



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: **SLA 5948 K**
Your ref: **GBB 9962 E**

27 April 2021

INDIA INTERNATIONAL INSURANCE PTE LTD

BY EMAIL motorclaim@iii.com.sg ONLY

64 CECIL STREET
#04-00 & #05-00 IOB BUILDING
SINGAPORE 049711
Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 20 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 **TWINCAR LEASING PTE LTD** to notify you of a road traffic accident on **20 Apr 2021** at about **07:40 HOURS** along **GREENWICH DRIVE** our client's vehicle **SLA 5948 K & GBB 9962 E** 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:	SLA5948K	MAKE & MODEL:	Honda Vezel	AUTO/MANUAL
DATE OF ACCIDENT:	20/04/2021	CC:	1. S	
TIME OF ACCIDENT:	07:40 HRS			
LOCATION OF ACCIDENT:	Greenwich Drive.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Twincar Leasing Pte Ltd.			
TEL NO:	H/P: OFFICE: 68420051 HOME:			
NRIC:	2015350460			
ADDRESS:	2 Kaki Bukit Ave 2 #01-17 Autohub S(417921)			
EMAIL:	twincar.rental@n51.com.sg			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	<input checked="" type="checkbox"/> YES / NO?			
INSURANCE COMPANY:	Allianz			
TYPE OF COVERAGE:	Comprehensive / Third Party Third Party Fire & Theft			
POLICY NO:	COI-SPMF1000000402-SLA5948K.			
NAME OF DRIVER:	AS ABOVE / ENO Tan Choon Seng.			
NRIC:	S13907881 ANY PASSENGER: YES (1M).			
DATE OF BIRTH:	09/08/1959 LICENCE PASSED DATE: 30/12/2005			
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MAL / FEMALE			
CONTACT NO:	H/P: 87773787 OFFICE: HOME:			
ADDRESS:	Blk 527 Hougang Ave 6 #09-207 S(530527)			
EMAIL:	ChoonSeng@gmail.com			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO IF YES, REG NO. INSURER:			
RELATIONSHIP:	Hirer			
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / WET / OTHER:			
ANY INJURIES:	NO / IF <input checked="" type="checkbox"/> YES, WHO?			
NAME & CONTACT:	Tan Choon Seng, 87773787			
NAME & CONTACT:	Aryan Monsyhami Abdul Rahman, 88081742			
POLICE REPORT:	NO / IF <input checked="" type="checkbox"/> YES WHERE? Hougang N.P.C, T/20210425/2009			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	GBB9962E	ANY PASSENGERS:	Not sure.	
NAME OF DRIVER:	N/A	CONTACT NO:	N/A	
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 / NO with Traffic Police.			
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO			
ACCIDENT PORTION:	Front left 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:	Leonard			
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 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;

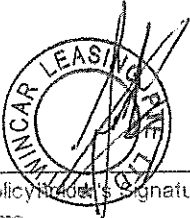
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

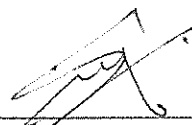
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

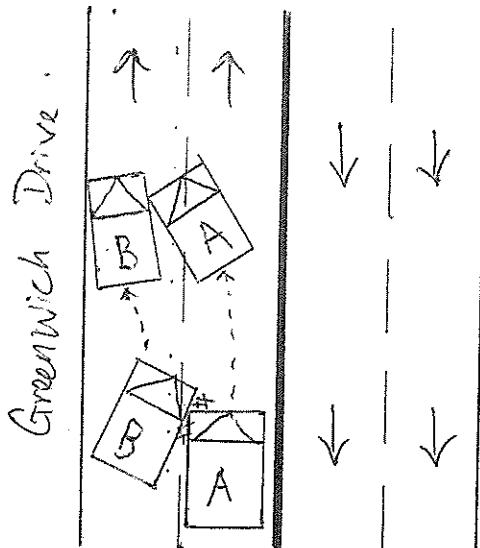
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLA5948K

B: GBB9962E

Describe Circumstances of the Accident

On 20/04/2021 at about 07:40 hrs, i was driving along Greenwich Drive on a two lane road in my vehicle (SLA594BK). As i was driving straight, suddenly i felt an impact and lost control of the vehicle. Ambulance arrived and i was conveyed to the hospital.

Refer to Police Report.

Report No.: T/20210425/2009

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature of the driver.

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

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2021 10:49	Vide Report No.: T/20210423/2121	Station Diary No.: 26
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Informant's Particulars			
Name of Informant: TAN CHOON SENG		Address: APT BLK 527 HOUGANG AVENUE 6 #09-207 SINGAPORE 530527	
ID Type / ID No.: NRIC NO / S1390788I		Contact No.: Home/Office: Mobile: 87773787	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 09/08/1959	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: PRIVATE HIRE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2021 07:40	Type of Location: Straight Road
Location: GREENWICH DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9962E	Van				Slightly Damaged	0
SLA5948K	Car	HONDA	VEZEL	Silver	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210425/2009

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20210425/2009

CONTINUATION OF REPORT

Driver			
Name	TAN CHOON SENG	ID No.	S1390788I
Related Vehicle	SLA5948K (Car)	Contact No.	87773787
Hospital/Clinic	SENGKANG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/04/2021	Date Discharge	22/04/2021
No. of Days granted Medical Leave	18	Degree of Injury	Serious

Brief Details.

On 20/042021 at about 0740hrs, I was travelling along Greenwich Drive on the right side of the 2 lane road and there was a van on my left. I wish to state that I was experiencing trauma due to that accident and could not recall the details.

I only remembered that I was driving along Greenwich Drive and felt an impact from the front left side of my vehicle. I shocked and froze at that moment. After recovering, I came down to make a check however, I felt pain on my chest and quickly asked for medical attention. Shortly later, an ambulance came and conveyed me to Sengkang General Hospital. I wish to state that at that point of time that is all I can remember, however I do have an in-car camera on my vehicle which the traffic police has taken it. I did not manage to take down the other party's particular.

I wish to add that I have recently recalled that I have a male passenger who sat at the back passenger seat. His particulars as follows;

S8715955H
Aryan Munsyahmi Abdul Rahman
10/06/1987

I believed that he was also conveyed to hospital however I do not know his condition currently.



**SINGAPORE
POLICE FORCE**



T/20210425/2009

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20210425/2009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 NURUL NATASHA BINTE MUALIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/04/2021 10:49

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH

Contact No.: 65476251

Authentication Stamp

NP168

Classification Of Case:

