

# 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: **SJF 3682 L**  
Your ref: **SHB 4239 Y**

19 October 2020

**MS FIRST CAPITAL INSURANCE LIMITED**  
6 RAFFLES QUAY  
#21-00  
SINGAPORE 048580  
Attn: Motor Claims Department

BY EMAIL [MotorClaims@msfirstcapital.com.sg](mailto:MotorClaims@msfirstcapital.com.sg) ONLY

Dear Sir/Madam,

**DATE OF ACCIDENT : 17 Oct 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 **CHIN XUN KAI** to notify you of a road traffic accident on **17 Oct 2020** at about **12:20 HRS** along **CHANGI RD AFTER EVERITT RD N** involving our client's vehicle **SJF 3682 L & SHB 4239 Y** 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>	SJF3682L ...		Model / Make	Toyota Vios
Date of Accident	17/10/2020			
Time of Accident	1220	HRS		
Location of Accident	Along Changi Road after Everitt Road N			
Exact purpose use during accident	Private use			
<b>Name of Owner</b>	Chin Xun Kai			
Telephone No.	H/P: 9232 0286	Home:	Office:	
NRIC	S9524353C			
Address	BLK 455A Ang Mo Kio St 44 #18-03 S(561455)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	NTUC			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	K115737182			
<b>Name of Driver</b>	As Above If No, Dylan Tong Ke You			
NRIC	S9636234Z	Any Passengers: 1 (M)		
Date of birth	12/10/1996			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	29/6/2017			
Gender	Male / Female			
Contact No.	H/P: 98526606	Home:	Office:	
Address	BLK 416 Ang Mo Kio Ave 10 #14-077 S(560416)			
Driver have any own vehicle	(No)	If yes, Reg No.		
Relationship	Employee,	If no, state Friend		
Weather condition	(Clear)	Raining	Other	
Road Surface	(Dry)	Wet	Other	
Any Injuries	No,	(If Yes) Who?		
Name And Contact No.	Dylan Tong Ke You 98526606			
Name And Contact No.				
Police Report	(No)	If Yes, Where?		
<b>Vehicle B No.</b>	SMB42394	Any Passengers:		
Name of Driver	Ong Keng Guan	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:		
Witness Name		Witness Contact:		
Accident Portion	Right portion			
Camera Recorder	(Yes) / No			
Email Address	xunkai.chin@gmail.com			
<b>PARTICULAR WORKSHOP</b>	Twincar 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.

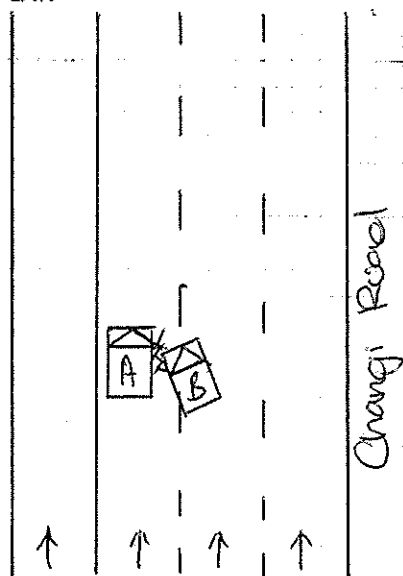
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\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



Veh A: SJF3682L  
Veh B: SHB4239Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SJF3682L) traveling along Changi Road towards Geylang Road on third lane of a 4-lanes, road. Somewhere after the junction of Everett Road N, vehicle B (SHB4239Y) which from lane 2 suddenly filter to my lane. As a result, the left portion of vehicle B collided onto the right portion of my vehicle.

## DECLARATION

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

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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.: