

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 68420051

Fax: 67410510

Email: sales@n51.com.sg

Our Ref:

SMV 51 H

Your ref:

SHA 3455 B

19 July 2021

AXA INSURANCE PTE LTD

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

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 19 July 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 **LIM BENG CHUNG** to notify you of a road traffic accident on **19 July 2021** at about **09:30 HRS** along **TAMPINES AVE 9 JUNC TAMPINES CONCOURSE** involving our client's vehicle **SMV 51 H & SHA 3455 B** 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,



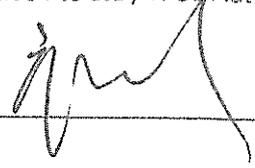
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TwinCar Automotive Pte Ltd

VEHICLE NO:	SMV 51 H	MAKE & MODEL:	Mercedes GLC 250 Coupé	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT	19 / 07 / 2021	C.C.:	1991	
TIME OF ACCIDENT	0930		<input checked="" type="radio"/> AM / <input type="radio"/> PM	
LOCATION OF ACCIDENT	Tampines Ave 9 junction Tampines Concourse :			
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE			
NAME OF OWNER	Lim Beng Chung			
EMAIL:	zhangzhen1366@icloud.com	Office:		MOBILE: 8833 0051
NRIC	S742050AF	67 Tampines Central 7 #15-35 (S)	528598	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY			
FLEET POLICY:	YES <input type="radio"/> NO <input checked="" type="radio"/>			
INSURANCE CO.	AXA			
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft			
POLICY NO.	GA 335520/1			
NAME OF DRIVER	AS ABOVE / IF NO: Zhang Zhen			
NRIC	G 1581302X			
DATE OF BIRTH	10 / 03 / 1984			
ANY PASSENGER	YES <input type="radio"/> NO <input checked="" type="radio"/>			
NAME OF PASSENGER				
GENDER OF PASSENGER	MALE / FEMALE			
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor			
DATE OF DRIVING PASS	03 / 10 / 2020			
GENDER	Male / <input checked="" type="radio"/> Female			
CONTACT NO.	Mobile: 8530 0069		Office:	Home:
EMAIL:	coey1020@icloud.com			
ADDRESS	67 Tampines Central 7 #15-35 (S) 528598			
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes : Reg No:		INSURER:	
RELATIONSHIP	Employee / If No: Spouse			
WEATHER CONDITION	<input checked="" type="radio"/> Clear / <input type="radio"/> Raining / <input type="radio"/> Other :			
ROAD SURFACE	<input checked="" type="radio"/> Dry / <input type="radio"/> Wet / <input type="radio"/> Other :			
ANY INJURIES	<input checked="" type="radio"/> No / If yes : Who?			
CONTACT NO.				
POLICE REPORT	<input checked="" type="radio"/> No / If yes : Where?			
OFFICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES: WHO?			
VEHICLE B NO.	SHA 3455 B	Any Passenger :	03	(Not sure)
NAME				
CONTACT NO.				
VEHICLE C NO.	Any Passenger :			
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?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
**WORKSHOP:	Twencar Automotive Pte Ltd			
Damage location:	Front left side			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input type="radio"/> NO <input checked="" type="radio"/>			

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 L
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 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.

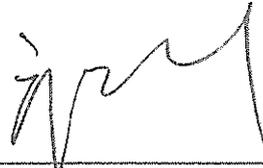
(collectively the "Purposes")

(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



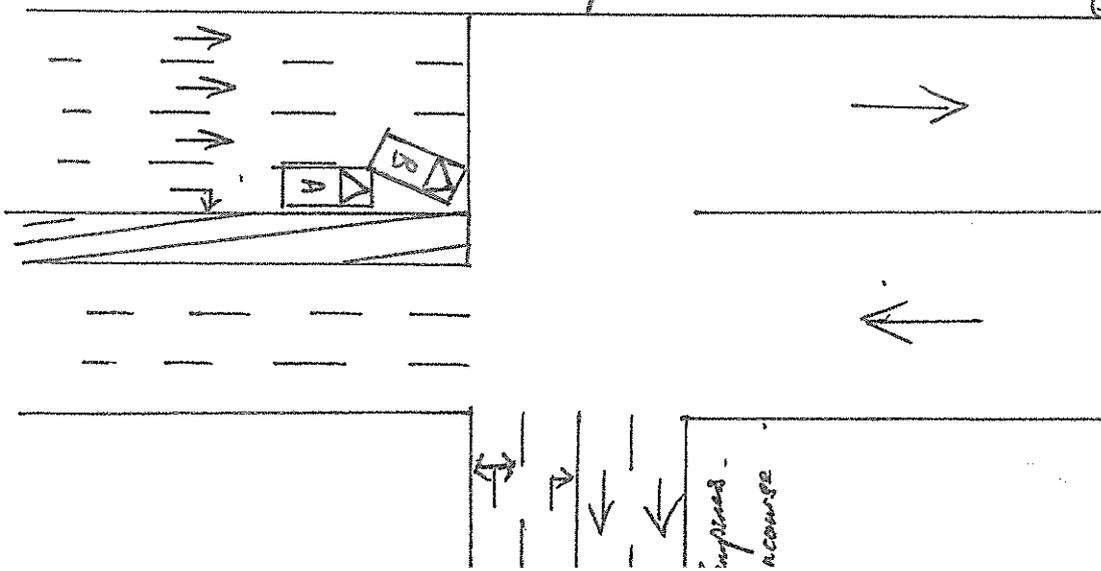
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Tampines Ave P.

CAJSMV514.
(B)SHA 3455B



Describe Circumstances of the Accident

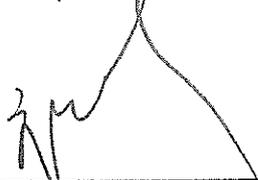
On 19/07/2021 at @ 0930hrs, I stopped my vehicle (SMV 514) along Tampines Ave 9 junction Tampines Concourse on the extreme right lane. Suddenly, a taxi (S/A 3455B) in front of me reversed and wanted to change to lane 2 to travel straight. The said taxi collided into the front left side of my vehicle while reversing. I would like to state that my vehicle was stationary.

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