



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: **SLD 1454 D**
Your ref: **SHB 4429 R**

09 March 2020

MS FIRST CAPITAL INSURANCE LIMITED

BY EMAIL: motorclaims@msfirstcapital.com.sg

6 RAFFLES QUAY
#21-00
SINGAPORE 048580
Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT: 06 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 **SAMSUNG C&T CORPORATION** to notify you of a road traffic accident on **06 MAR 2020** at about **19:30 HOURS** along **PIE TWDS TUAS AFTER STEVEN EXIT** involving our client's vehicle **SLD1454D & SHB4429R** 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

Vehicle No.	SLD1454D	Model / Make	Toyota Altis
Date of Accident	6/3/2020		
Time of Accident	19.30	HRS	
Location of Accident	PIE towards Tuas after stern exit		
Exact purpose use during accident	Work		
Name of Owner	Samsung C & T Corporation		
Telephone No.	H/P :	Home :	Office :
NRIC	S90FC4239C		
Address	3 Church Street #11-01 Samsung Hub S (049483)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	NTUC		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	NTUC		
Name of Driver	As Above If <input checked="" type="radio"/> No <input type="radio"/> Lim Yong Mook		
NRIC	65677536L	Any Passengers :	NIL
Date of birth	24/05/1976		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	13 OCT 2015		
Gender	Male / Female		
Contact No.	H/P : 8265994	Home :	Office :
Address	3 Church Street #11-01 Samsung Hub S (049483)		
Driver have any own vehicle	<input checked="" type="radio"/> No	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Lim Yong Mook 8265994		
Name And Contact No.			
Police Report	<input checked="" type="radio"/> No	If Yes, Where?	
Vehicle B No.	SHB 4429R	Any Passengers :	
Name of Driver		Contact No. :	
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		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	<input checked="" type="checkbox"/> Yes / No FILE CORRUPTED		
Email Address	mookly@samsung.com		
PARTICULAR WORKSHOP	N-51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		

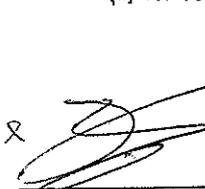
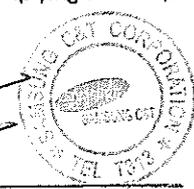
SKETCH PLAN

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)**

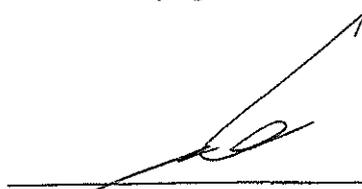
I understand, acknowledge, agree and consent that:

- (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: 07/08/2020


Driver's Signature

(If driver is not the policyholder)
Date & Time:

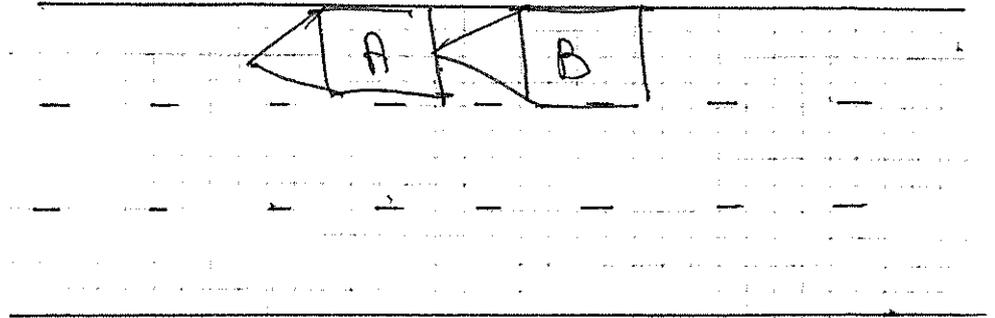
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN

A - SLD 1454D

B - SHB 4429R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving veh A on the above mention date and time. The veh in front slow down n stopped n I slow down n stopped. A few second later I felt an impact when I a light I notice veh B could not stop in time and hit the rear of my veh A.

Vehicle A - SLD 1454D

Vehicle B - SHB 4429R

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.: