

# 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: **SMM 4921 T**

Your ref: **SHA 9380 T**

17 August 2020

**MS FIRST CAPITAL INSURANCE LIMITED**

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

Attn: Motor Claims Department

BY EMAIL MotorClaims@msfirstcapital.com.sg ONLY

Dear Sir/Madam,

**DATE OF ACCIDENT: 14 Aug 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 **SAMBNANI MARICAR CLEMENTE** to notify you of a road traffic accident on **14 Aug 2020** at about **16:20 HRS** along **ECP TWDS AIRPORT B4 BAYSHORE RD EXIT** involving our client's vehicle **SMM 4921 T & SHA 9380 T** 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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**Twincar Automotive Pte Ltd**

<b>Vehicle No.</b>	SMM 4921 T.	<b>Model / Make</b>	Nissan Elgrand
<b>Date of Accident</b>	14 / 08 / 2020		
<b>Time of Accident</b>	1620 HRS		
<b>Location of Accident</b>	ECP towards Airport before Bayshore Exct.		
<b>Exact purpose use during accident</b>	Private Used		
<b>Name of Owner</b>	Sambnani Maricar Clemente		
<b>Telephone No.</b>	H/P : 90900473	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 7988806 J		
<b>Address</b>	388 Upper East Coast Road #03-17 (S) 466477		
<b>Claim type</b>	OD <u>THIRD PARTY</u>	<b>REPORTING ONLY</b>	
<b>Insurance Company</b>	NFuc.		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	5112662179		
<b>Name of Driver</b>	<u>As Above</u> If No,		
<b>NRIC</b>		<b>Any Passengers :</b>	02 (F).
<b>Date of birth</b>	24 / 10 / 1979		
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	06 / 10 / 2011		
<b>Gender</b>	Male / <u>Female</u>		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state <u>Owner</u>		
<b>Weather condition</b>	<u>Clear</u> Raining Other		
<b>Road Surface</b>	<u>Dry</u> Wet Other		
<b>Any Injuries</b>	No, <u>If Yes, Who?</u>		
<b>Name And Contact No.</b>	1. Sambnani Maricar Clemente (H/P 90900473)		
<b>Name And Contact No.</b>	2. Sofia Lavania Sabnani 3. Shanaia Meera Sabnani		
<b>Police Report</b>	<u>No</u> , If Yes, Where?		
<b>Vehicle B No.</b>	SFA 9380 T.	<b>Any Passengers :</b>	N.A.
<b>Name of Driver</b>	YEO Lee Hong	<b>Contact No. :</b>	-
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	N.A	<b>Witness Contact :</b>	N.A.
<b>Accident Portion</b>	Rear Portion		
<b>Camera Recorder</b>	<u>Yes</u> / No		
<b>Email Address</b>	marisabnani@me.com		
<b>PARTICULAR WORKSHOP</b>	Twincar		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JOSEPH TAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n5i.com.sg		

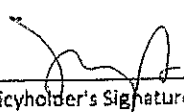
## SKETCH PLAN

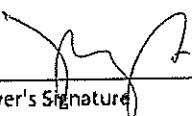
### IMPORTANT NOTICE

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.

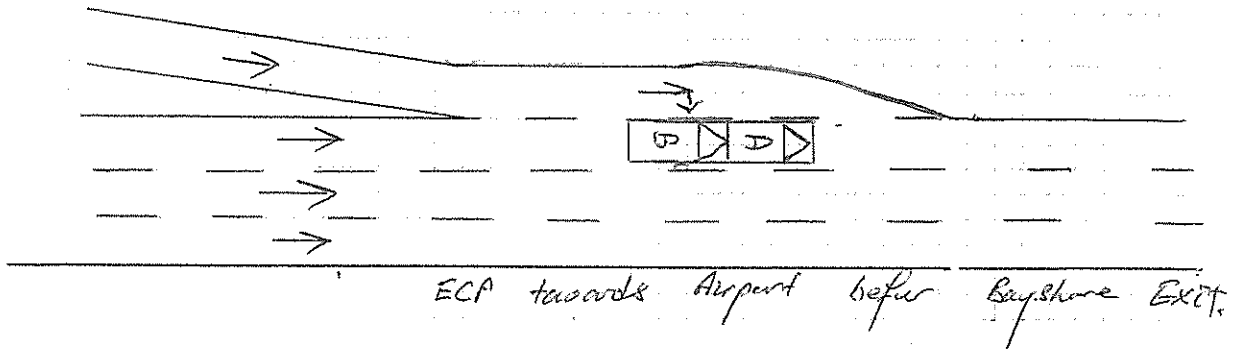
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\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

(A) SMM 4921 T.  
(B) SFA 9380 T.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/08/2020 at @ 1620 hrs, I was travelling in my vehicle (SMM 4921 T) along ECP towards the direction of Airport before Bayshore exit on the extreme left lane. There was a road work in progress on the extreme right lane. A lorry in front of me slow down and stopped and I slow down and stopped too. Few seconds later, a taxi (SFA 9380 T) from behind collided onto the rear portion of my vehicle.

## 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.: