

# 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:

**SKP 4152 D**

Your ref:

**SHA 1107 U**

02 August 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 : 30 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 **NEO HWEE HWANG** to notify you of a road traffic accident on **30 July 2021** at about **18:15 HRS** along **CHOA CHU KANG AVE 1 INFRONT OF BLK 810A** involving our client's vehicle **SKP 4152 D & SHA 1107 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,



Twincar Automotive Pte Ltd

VEHICLE NO: SKP 4152D

MAKE &amp; MODEL: Toyota Vios.

AUTO/MANUAL

DATE OF ACCIDENT	30 / 07 / 2021	*C.C: 1.5
TIME OF ACCIDENT	1815 AM (RM)	
LOCATION OF ACCIDENT	Choa Chu Kang Ave 1 in front of BLK 810A	
EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE		
NAME OF OWNER	NEO HWEI HUANG.	
EMAIL: desmondneo2003@gmail.com	Office:	MOBILE: 8189 5088.
NRIC	S7310199I BLK 229 Pandan Road #08-205 (S) 670229.	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES <u>(NO ?)</u>	
INSURANCE CO.	NHC.	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	5122471493	
NAME OF DRIVER	AS ABOVE / IF NO: NEO LILY.	
NRIC	S 6829125I	
DATE OF BIRTH	30 / 07 / 1968	
ANY PASSENGER	<u>YES</u> NO: 01 CM).	
NAME OF PASSENGER	Neo Yu Heng.	
GENDER OF PASSENGER	<u>MALE</u> / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	24 / 07 / 1987	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile: 8355 6670	Office: Home:
EMAIL:	darrjxinnco@yahoo.com.sg	
ADDRESS	BLK 229 Pandan Road #08-205 (S) 670229.	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No:	INSURER:
RELATIONSHIP	Employee / If No: <u>Husband</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>No</u> / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	SHA 1107U Any Passenger: 01 (F).	
NAME	Sultan Bin Ahmad.	
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS	N.A.	
WITNESS CONTACT NO.	N.A.	
WAS THERE ANY VIDEO CAPTURE?	YES <u>(NO)</u>	
WAS THERE ANY AUDIO RECORDED?	YES <u>(NO)</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES <u>(NO)</u>	
**WORKSHOP:	Twincar Automotive Pte Ltd.	
Damage Portion	Left Side.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES <u>(NO)</u>		

## 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 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

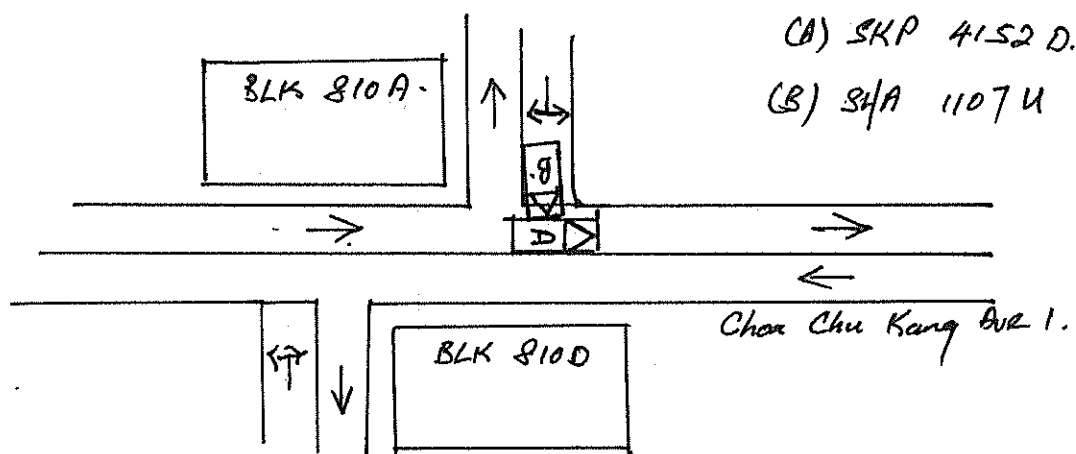
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

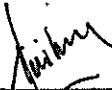



Describe Circumstances of the Accident

On 30/07/2021 at @ 1815 hrs, I was travelling in my vehicle (SKP 4152D) along Choa Chu Kang Ave 1 in front of Bkt 810A going straight. Suddenly, a taxi (SFA 1107U) coming out from the carpark did not stop at the stop line to give way. As a result, the said taxi front portion collided onto the left side of my vehicle.

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

Witnessed by Reporting Centre Personnel