

# 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: **GBA 7947 T**  
Your ref: **SKJ 4872 R**

26 May 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](mailto:motorclaims.sg@fwd.com) ONLY**

Dear Sir/Madam,

**DATE OF ACCIDENT : 24 May 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 **GOY BENG P A SERVICES** to notify you of a road traffic accident on **24 May 2020** at about **11:30 HRS** along **BLK 153 SERANGOON NORTH OSCP** involving our client's vehicle **GBA 7947 T & SKJ 4872 R** 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**

<b>Vehicle No.</b>	GBA7947T	Model / Make	Nissan NV350
<b>Date of Accident</b>	24/5/2020		
<b>Time of Accident</b>	1130	HRS	
<b>Location of Accident</b>	Along BLK 153 Serangoon North OSEP		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	Goy Beng P A Services		
<b>Telephone No.</b>	H/P: 9398 7919	Home :	Office :
<b>NRIC</b>	40177700J		
<b>Address</b>	126 Highland Road S(549198)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5098744547-02		
<b>Name of Driver</b>	As Above If No, Tay Chap Goo		
<b>NRIC</b>	S0492924A	Any Passengers : 1 (F)	
<b>Date of birth</b>	19/8/1938		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	26/3/1956		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P: 9398 7919	Home :	Office :
<b>Address</b>	126 Highland Road S(549198)		
<b>Driver have any own vehicle</b>	(No) If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state Owner		
<b>Weather condition</b>	(Clear) Raining Other		
<b>Road Surface</b>	(Dry) Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	Tay Chap Goo 9398 7919		
<b>Name And Contact No.</b>			
<b>Police Report</b>	(No) If Yes, Where?		
<b>Vehicle B No.</b>	SKJ4872R	Any Passengers : 1	
<b>Name of Driver</b>	Tan Beng Heng Jimmy	Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>		Witness Contact :	
<b>Accident Portion</b>	Front left portion		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	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.

聲明音響服務

GOY DENG P. A. SERVICES

X

郭則榮

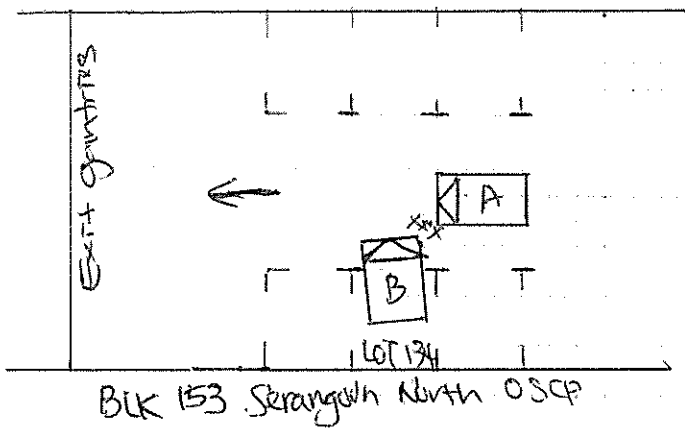
郭則榮

.....  
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



Veh A: GBA7947T  
Veh B: SKJ4872R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBA7947T) traveling along BLK 153 Serangoon North open space car park on single lane, road. Somewhere near the exit gantries, my vehicle was moving forward. Out of sudden, vehicle B (SKJ4872R) from car-park lot no. 134 moved forward. As a result, the front right portion of vehicle B collided onto the front left portion of my vehicle.

## DECLARATION

We declare the foregoing particulars are true in every respect.

GOY DENG PAI SERVICES

*[Signature]*

Policyholder's Signature  
Date & Time: *Authorized Signature*

*[Signature]*

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

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