

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: **GBF 704 Y**

Your ref: **SH 8055 Y**

24 August 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 : 23 Aug 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 **APM GLOBAL PTE LTD** to notify you of a road traffic accident on **23 Aug 2021** at about **20:20 HRS** along **PIE TWDS TUAS JUNC TUAS ROUNDABOUT** involving our client's vehicle **GBF 704 Y & SH 8055 Y** 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:	GBF 704 Y		MAKE & MODEL:	Nissan NV200 - AUTO (MANUAL)	
DATE OF ACCIDENT:	23/08/2021		CC:		
TIME OF ACCIDENT:	2020 HRS				
LOCATION OF ACCIDENT:	R2 towards Tuas Junction Tuas Roundabout.				
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> (EMPLOYMENT) PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	APM Global Pte Ltd.				
TEL NO:	H/P:	9782-6781	OFFICE:	HOME:	
NRIC:	201412775N.				
ADDRESS:	1 Tuas Bay Close #01-14 Singapore 636997.				
EMAIL:	leon@apmglobal.com.sg				
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> (THIRD PARTY) / REPORTING ONLY				
FLEET POLICY:	YES / <input checked="" type="checkbox"/> (NO?)				
INSURANCE COMPANY:	NPLC.				
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> (Comprehensive) / Third Party / Third Party Fire & Theft				
POLICY NO:	5117337448-01				
NAME OF DRIVER:	AS ABOVE / IF NO: LIU PEIYONG.				
NRIC:	G5092495K	ANY PASSENGER:		01 (M).	
DATE OF BIRTH:	19/02/1988	LICENCE PASSED DATE:		27/03/2014.	
OCCUPATION:	<input checked="" type="checkbox"/> (OUTDOOR) / INDOOR				
GENDER:	<input checked="" type="checkbox"/> (MALE) / FEMALE				
CONTACT NO:	H/P:	9782 6781	OFFICE:	HOME:	
ADDRESS:	BLK 212 Jurong East St 21 #07-293 (S) 600212.				
EMAIL:	leon@apmglobal.com.sg				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> (NO) / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Employee.				
WEATHER CONDITION:	<input checked="" type="checkbox"/> (CLEAR) / RAINING / OTHERS:				
ROAD SURFACE:	<input checked="" type="checkbox"/> (DRY) / WET / OTHER:				
ANY INJURIES:	NO / <input checked="" type="checkbox"/> (IF YES) WHO?				
NAME & CONTACT:	LIU PEIYONG (H/P: 9782 6781)				
NAME & CONTACT:	HE ZHIXIANG (H/P: 8457 5169)				
POLICE REPORT:	<input checked="" type="checkbox"/> (NO) / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> (NO) / IF YES, WHO?				
VEHICLE B REG NO:	SH 8055 Y.		ANY PASSENGERS: 01 (M).		
NAME OF DRIVER:	POH KIM HUAT.		CONTACT NO:		
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?	YES / <input checked="" type="checkbox"/> (NO)				
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> (NO)				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> (YES) / NO				
ACCIDENT PORTION:	Left side.				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> (NO)				
WORKSHOP PARTICULAR:	Twincal.				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	JOSEPH TAN.				
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 willful 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.



[Handwritten Signature]

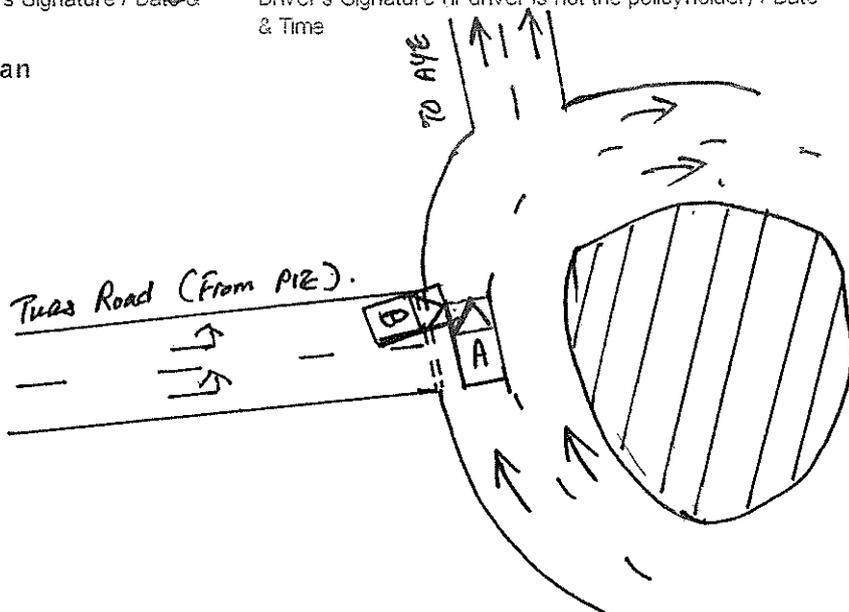
Policyholder's Signature / Date & Time

[Handwritten Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) GBF 704 Y.

(B) SH 8055 Y

Describe Circumstances of the Accident

On 23/08/2021 at @ 2030 hrs. I was travelling in my vehicle (GBF 7044) in the round about of Tuas road on the left lane before the entrance to AYE. Suddenly, a taxi (SH 80554) from Tuas Road dashed out to the round about without stopping and collided onto the left front side of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature] Luyliqay

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel