

N-51 AUTOMOTIVE PTE LTD

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: SLR 7906 D
Your ref: SLJ 1697 M

05 March 2020

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

BY EMAIL: motorclaims.sg@fwd.com

Dear Sir/Madam,

DATE OF ACCIDENT : 05 MAR 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 **GRAB RENTALS PTE LTD** to notify you of a road traffic accident on **05 MAR 2020** at about **11:40 HOURS** along **SIMS AVE EAST** involving our client's vehicle **SLR7906D & SLJ1697M** 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

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 05/03/2020 12:51
 Date Of Accident 05/03/2020 11:40
 Exact Location Of Accident ALONG SIMS AVE EAST
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR7906D
Insured/Policyholder
 Name Of Registered Owner GRAB RENTALS PTE LTD
 Co Reg No 2XXXXX200G
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-31388644

Vehicle Particulars

Manufacturer HONDA
 Model VEZEL-1.5 HYBRID X (A)
 Exact Purpose for which vehicle was being used at time of accident

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

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy YES
 Policy Number 29141713
 Cover Note Number

Driver

Name of Driver JASNI BIN SAAT
 NRIC No SXXXXX921Z
 Date Of Birth 02/12/1968
 Occupation OUTDOOR
 Date Of Driving Pass 23/02/2005
 Driving Experience 15 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97523456
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	BLK 234 BUKIT PANJANG RING ROAD #06-03
Postcode	670234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

ON 05/03/2020 AROUND 1140HRS, I WAS TRAVELLING ALONG SIMS AVE EAST AT KAMPONG EUNOS JUNCTION. I WAS ON THE EXTREME RIGHT LANE WHILE VEHICLE B WAS ON LANE 2. I WAS TRAVELLING STRAIGHT WHEN VEHICLE B SUDDENLY CUT INTO MY LANE RIGHT BEFORE THE KAMPONG EUNOS JUNCTION. I AM UNSURE IF VEHICLE B WANTED TO JUST CUT INTO MY LANE AND CONTINUE FORWARD OR TURN RIGHT INTO KAMPONG EUNOS. VEHICLE B HIT INTO MY VEHICLE'S LEFT SIDE PORTION (PASSENGER REAR DOOR). MY VEHICLE'S LEFT SIDE PORTION IS DAMAGED. THERE WAS NO INJURIES. THERE WAS ALSO ANOTHER VEHICLE, VEHICLE C WHICH WAS INVOLVED IN THE ACCIDENT BUT I AM UNSURE WHICH LANE VEHICLE B WAS IN PRIOR TO THE ACCIDENT. VEHICLE C ALSO VERBALIZED THAT HE WOULD DO A PRIVATE SETTLEMENT WITH VEHICLE B.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ1697M
Vehicle Make/Model/Colour	BMW / WHITE
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	CHIU ENG HIAP
NRIC/Passport Number	SXXXX704E
Contact Number	92254338
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP9595P
Vehicle Make/Model/Colour MAZDA / WHITE
Details Of Properties VEH C
Vehicle Category PRIVATE HIRE
Name of Driver CHEN TART SENG
NRIC/Passport Number SXXXX671E
Contact Number 98379376
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

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 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.

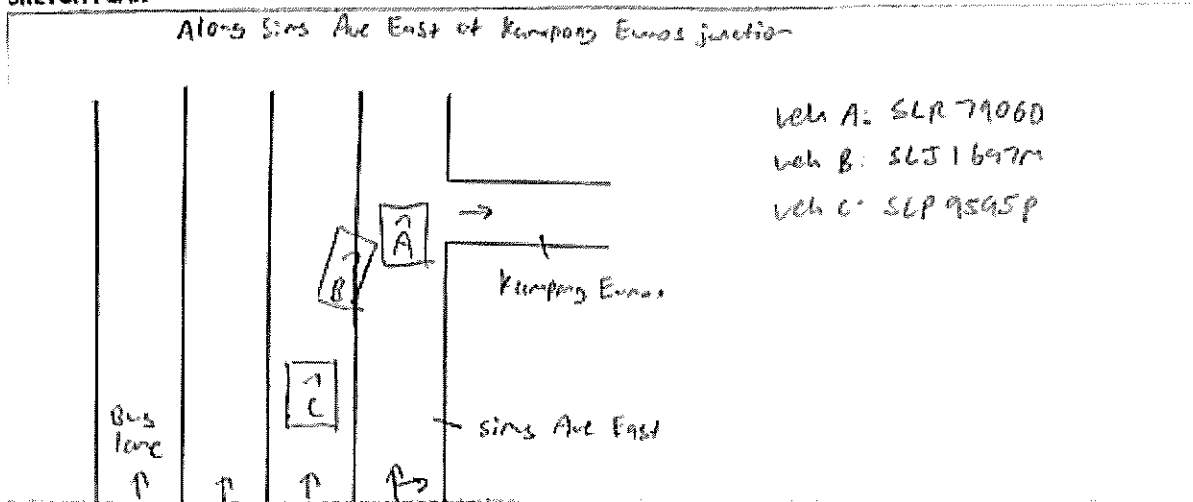
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5/3/20 around 1140hrs, I was travelling along Sims Ave East at Kampong Eunus junction. I was on the extreme right lane while Veh B was on lane 2. I was travelling straight when Veh B suddenly cut into my lane right before the Kampong Eunus junction. I am unsure if Veh B wanted to just cut into my lane and continue forward or turn right into Kampong Eunus. Veh B hit into my vehicle's left sided partition (passenger rear door). My vehicle's left sided partition is damaged. There was no injuries. There was also another vehicle, Veh C, which was involved in the accident but I am unsure which lane Veh C was in prior to the accident. Veh C also verbalised that he would do a private settlement with Veh B.

DECLARATION

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

[Signature]

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.: