

**CHEONG CHEONG MOTOR SERVICE PTE LTD**

BLK 5032 Ang Mo Kio Ind Park 2 #01-293 Singapore 569535

Tel : 6481 4152 Fax : 6481 4157

E-mail add : [c2msvc@singnet.com.sg](mailto:c2msvc@singnet.com.sg) website : [cheongcheong.com](http://cheongcheong.com)

Reg No : 201007833E

TO : CHINA TAIPING INSURANCE SINGAPORE PL

ATTN : MOTOR CLAIM DEPT

DATE : 30TH APRIL 2021

Dear Sir,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH I6.2 OF PRE-ACTION PROTOCOL FOR NIMA CASE

We act for SURIAH BINTE AHMAD appointed the undermentioned workshop to repair her motor vehicle SLC 2025 H claim against your client vehicle SGN 8082 D accident on 28/04/2021

Please be informed that the said vehicle can be inspected at :

**CHEONG CHEONG MOTOR SERVICE PTE LTD**

**BLK 5032 ANG MO KIO IND PARK 2**

**#01-293**

**SINGAPORE 569535**

**TEL : 6481 4152**

**FAX : 6481 4157**

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Regards,  
Angela Ng /Willy Lim

.....  
Sign by surveyor :





## SINGAPORE ACCIDENT STATEMENT

### 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. This 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.

### ACCIDENT STATEMENT

Date of Submission	29/04/2021 11:03 (SGT)
Date of Accident	28/04/2021 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS BLK 119 OPEN CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2025H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SURIAH BINTE AHMAD
NRIC No	SXXXX404F
Email Address	suria_ahmad@yahoo.com.sg
Mobile Phone No	(Phone) +65-96585257
Alternative Phone No	+65-96585257

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / VEZEL 1.5X CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121787947
Cover Note Number	-

### DRIVER

Name of Driver	SITI ZAKIYAH BINTE RAZALI
NRIC No	SXXXX819B



Date Of Birth	11/05/1989
Occupation	Indoor
Date Of Driving Pass	09/10/2017
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81111227
Alt. Phone Number	-
Email Address	kiki.ejaz@gmail.com
Address	BLK 533 #03-4108 ANG MO KIO AVENUE 5
Address complement	-
Postcode	560533
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	ZARA AARA BTE ADAM SAHIB
Gender	Female

#### PASSENGER 2

Name	KAYDEN ZAYN HAFIZ
Gender	Male

#### PASSENGER 3

Name	SHAMIN ABDULLAH
Gender	Female

#### PASSENGER 4

Name	EJAZ ZARAY BIN ADAM SAHIB
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED;

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGN8082D
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / COROLLA ALTIS 1.6 AUTO
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

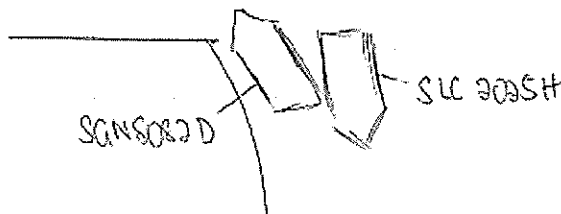
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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

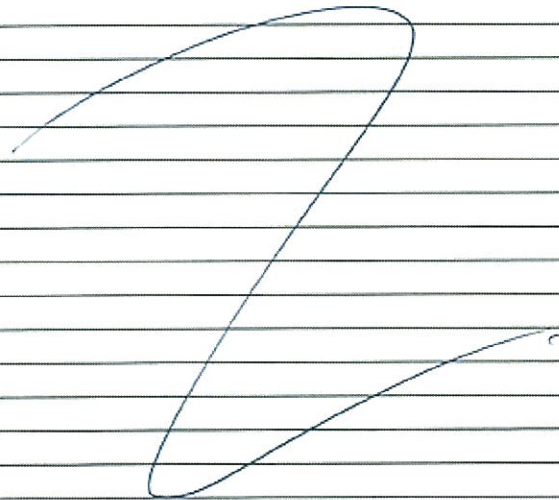
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg  
Witnessed by Reporting Centre  
Personnel 29 APR 2021

**Sketch Plan**



**Describe Circumstances of the Accident**

I was driving out but I stopped cause I saw an oncoming car on my right. The car stopped too and then driver signalled me to go ahead. So I drive out but before I finished my turn fully, driver started driving too in the opposite direction and her end grabbed through my side. Once I realized the incident, I stopped the car.



kiki.pj2@gmail.com

**Declaration**

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

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