

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: **SLR 9476 P**
Your ref: **SGA 4433 U**

12 April 2021

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 : 12 Apr 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 **GAN HAN YEEN** to notify you of a road traffic accident on **12 Apr 2021** at about **09:47 HRS** along **UPP THOMSON RD B4 JLN PELATINA** involving our client's vehicle **SLR 9476 P & SGA 4433 U** 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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N-51 AUTOMOTIVE PTE LTD

VEHICLE NO:	SLR9476P		MAKE & MODEL:	Honda Vezel		<input checked="" type="checkbox"/> AUTO / <input type="checkbox"/> MANUAL
DATE OF ACCIDENT:	12/04/2021		CC:	1.5		
TIME OF ACCIDENT:	09:47 HRS					
LOCATION OF ACCIDENT:	Upper Thomson Rd before Jalan Pelating					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Gan Han Yee					
TEL NO:	H/P:	-	OFFICE:	HOME:		
NRIC:	S75774381					
ADDRESS:	6 Chestnut Gardens S(679231)					
EMAIL:	-					
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO					
INSURANCE COMPANY:	Engo					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	DMPG20005901					
NAME OF DRIVER:	AS ABOVE / IF NO: Chow Gee Yeong					
NRIC:	S2572678B		ANY PASSENGER: NO			
DATE OF BIRTH:	13/06/1964		LICENCE PASSED DATE: 29/04/2003			
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR					
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE					
CONTACT NO:	H/P:	96887100	OFFICE:	HOME:		
ADDRESS:	6 Chestnut Gardens S(679231)					
EMAIL:	Gee Yeong @ Singnet.com.sg					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF <input checked="" type="checkbox"/> YES, REG NO:		SKU7411K		INSURER:	
RELATIONSHIP:	Husband					
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / OTHERS:					
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / OTHER:					
ANY INJURIES:	NO / IF <input checked="" type="checkbox"/> YES, WHO?					
NAME & CONTACT:	Chow Gee Yeong, 96887100					
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SGA4433U		ANY PASSENGERS: NO			
NAME OF DRIVER:	Shawn Ong		CONTACT NO: 96992277			
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?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
ACCIDENT PORTION:	Rear portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO					
WORKSHOP PARTICULAR:	N-51 Automotive					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Lenard					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					

SKETCH PLAN

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

Signature: _____

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.

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.:

CCBC Bank

183 Longhaus.

Upper Thomson Rd
before Jalan Pelatira Jene.

A: SLR 9476P

B: SGA 4433U

B: SGA4433U

On 12/04/2021 at about 09:47 hrs, i was driving my vehicle (SLR9476P) along Upper Thomson road. At the junction near Jalan Pelating, i signal right and slow down to filter to the right lane. Suddenly i felt two impact from the rear. I alighted and realise that Vehicle B (SGA4433U) did not stop in time and collided into the rear portion of my vehicle. There was a total of two impact from the same vehicle.

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.: