

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: **SMT 829 S**
Your ref: **SHB 4724 M**

25 May 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 : 25 May 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS

PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by **TEE CHIN HOCK** to notify you of a road traffic accident on **25 May 2021** at about **15:00 HRS** along **BALESTIER RD JUNC MCNAIR RD** involving our client's vehicle **SMT 829 S & SHB 4724 M** 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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TwinCar Automotive Pte Ltd

VEHICLE NO: SMT 8892		MAKE & MODEL: TOYOTA NOBH		AUTO / MANUAL	
DATE OF ACCIDENT		25 / 05 / 2021		*C.C: 1797CC.	
TIME OF ACCIDENT		1500 AM		SPM	
LOCATION OF ACCIDENT		Balestier Road junction McNair Road.			
EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER		TEE CHIN HOCK.			
EMAIL: tshpeter@yahoo.com.sg		Office:		MOBILE: 9756 9822	
NRIC		S 1790693C			
CLAIM TYPE		OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:		YES (NO?)			
INSURANCE CO.		China Taiping			
TYPE OF COVERAGE		(Comprehensive) / Third Party / Third Party Fire & Theft			
POLICY NO.		DM4CSNW00002452100			
NAME OF DRIVER		(AS ABOVE) / IF NO:			
NRIC					
DATE OF BIRTH		02 / 10 / 1967			
ANY PASSENGER		YES (NO?)			
NAME OF PASSENGER		-			
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		(Outdoor) / Indoor			
DATE OF DRIVING PASS		06 / 02 / 2007			
GENDER		(Male) / Female			
CONTACT NO.		Mobile:		Office: Home:	
EMAIL:		tshpeter@yahoo.com.sg			
ADDRESS		BLK 601 Jwong West St 62 #04-173 (B) 640601			
DOES DRIVER OWN OTHER VEHICLES?		NO / If yes: Reg No:		INSURER:	
RELATIONSHIP		Employee / If No: Owner			
WEATHER CONDITION		(Clear) / Raining / Other:			
ROAD SURFACE		(Dry) / Wet / Other:			
ANY INJURIES		No / If yes: Who?			
CONTACT NO.					
POLICE REPORT		No / If yes: Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		(NO) IF YES: WHO?			
VEHICLE B NO.		34B 4724 M		Any Passenger: 01 (Not sure)	
NAME					
CONTACT NO.					
VEHICLE C NO.		SLP 8814 P		Any Passenger: 01 (Not sure)	
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		(YES) / NO With Traffic Police			
WAS THERE ANY AUDIO RECORDED?		(YES) / NO			
SCENE ACCIDENT PHOTOS TAKEN?		(YES) / NO			
**WORKSHOP:		Twin car			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					
		(YES) / NO			

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.

IMPORTANT NOTICE

Signature: _____

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.



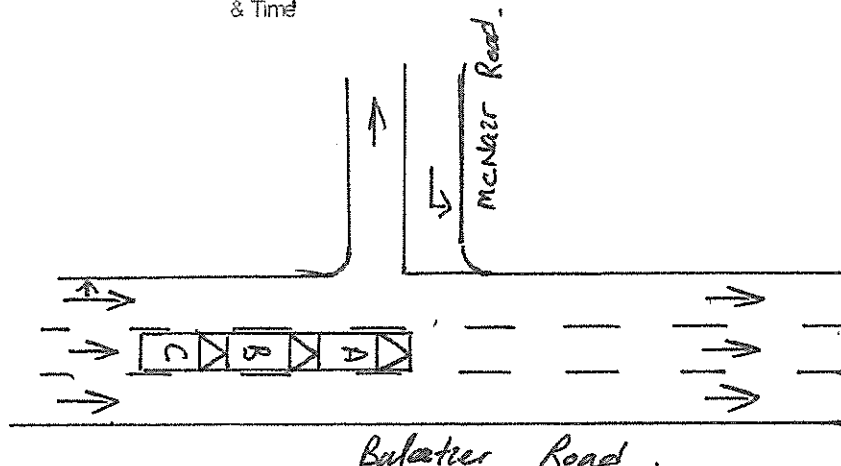
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan




(A) SMT 829 S.
(B) SHB 4724 M.
(C) SLP 8814 P.


Describe Circumstances of the Accident

On 25/05/2021 at @ 1500 hrs, I was travelling in my vehicle (ENT 829S) along Balestier Road towards the direction of Serangoon Road on the centre lane. While approaching the junction of McKerr Road, there were traffic jammed ahead and I slow down and stopped my vehicle before the yellow box. Suddenly, I felt a great impact from the rear. I got down from my vehicle and found, it was a chain collision involving 3 cars.

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