

# 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: **GBJ 6608 G**  
Your ref: **SHA 3782 G**

16 December 2020

**INDIA INTERNATIONAL INSURANCE PTE LTD**  
64 CECIL STREET  
#04-00 & #05-00 IOB BUILDING  
SINGAPORE 049711  
Attn: Motor Claims Department

BY EMAIL [motorclaim@iii.com.sg](mailto:motorclaim@iii.com.sg) ONLY

Dear Sir/Madam,

**DATE OF ACCIDENT : 15 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 **L3PEC PTE LTD** to notify you of a road traffic accident on **15 Dec 2020** at about **09:25 HRS** along **LORONG 17 GEYLANG TWDS SIMS AVE** involving our client's vehicle **GBJ 6608 G & SHA 3782 G** 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

VEHICLE NO:	GBJ 66089		MAKE & MODEL:	Toyota Hrace		AUTO / MANUAL
DATE OF ACCIDENT:	15/12/2020					CC: 30
TIME OF ACCIDENT:	0925 HRS					
LOCATION OF ACCIDENT:	Along Lorong 17 Greyland tucks Sims Avenue					
EXACT PURPOSE USED AT TIME OF ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	L3pec Pte Ltd					
TEL NO:	H/P: 90038002		OFFICE:			HOME:
NRIC:	201500228D					
ADDRESS:	62 Ubi Road 1 #03-09 S(408734)					
EMAIL:	jason.lim@l3t.com.sg					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / <input checked="" type="radio"/> NO					
INSURANCE COMPANY:	Great Eastern					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	2020-V0110724-VCV-E002					
NAME OF DRIVER:	AS ABOVE / IF NO: Ng Ban Heng					
NRIC:	S16324506		ANY PASSENGER: -			
DATE OF BIRTH:	26/3/1964		Licence Pass Date: 5/7/1984			
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	<input checked="" type="radio"/> MALE / FEMALE					
CONTACT NO:	H/P: 96217143		OFFICE:			HOME:
ADDRESS:	Bck 739 Jurong West Street 73 #11-56 S(64078)					
EMAIL:	ngbanheng1156@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Employment					
WEATHER CONDITION N:	<input checked="" type="radio"/> CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	<input checked="" type="radio"/> DRY / WET / OTHER:					
ANY INJURIES:	<input checked="" type="radio"/> NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?					
VEHICLE B REG NO:	SHA37829		ANY PASSENGERS: -			
NAME OF DRIVER:			CONTACT NO:			
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 / <input checked="" type="radio"/> NO					
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / NO					
ACCIDENT PORTION:	Rear portion					
WORKSHOP PARTICULAR:	N-51 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

 SPEC

Blk 123 Bukit Merah Lane 1  
#04-50 Singapore 150126

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

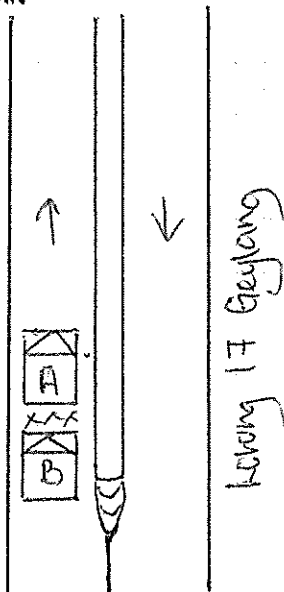
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



Veh A: GBJ6608G  
Veh B: SHA3782G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBJ6608G) traveling along Lorong 17 Geylang towards Sims Avenue on single lane, two way road. My vehicle was stationary while queue to make my left. Out of sudden, vehicle B (SHA3782G) came from rear and 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.: