

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: **SLM 5166 L**
Your ref: **GBB 5143 D**

15 December 2020

CHINA TAIPING INSURANCE (S) PTE LTD

BY EMAIL claimsdept@sg.cntaiping.com ONLY

3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909
Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT: 14 Dec 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 **HOW YEW CHYE** to notify you of a road traffic accident on **14 Dec 2020** at about **14:30 HRS** along **POTONG PASIR AVE 1 TWDS SORBY ADAMS DR** involving our client's vehicle **SLM 5166 L & GBB 5143 D** 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,



Twincar Automotive Pte Ltd

VEHICLE NO: SLM5166L	MAKE & MODEL: Honda Vezel	(AUTO) / MANUAL
DATE OF ACCIDENT:	14 / 12 / 2020	CC: 1.5
TIME OF ACCIDENT:	1430	HRS
LOCATION OF ACCIDENT:	Along Potong Pasir Avenue 1 towards Soryby Adams Dr	
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	How Yew Chye	
TEL NO:	H/P: 9681 5101	OFFICE: HOME:
NRIC:	S1691323E	
ADDRESS:	BLK 435C Fernvale Road H13-232 S1793435	
EMAIL:	rhm.construction168@yahoo.com.sg	
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / (NO)	
INSURANCE COMPANY:	NTUC	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	5107673491-01	
NAME OF DRIVER:	(AS ABOVE) / IF NO:	
NRIC:	ANY PASSENGER: —	
DATE OF BIRTH:	21 / 9 / 1965	License Exp Date: 26 / 2 / 1993
OCCUPATION:	OUTDOOR / INDOOR	
GENDER:	(MALE) / FEMALE	
CONTACT NO:	H/P:	OFFICE: HOME:
ADDRESS:		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Owner	
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:	
ROAD SURFACE:	(DRY) / WET / OTHER:	
ANY INJURIES:	(NO) / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	(NO) / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?	
VEHICLE B REG NO:	GBB 5143D	ANY PASSENGERS: 1
NAME OF DRIVER:	Iqmal Bin Imran	CONTACT NO: 89502373
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO	
ACCIDENT PORTION:	Rear portion	
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Brandon	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.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.

X 

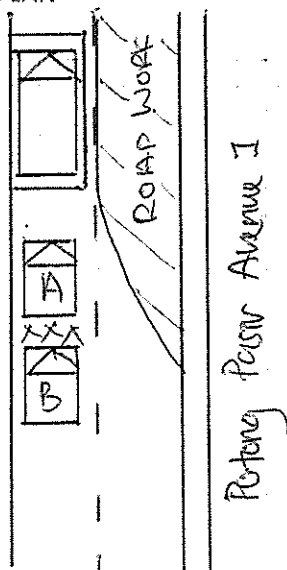
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN



Veh A - SLM5166L
Veh B - GBB5143D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SLM5166L) traveling along Rotong Pasir Avenue 1 towards Sarby Adams Drive on second lane of a 2-lanes, road. My vehicle was stationary behind the bus ahead while waiting to move off. Out of sudden, vehicle B (GBB5143D) came from rear and collided onto the rear 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.: