# 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:

**SKK 7541 X** 

Your ref:

SHB 4449 H

25 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: 24 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 TAI SOO PING to notify you of a road traffic accident on 24 Aug 2021 at about 19:45 HRS along PIE TWDS JURONG B4 BKE ENTRANCE involving our client's vehicle SKK 7541 X & SHB 4449 H 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: SKK 7541X	MAKE & MODEL: MOZDO 6 QUTO/ MANUAL			
DATE OF ACCIDENT: 24/08/21	/ / CC: වලාට			
TIME OF ACCIDENT:	1945 HRS			
LOCATION OF ACCIDENT:	PIR toward Jury before BKE entrance.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE DISE / PRIVATE HIRE			
NAME OF OWNER:	tai Soa Ping			
TEL NO:	H/P: 9519 1225 OFFICE: HOME:			
NRIC:	3,4803446			
ADDRESS:	Buk 132 Teck whye lone # 06-379			
EMAIL:	Buk 133 Teck whye lone # 06-379 Vaisopping @yahoo.com.sg)			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES (NO)?			
INSURANCE COMPANY:	FWID -			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	PNPU2019-0002158-01			
	AS ABOVE / IF NO:			
NAME OF DRIVER:	ANY PASSENGER: 1 ( W.L.)			
NRIC:	A			
DATE OF BIRTH:				
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALB / FEMALE			
CONTACT NO:	H/P: OFFICE: HOME:			
ADDRESS:				
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	(O) IF YES, REG NO: INSURER:			
RELATIONSHIP:	Dance			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS. Disading.			
ROAD SURFACE:	DRY / WED / OTHER:			
ANY INJURIES:	NO / IF (YES, WHO? (Monitoring)			
NAME & CONTACT.	Tai Sou Ping, 98191225			
NAME & CONTACT	Tan Siew Imm. 96496840			
POLICE REPORT	₩ / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	Ø∕ IF YES, WHO?			
VEHICLE B REG NO:	SHB ध्यम पान ANY PASSENGERS:			
NAME OF DRIVER:	CONTACT NO:			
VEHICLE C REG NO:	5NA を099ら 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 / (MO)			
WAS THERE ANY AUDIO RECORDED?	YES / (NO)			
ACCIDENT SCENE PHOTOS TAKEN?	KĒS/ NO			
ACCIDENT PORTION:	Front and Rear.			
Have you been approach by unknown person soliciting				
WORKSHOP PARTICULAR:	Turner Automotive Pte Utd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	IAN 57410510			
FAX NO: WORKSHOP EMAIL:	67410510 sales@n51.com.sg			
MORKSHOL FINIAIT:	SareStatistronivsk			

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/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 3 Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A - SKK 7541X Vehicle B - SHBU449H Vehicle C - SNA 80995

	PIE	bianot	Juany,	before	BICE	exit.
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Descr	ibe	Ci	rcums	tanc	esc	of the	Ac	cident
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Describe Circumstances of the Accident
I was driving along PIE towarding Jurany direction, I was on the fifth lane, which is the twoning lane vinto BKE.
lifth have which is the twomin lane into BKB.
while driving straight sheed due to the whole infine brake to complete
stop, I too applied brake to stop my vehicle, when my vehicle almost come to a complete stop, suddenly of felt a great impact from the near of my vehicle and I was pushed shoot and but onto the vehicle infront.
stup, of too approved the second of the contract of the second of the se
come to a complete stop, suddenly of felt a great impact from
the frest of my relice and of who pushed shows and hit
onto the relicité infront.
Alighted from my vehicle and realized it was a vehicle with licence plate number. (5HB 4499H) hit onto the rear of my vehicle and pushed me forward and how onto the webilde inform of me.
objec number ( SHB 4499 H) hit onto the near al my vehicle
and and I have and but onto the uphide infant of one.
The pursues the formation
Vehicle A - SKK 7541X
Vehicle 17
1/2hicle B - SHB 4449H
Ushicle C - SNA 8099S
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## 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