Hongkong Ave 4 #04-227 (2) 530603 .	
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY	
Insurance Company	NTUC .	
Type of Coverage	Comprehensive <u>Third Party</u> Third Party / Fire / Theft	
Policy No.	5109123823 - 000020 .	
Name of Driver	As Above If No, Abell Fida Ben Karas .	
NRIC	S 8515252A . Any Passengers: 01 (M) .	
Date of birth	16 / 05 / 1985 .	
Occupation	<u>Outdoor</u> / Indoor	
Driving License Pass Date	26 / 02 / 2013 .	
Gender	<u>Male</u> / Female	
Contact No.	H/P: 9336 6733 Home:	Office:
Address	BLK 240B Irving East Ave 1 #21-13 (3) 602240 .	
Driver have any own vehicle	<u>No</u> , If yes, Reg/No.	
Relationship	Employee, If no, state <u>hirer</u> .	
Weather condition	<u>Clear</u> Raining Other	
Road Surface	<u>Dry</u> Wet Other	
Any Injuries	No, <u>If Yes, Who?</u>	
Name And Contact No.	Abell Fida Ben Karas (H/P: 9336 6733)	
Name And Contact No.		
Police Report	<u>No</u> , If Yes, Where?	
Vehicle B No.	S/A 8155-J . Any Passengers:	
Name of Driver	Khong Weng Onn Contact No.: 8446 6681 .	
Vehicle C No.	Any Passengers:	
Vehicle D No.	Any Passengers:	
Vehicle E no.	Any Passengers:	
Vehicle F No.	Any Passengers:	
Vehicle G No.	Any Passengers:	
Witness Name	N-A . Witness Contact: N-A	
Accident Portion	Right Side .	
Camera Recorder	<u>Yes</u> / No	
Email Address		
PARTICULAR WORKSHOP	N-51	
CONTACT NO.	6842 0051 / 6744 0510	
CONTACT PERSON	Zi Tan	
FAX NO	6741 0510	

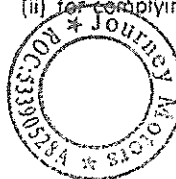
SKETCH PLAN

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.

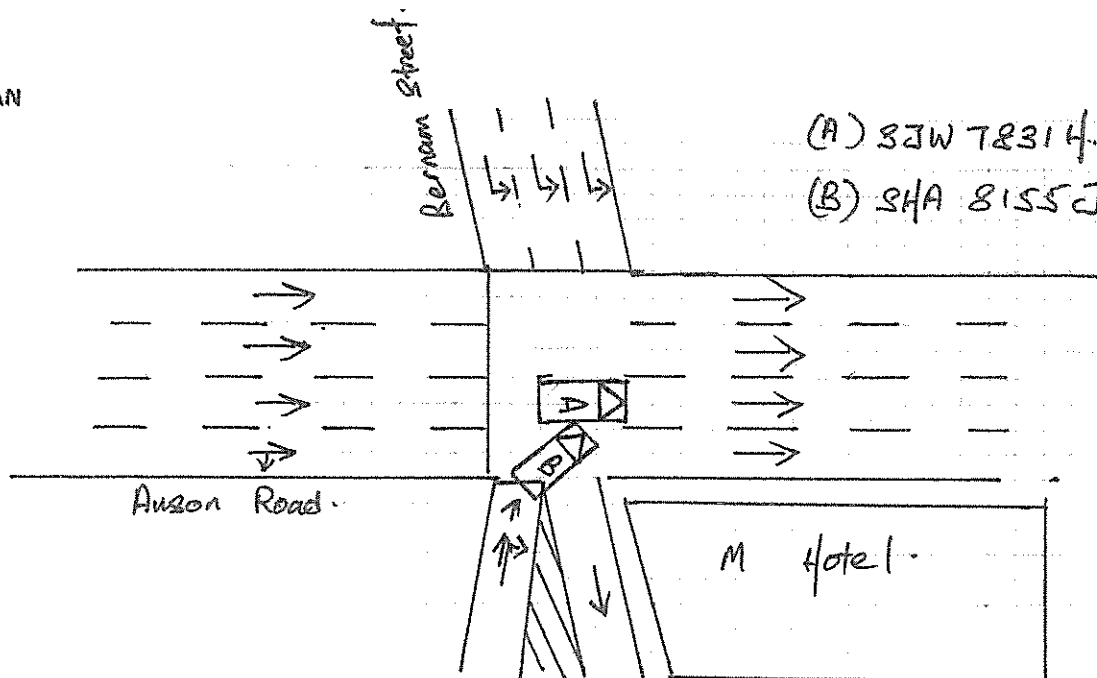


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/01/2020 at @ 0900 hrs, I stopped my vehicle (SJW 7831 H) along Anson Road junction Bernam Street on the second lane from the right due to red light. When the traffic turns green, the two vehicles in front of me moved forward and I follow to move forward too. Suddenly, a taxi (SHA 8155 J) dashed out from the back lane of M Hotel, and collided onto the right side of my vehicle.

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.: