

# TwinCar AUTOMOTIVE PTE LTD

**Company Registration and GST No. 200714616M**

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

Tel: 67440510

Fax: 67410510

Email: sales@n51.com.sg

Our Ref:

**SMC 3630 S**

Your ref:

**XE 3791 U**

28 September 2021

**CHINA TAIPING INSURANCE (S) PTE LTD**

BY EMAIL claimsdept@sg.cntaiping.com ONLY

3 ANSON ROAD #16-00

SPRINGLEAF TOWER

SINGAPORE 079909

Attn: Motor Claims Department

Dear Sir/Madam,

**DATE OF ACCIDENT : 27 Sept 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 **PAN JUI CHU** to notify you of a road traffic accident on **27 Sept 2021** at about **16:50 HRS** along **TPE TWDS SLE B4 LOR HALUS EXIT** involving our client's vehicle **SMC 3630 S & XE 3791 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:	SMC 3630 S		MAKE & MODEL:	Toyota Altis		<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT:	27 / 09 / 2021		CC:			
TIME OF ACCIDENT:	1650 HRS					
LOCATION OF ACCIDENT:	TPE towards SLE before Lor Halus exit.					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT, <input checked="" type="radio"/> PRIVATE USE <input type="radio"/> PRIVATE HIRE					
NAME OF OWNER:	PAN JUI CHU					
TEL NO:	H/P: 9648 2936		OFFICE:	HOME:		
NRIC:	S 2201484F					
ADDRESS:	BLK 439B Serangkang West Ave #20-317 (S) T92439					
EMAIL:	pjuichu@yahoo.com.sg					
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 COMPANY:	NTUC					
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft					
POLICY NO:	5120752119					
NAME OF DRIVER:	AS ABOVE / IF NO: Donny Liew Yu Quan					
NRIC:	S 1819509G		ANY PASSENGER:	01 (F)		
DATE OF BIRTH:	27 / 01 / 1967		LICENCE PASSED DATE:	16 / 01 / 2009		
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR <input type="radio"/> INDOOR					
GENDER:	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE					
CONTACT NO:	H/P: 9388 4875		OFFICE:	HOME:		
ADDRESS:	BLK 439B Serangkang West Ave #20-317 (S) T92439					
EMAIL:	donnyliew@yahoo.com.sg					
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Husband					
WEATHER CONDITION:	CLEAR <input checked="" type="radio"/> RAINING <input type="radio"/> OTHERS:					
ROAD SURFACE:	DRY <input checked="" type="radio"/> WET <input type="radio"/> OTHER:					
ANY INJURIES:	NO <input checked="" type="radio"/> IF YES, WHO? Donny Liew Yu Quan (H/P: 9388 4875)					
NAME & CONTACT:	Pan Jui Chu (H/P: 9648 2936)					
NAME & CONTACT:						
POLICE REPORT:	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, WHO?					
VEHICLE B REG NO:	XE 3791 U		ANY PASSENGERS:	N.A.		
NAME OF DRIVER:			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:	N.A.		WITNESS CONTACT:	N.A.		
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					
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES <input type="radio"/> NO					
ACCIDENT PORTION:	Rear Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES <input type="radio"/> NO <input checked="" type="radio"/>
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd.					
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 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 :

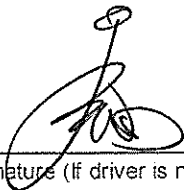
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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



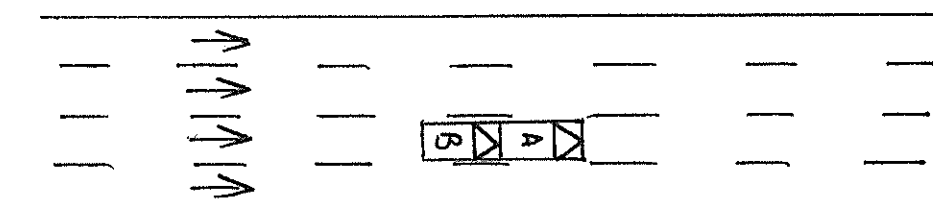
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

(A) SMC 36308.

(B) XE 3791U



TP2 towards SLE before Lor Halus Exit

Describe Circumstances of the Accident

On 27/09/2021 at @ 1650 hrs, I was travelling in my vehicle (SMC 3630S) along TPE towards SLE before for Halm exit on the 2nd lane from the right. I was moving slowly as the traffic volume was very heavy and raining. Suddenly, a truck (XE3791U) from behind collided onto the rear portion 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