



N-51 AUTOMOTIVE PTE LTD

Company & GST Registration No. 200616038C

2 Kaki Bukit Avenue 2 #01-17/#01-18 /Heavy Vehicle #01-08/Spray Painting #02-27

Kaki Bukit Autohub Singapore 417921

Tel: 68420051

Fax: 67410510

Email: sales@n51.com.sg

Our Ref:

SLR 5619 X

Your ref:

SHA 7726 T

08 November 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 : 05 Nov 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 **ANANTHANARAYANAN VENKATASUBRAMANIAN** to notify you of a road traffic accident on **05 Nov 2021** at about **20:30 HRS** along **ORCHARD ROAD** our client's vehicle **SLR 5619 X & SHA 7726 T** 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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N-51 AUTOMOTIVE PTE LTD

SINGAPORE ACCIDENT STATEMENT

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. This 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.

ACCIDENT STATEMENT

Date of Submission	08/11/2021 10:54 (SGT)
Date of Accident	05/11/2021 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ORCHARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR5619X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANANTHANARAYANAN VENKATASUBRAMANIAN
NRIC No	S6962046I
Email Address	VENKAT@NDT-INSTRUMENTS.COM
Mobile Phone No	(Phone) +65-91172591
Alternative Phone No	+65-91172591

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115891921-01
Cover Note Number	drivo CLASSIC

DRIVER

Name of Driver	ANANTHANARAYANAN VENKATASUBRAMANIAN
NRIC No	S6962046I

Date Of Birth	24/07/1969
Occupation	Indoor
Date Of Driving Pass	29/01/2003
Driving experience	18 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91172591
Alt. Phone Number	+65-91172591
Email Address	VENKAT@NDT-INSTRUMENTS.COM
Address	10 GEYLANG EAST AVENUE 2 #09-09 SIMSVILLE
Address complement	-
Postcode	389758
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7726T
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	HO PENG SZE
NRIC No	S1452208E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG2946R
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN HONGXIANG, JEREMY
NRIC No	S8904838I
Contact Number	(Phone) +65-96337490
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Female



SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report No: MT

D.O.A: 05/11/2021

Time: 20:30 hrs

Report Date & Start Time: 08/11/2021 10:34

Vehicle No: S1 R5619X

Reporting Type:

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 lodgment 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:

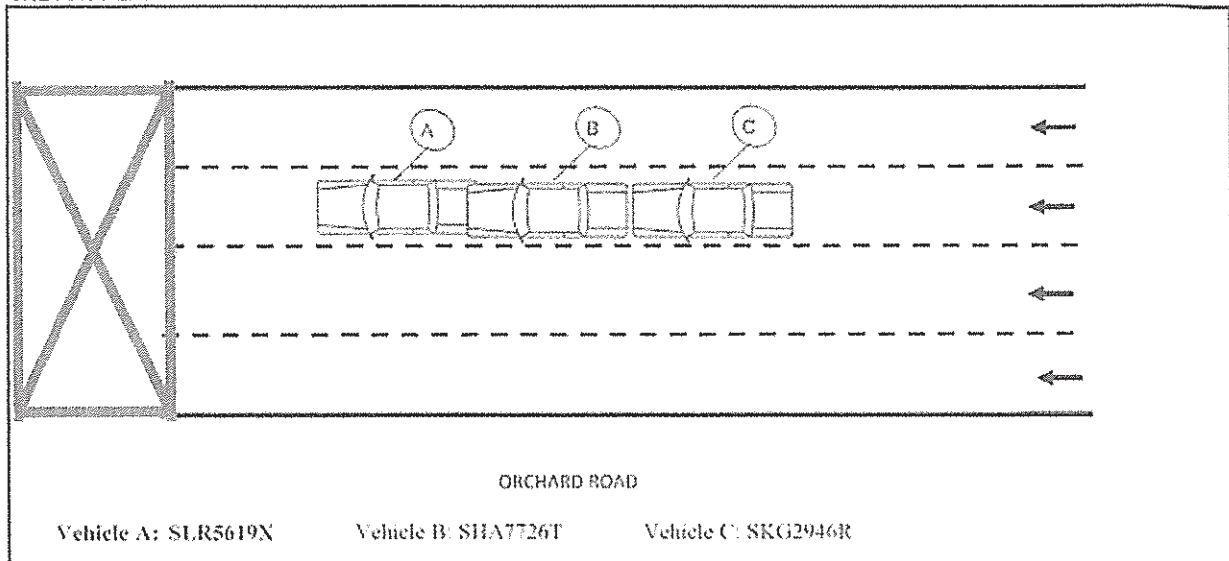
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature / Date & Time: 08/11/21 10:34

08/11/21 / 10:34
Driver's Signature (if driver is not the policyholder) / Date & Time


Ganesh (S993561)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic light is green and the yellow box was full so I stopped. Vehicle B was behind me very closed and suddenly vehicle C collided to vehicle B subsequently vehicle B push forward and collided to my rear. Afterwhich all drivers alighted to assess the damage, took some photos and exchange particulars. No one was injured in this accident.

Declaration

I/We declare the foregoing particulars are true in every respect


 Policyholder's Signature / Date & Time 08/11/21 - 10:34

08/11/21 - 10:34
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Ganesh (S993561)
 Customer Care Executive
 Motor Service Centre
 Witnessed by Reporting Centre Personnel