

TwinCar AUTOMOTIVE PTE LTD

Kaki Bukit Autohub

2 Kaki Bukit Ave 2, #01-17

Singapore 417921

Tel No. : +65 6744 0510 / 6842 0051 Fax No. : +65 6741 0510

Company Reg. No. : 200714616M

GST Registration No. : 200714616M

Our Ref: **SLG 1043 R**

Your ref: **SHA 165 B**

28 February 2020

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

Attn: Motor Claims Department

BY EMAIL: motorclaims@msfirstcapital.com.sg

Dear Sir/Madam,

DATE OF ACCIDENT: 15 MAY 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 **AHMAD SYUHADAK B SAHED** to notify you of a road traffic accident on **15 MAY 2019** at about **04:40 HOURS** along **OPEN CARPARK (UEJ12/UEJ13) INF BLK 254 JURONG EAST ST 24** involving our client's vehicle **SLH4487T & SLZ4828Z** 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,



.....
Twincar 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	15/05/2019 15:45
Date Of Accident	15/05/2019 04:40
Exact Location Of Accident	OPENCARPARK(UEJ12/UEJ13)INF BLK254 JURONGEAST ST24
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1043R
Insured/Policyholder	
Name Of Registered Owner	AHMAD SYUHADAK B SAHED
NRIC No	S8943102F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97734291
Alternative Phone No	OTHERS-97734291
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106180040
Cover Note Number	
Driver	
Name of Driver	AHMAD SYUHADAK B SAHED
NRIC No	S8943102F
Date Of Birth	03/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97734291
Fax Number	
Contact Number	OTHERS-97734291
EMail Address	NOEMAIL

Address	BLK 812A CHOA CHU KANG AVENUE 7 #06-677
Postcode	681812
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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)	2
Passenger 1	NAME: : NIL GENDER: : MALE

Details of Police Action

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?	

Circumstances of Accident

PLS REFER TOT HE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA165B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan


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 lodging 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 making 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.:

15/5/2019

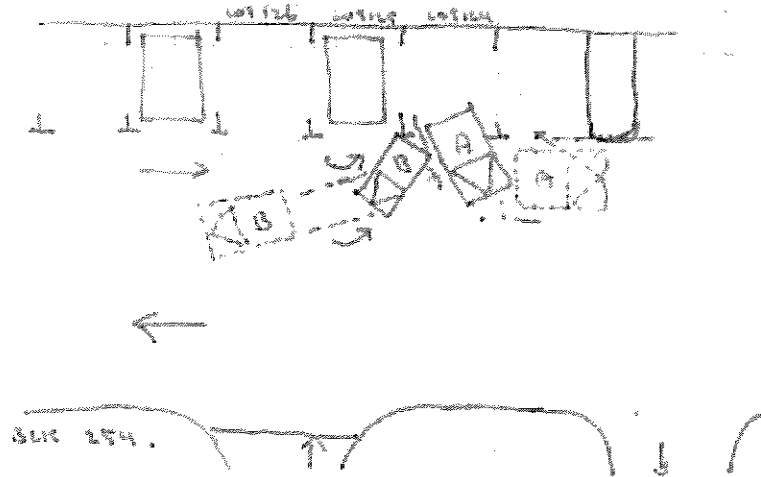
Sketch Plan #2

OPEN CARPARK INCIDENT BLOCK 254
AT (W6516/W6515) JUNCTION EAST ST 24.

SKETCH PLAN

VEHICLE A
- SLG 1043R

VEHICLE B
- SHM 165 B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I HAD COME TO A STATIONARY POSITION AFTER I CAME TO A EMPTY CAR PARK LOT 124 OF BLOCK 254 JUNCTION EAST ST 24.
AS I COME TO A STOP, THERE WAS A ON COMING VEHICLE. AND SO TILL THE VEHICLE HAD PASSED ME FULLY, I SWITCHED ON MY HAZARD LIGHT AND PROCEED TO REVERSE INTO THE EMPTY LOT. WHEN PARTIALLY OF MY VEHICLE WAS IN THE LOT, I NOTICED A VEHICLE WAS TOO REVERSING INTO MY LOT, (THOUGH LOT NUMBER 126 WAS ALSO EMPTY) WHEN I STOPPED MY VEHICLE TO CHECK ON MY SHOULDER. THE VEHICLE DIDN'T STOP REVERSING THOUGH I'M ALREADY IN THE LOT AND QUANTUMLY HITTED ONTO THE RIGHT REAR OF MY VEHICLE.
ALIGNED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (SHM 165 B) THAT COLLIDED TO THE RIGHT REAR OF MY VEHICLE WHEN HE WAS REVERSING AND DIDN'T CHECK I WAS AT THE BACK OF HIS VEHICLE.
THE WHOLE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA. SHOWING MY VEHICLE HAD STOPPED AND WAS REVERSED WHEN MY VEHICLE WAS ALREADY IN THE PARKING LOT.

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)

Reporting Centre Personnel's Signature
Name:

15/5/2019