

CATHERINE LIM LLC

林 ADVOCATES & SOLICITORS
翠 NOTARY PUBLIC -公証官
玲 COMMISSIONER FOR OATHS- 宣誓官
律
師 CATHERINE C.L.LIM
館 DIRECTOR
LL.B (HONS) SINGAPORE-法律系-律師
M.B.A. (BUSINESS LAW)-商业系-硕士

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CATHERINE LIM LLC is a law corporation
with limited liability

Your Ref: SLB 6875A
Our Ref: CL/191034/T/MSS.sg

21 October 2019

To: M/s China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909
Attn: Motor Claims Dept

via fax: 6224 7175 & by hand

Mohamed Husnan Bin Yusop
181B Boon lay Drive
#02-638
Singapore 642181

CERTIFICATE OF POSTING
(Please be informed that all supporting documents
have been forwarded to your insurer.)

Dear Sir

**RE: NOTICE TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO
PRE-ACTION PROTOCOL FOR NON-INJURY MOTOR ACCIDENT CLAIMS (NIMA)**

**ACCIDENT INVOLVING SFY 1432C / SLB 6875A ON 20.10.2019 ALONG AYE CTE BEFORE LOWER
DELTA EXIT**

We are instructed by **IRINA YEO SU YEN** to notify you of a road traffic accident involving our client's vehicle
No. **SFY 1432C** and vehicle No. **SLB 6875A** driven by you at the material time. A copy of the Singapore Accident
Statement and/or Police Report is enclosed.

As a result of the accident, our client's motor vehicle has been damaged. Before our client proceed to repair the
damaged motor vehicle, please let us know within **2 working days** of your receipt of this notice whether you/your
insurer would like to conduct a pre-repair survey of the motor vehicle. If we do not receive any reply from you/your
insurer within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Please let us know your appointed surveyor.

MS Car Auto Pte Ltd

8 Kaki Bukit Ave 4 #01-07
Premier @ Kaki Bukit
Singapore 415875
Telephone: 6385-1838 Fax : 6386-1838

Yours faithfully

Etc
cc: clients

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/10/2019 (dd/mm/yy) Time of Accident: 09:15 (24-HR-FORMAT)

Vehicle No.: SF1 1432G Vehicle Make & Model: _____

Exact location of Accident: AYE CTE Before Lower Delta Exit

Policyholder's Name / IC No.: Irina Yeo Su Yen 57817737C

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 97655262 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: Budget Direct

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 05

*Passenger Name: _____ Gender: Male / Female M2 F3 *Passenger Name: _____
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: (B) SLB 6F75A

Driver's Contact No: _____ Insurance Company: (C) SLD 11894

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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 :

A/E CTE Before Lower Delta Exit



A: SFY 1432C

B: SLB 6875A

C: SLD 1189U


SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving my vehicle (A) SFY 1432C along A/E, in front me got 1 accident I slow down and stop. suddenly I feel a strong impact from my rear portion. and push my vehicle hit into vehicle (C)

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.: