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.sq

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

Our Ref:

SJR 2451 E

Your ref:

SHA 4622 D

31 August 2021

AXA INSURANCE PTE LTD

8 SHENTON WAY #24-01 AXA TOWER SINGAPORE 068811

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT: 31 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 MOHD SANI BIN JUWAHIB to notify you of a road traffic accident on 31 Aug 2021 at about 08:15 HRS along CHOA CHU KANG DRIVE ENTRANCE TO KJE(BKE) involving our client's vehicle SJR 2451 E & SHA 4622 D 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: SJR 2451E	MAKE & MODEL: TOYOTA VIOS. AUTO MANUAL
DATE OF ACCIDENT:	31/08/2011. CC: 1-5-,
TIME OF ACCIDENT:	0815 HRS
LOCATION OF ACCIDENT:	Choa Chu Kang Drive entrance to KJE (BKE.)
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER:	Mohd Sani Ben Juwaheb.
TEL NO:	H/P: 8180 6744 , OFFICE: HOME:
NRIC:	8 769 7241I.
ADDRESS:	BUS 238 Paser Res stal \$11-25 (\$) 510238.
EMAIL:	macrendels@sgmodl.com.
CLAIM TYPE:	OD / (HIRD PARTY) REPORTING ONLY
FLEET POLICY:	YES /(NO?)
INSURANCE COMPANY:	NTUC
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	5115893738-01.
NAME OF DRIVER:	
NRIC:	ANY PASSENGER: OI (F)
DATE OF BIRTH:	26/04/ 1976. LICENCE PASSED DATE: " / 05/ 1995"
OCCUPATION:	OUTDOOR / INDOOR
	MALE FEMALE
CONTACT NO:	H/P: OFFICE: HOME:
ADDRESS:	
EMAIL:	
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO: INSURER:
RELATIONSHIP:	Bures.
	CLEAR / DAINING / OTHERS:
ROAD SURFACE:	DRY / OTHER:
ANY INJURIES:	NO KIF.YES, WHO?
NAME & CONTACT:	Mohd San: Bin Juwahib (4/P. 8180 6744)
NAME & CONTACT:	Nur Syahirah (HP. 9248 4535)
POLICE REPORT:	NO / LEYES) WHERE? Tampenes North NPP.
NOTICE OF INTENDED PROSECUTION GIVEN?	NO DIF YES, WHO?
VEHICLE B REG NO:	34A 46220. ANY PASSENGERS: OI (F)
NAME OF DRIVER:	Cheng Che Brang , CONTACT NO: 81022378.
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:	N.A. WITNESS CONTACT: N.A.
WAS THERE ANY VIDEO CAPTURE?	YES/NO 30 Card Overide.
WAS THERE ANY AUDIO RECORDED?	YES /(NO)
ACCIDENT SCENE PHOTOS TAKEN?	YES/ NO
ACCIDENT PORTION:	Rear Porton.
Have you been approach by unknown person soliciting (s	
WORKSHOP PARTICULAR:	Twencar Antomotive Me Ltd.
CONTACT REPSON:	68420051 / 67440510 7x01 PU 5044
CONTACT PERSON: FAX NO:	35574 BN.
WORKSHOP EMAIL:	sales@n51.com.sg

SKETCH PLAN

IMPORTANT NOTICE

- 1. Flease 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)

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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Tîme	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	SA THERE	, 5.05,5
Sketch Plan From	Choa Chu Kang Dreve.	(A) SIR 2451E. (B) SHA 4622 D.
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	KTF towards BKZ.	

Describe Circumstances of the Accident							
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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





1 of 3

Report No. T/20210831/2028

Police Station Of Origin: Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

31/08/2021 12:26		ade:	Vide Report No.:		Station Diary No.: 9	
Informant's Particulars						
Name of In	ıformant:		Address:			
MOHD SA	NI BIN JU\	WAHIB	APT BLK 238 PASIR RIS STI	REET 21 #11	-25 SINGAPORE	
			510238			
ID Type / II	D No.:		Contact No.:			
NRIC NO /	S7697241	11	Home/Office: Mobile: 81806744			
Nationality			Email:			
SINGAPO	RE CITIZE	N ·	macpendek@gmail.com			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male 45 26/04/1976			Driver			
Race:		•	Language:	Institution	/ School Name:	
Malay			English			
Occupation:			Driving Licence Information:			
GRAB DRIVER			Class: 2B,2A,2,3,4	Date of Ex	piry:	

General Informat	ion of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2021 08:1	5	Type of Location: slip road
Location:					
CHOA CHU KAN Weather:	G DRIVE	Road Surface:		Roa	d Speed Limit:
Heavy rain Wet 25 Km/h			•		
Traffic Flow: Traffic Control: Traffic Volume: Two Way Pedestrian Crossing Heavy					
Type of Collision: Between Moving Vehicles - Head To Rear			_		one conveyed by ulance:

Details of V	ehicle Involv	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA4622D	Car				Slightly Damaged	1
SJR2451E	Car	TOYOTA	VIOS E AUTO	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR2451E	NTUC Income Insurance Co-Operative	5115893738-01	31/01/2021	30/01/2022
	Limited			





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Report No. T/20210831/2028

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian Ir	volved: No				and the same of th
No. of Pedestrian	s Injured: NIL	Use of Ped	destrian	Cross	ing: NA
Driver					
Name	CHENG CHEE KIANG		ID No.		S1402548J
Related Vehicle	SHA4622D (Car)		Contac	t No.	81022378
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	Date Discharge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	Degree of Injury NIL		
Driver					light of the second content of the second content.
Name	MOHD SANI BIN JUWAHIB		ID No.		S7697241I
Related Vehicle	SJR2451E (Car)		Contact No.		81806744
Hospital/Clinic	STREET 11 CLINIC		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	31/08/2021	Date Disc	charge		
No. of Days granted Medical Leave 03 Degree of Injury Slight					t

Brief Details.

On 31/09/2021 at about 0815hrs, I was travelling along Choa Chu Kang Dr, turning left onto slip road onto KJE. While coming to a complete stop and waiting for oncoming traffic to pass, the vehicle(SHA4622D) behind mine, collided onto the rear of my vehicle(SJR2451E). As such, my vehicle's rear bumper is slightly dislodged and my rear bonnet unable to close fully.

My passenger, Nur Syahirah, and myself sustained injuries due to this incident. The back of my neck and lower back sustained strain and soreness, while my passenger mentioned she felt giddy after the incident happened. The other driver, Cheng Chee Kiang, informed that he did not suffer from any injuries. I was given 3 days MC for my injuries.

Both of us exchanged particulars at scene and took photos of the incident. He informed me to lodge a traffic accident report and I acknowledged.

I am lodging this report for insurance claims and record purpose.





T/20210831/2028

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Report No. T/20210831/2028

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

Tel No: 1800-7818999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The F	Report	Signature Of Informant:
Sgt 2 HO QI ZHI		
Signature Of Interpreter:		Date/Time:
Not applicable		31/08/2021 12:26
		. *
		WI .
Officer In Charge Of Case:		Classification Of Case:
TP / AEIT /		
SI ANG YI TING, STEPHANIE	SINGAPO	npe
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Authentication Stamp NP168		Tos
		SIGNATURE