

# 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: **SMH 9241 R**

Your ref: **SH 8507 K**

31 March 2021

**AXA INSURANCE PTE LTD**

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

Attn: Motor Claims Department

BY EMAIL motor.survey@axa.com.sg ONLY

Dear Sir/Madam,

**DATE OF ACCIDENT: 29 Mar 2021**

**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 **LIAN YONG LIANG** to notify you of a road traffic accident on **29 Mar 2021** at about **07:50 HRS** along **YISHUN AVE 1 JUNC SEMBAWANG RD** involving our client's vehicle **SMH 9241 R & SH 8507 K** 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:	SMH 9241 R -		MAKE & MODEL:	Honda Civic		<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT:	29/03/2021		CC:	1.5		
TIME OF ACCIDENT:	0750 HRS					
LOCATION OF ACCIDENT:	Tishun Ave 1 junction Sembawang Road.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Lian Yong Lian.					
TEL NO:	H/P: 9002 3662		OFFICE:	HOME:		
NRIC:	S 87361264.					
ADDRESS:	BLK 659B Punggol East #15-761 (S) 822659.					
EMAIL:	rickylionyl87@gmail.com.					
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY					
FLEET POLICY:	YES <input checked="" type="radio"/> NO <input type="radio"/>					
INSURANCE COMPANY:	Tokio Marine.					
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	21-MM000099-ROC.					
NAME OF DRIVER:	<input checked="" type="radio"/> AS ABOVE <input type="radio"/> IF NO:					
NRIC:			ANY PASSENGER:	N.A.		
DATE OF BIRTH:	11 / 11 / 1987		LICENCE PASSED DATE:	28/04/2007.		
OCCUPATION:	OUTDOOR <input checked="" type="radio"/> INDOOR <input type="radio"/>					
GENDER:	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:						
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		<input checked="" type="radio"/> INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR <input type="radio"/> RAINING / OTHERS:					
ROAD SURFACE:	<input checked="" type="radio"/> DRY <input type="radio"/> WET / OTHER:					
ANY INJURIES:	NO <input checked="" type="radio"/> IF YES, WHO?					
NAME & CONTACT:	Lian Yong Lian.					
NAME & CONTACT:						
POLICE REPORT:	NO <input checked="" type="radio"/> IF YES, WHERE?		Traffic Police.			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SH 8507 K.		ANY PASSENGERS:	01 (M)		
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:	SHA 3792 C		ANY PASSENGERS:	01 (M).		
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:	N.A.		WITNESS CONTACT:	N.A.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES <input type="radio"/> NO					
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="radio"/> NO <input type="radio"/>					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES <input type="radio"/> NO					
ACCIDENT PORTION:	Front and Rear Portion.					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="radio"/> NO <input type="radio"/>					
WORKSHOP PARTICULAR:	Twincar.					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Jalept TAN.					
AX 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 lodgement 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 :

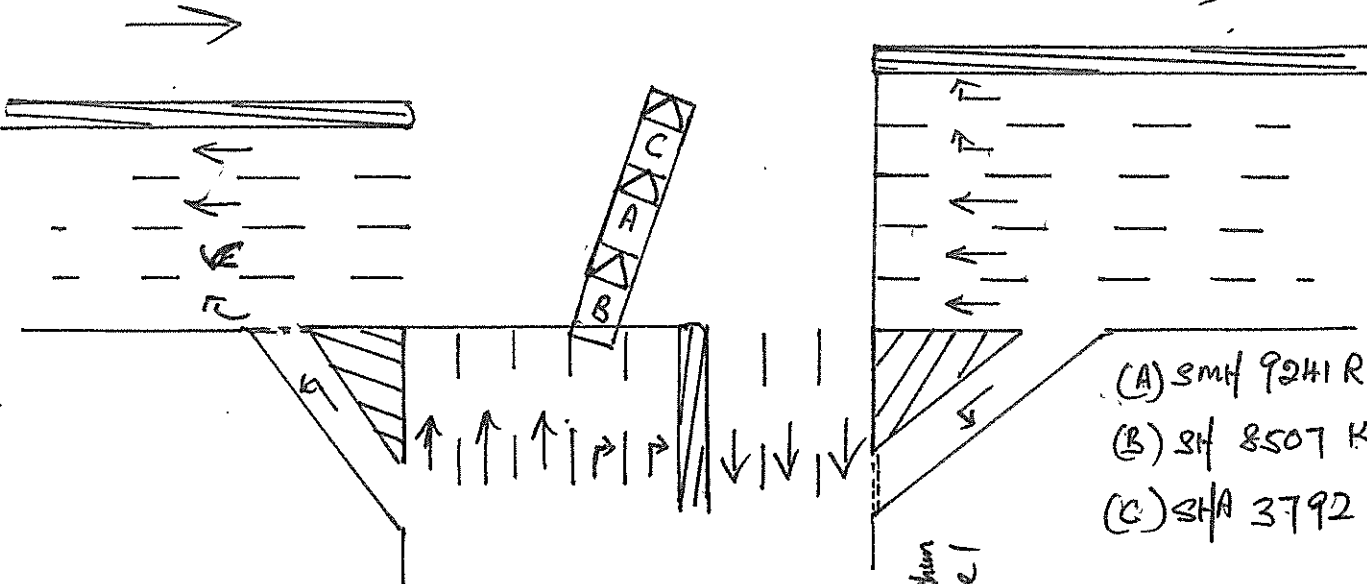
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	_____ Witnessed by Reporting Centre Personnel
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**Sketch Plan**



(A) SMH 9241 R.  
(B) SH 8507 K.  
(C) SH 3792 C.


**Describe Circumstances of the Accident**

P/s refer to Police Report  
No: T/20210330/7003.

**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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20210330/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210330/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/03/2021 01:29		Vide Report No.: L/20210329/0048		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIAN YONG LIANG			Address: 659B PUNGGOL EAST #15-761 SINGAPORE 822659		
ID Type / ID No.: NRIC NO / S8736126H			Contact No.: Home/Office: Mobile: 90023662		
Nationality: SINGAPORE CITIZEN			Email: rickylianyl87@gmail.com		
Sex: Male	Age: 33	Date of Birth: 11/11/1987	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Singapore Armed Forces personnel		Driving Licence Information: Class:		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2021 08:00	Type of Location: X-Junction
Location:  YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH8507K	Car	TOYOTA		Blue	Slightly Damaged	1
SHA3792C	Car	HYUNDAI		Blue	Slightly Damaged	1
SMH9241R	Car	HONDA	CIVIC+1.5+T URBO+VTIS +SR	Grey		0



**SINGAPORE  
POLICE FORCE**



T/20210330/7003

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Report No. T/20210330/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH9241R	TOKIO MARINE INSURANCE SINGAPORE LTD.	MM000099	22/02/2021	14/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KOH TIONG HOE		ID No.	S1421846G
Related Vehicle	SH8507K (Car)		Contact No.	96481127
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	TAN CHENG HAI		ID No.	S1309446B
Related Vehicle	SHA3792C (Car)		Contact No.	97361405
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/03/2021		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight
Driver				
Name	LIAN YONG LIANG		ID No.	S8736126H
Related Vehicle	SMH9241R (Car)		Contact No.	90023662
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20210330/7003

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Report No. T/20210330/7003

**CONTINUATION OF REPORT**

Brief Details.

While turning right from Yishun Ave 1 to Sembawang Road during a right turn on green arrow turning amber, the Comfort cab in front (SHA3792C) came to a sudden complete halt in the middle of the turn (in the middle of the X-junction) for no apparent reason (the other vehicles ahead completed the right turn without stopping). The sudden halt was unexpected. I managed to stop in time, but the Comfort cab behind me (SH8507K) could not, and rear-ended me which propelled me forward to rear-end the cab ahead. I suffered back pain and chest tightness as a result and was conveyed to Khoo Teck Puat Hospital in an ambulance. I was discharged as outpatient for back muscle sprain and was given 2 days MC.



**SINGAPORE  
POLICE FORCE**



T/20210330/7003

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Traffic Police  
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Tel No: 65470000

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Report No. T/20210330/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
30/03/2021 01:29

Classification Of Case: