



# 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:

**SLC 7226 L**

Your ref:

**SLF 4356 Z**

13 December 2021

**AUTO & GENERAL INSURANCE (S) PTE LTD**

SINGAPORE SHOPPING CENTRE

190 CLEMENCEAU AVENUE #03-01

SINGAPORE 239924

Attn: Motor Claims Department

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BY EMAIL [claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg) ONLY

Dear Sir/Madam,

**DATE OF ACCIDENT : 11 Dec 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 **QUEK MENG CHER** to notify you of a road traffic accident on **11 Dec 2021** at about **19:25 HRS** along **BAYFRONT AVE JUNC RAFFLES AVE** our client's vehicle **SLC 7226 L & SLF 4356 Z** 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**

VEHICLE NO:	SLC 7926 L	MAKE & MODEL:	Honda Odyssey	<input checked="" type="radio"/> AUTO	<input type="radio"/> MANUAL
DATE OF ACCIDENT:	11 / 12 / 2021	CC:	2.4		
TIME OF ACCIDENT:	1925 HRS				
LOCATION OF ACCIDENT:	Bayfront Ave Junction Raffles Ave.				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="radio"/> (PRIVATE USE) / PRIVATE HIRE				
NAME OF OWNER:	QUEK MENG CER.				
TEL NO:	H/P: 9088 7048	OFFICE:	HOME:		
NRIC:	S7833494J				
ADDRESS:	57A Edgedale Plains #03-22 (S) 828682.				
EMAIL:	guomingshu120@gmail.com				
CLAIM TYPE:	OD <input checked="" type="radio"/> (THIRD PARTY) / REPORTING ONLY				
FLEET POLICY:	YES <input checked="" type="radio"/> (NO)				
INSURANCE COMPANY:	China Taiping				
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft				
POLICY NO:	DMPCS NW 00084902104				
NAME OF DRIVER:	<input checked="" type="radio"/> AS ABOVE / IF NO:				
NRIC:	ANY PASSENGER: 03 (JM) (IF)				
DATE OF BIRTH:	05 / 11 / 1978	LICENCE PASSED DATE: 09 / 07 / 2007			
OCCUPATION:	OUTDOOR <input checked="" type="radio"/> (INDOOR)				
GENDER:	<input checked="" type="radio"/> (MALE) / FEMALE				
CONTACT NO:	H/P:	OFFICE:	HOME:		
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	CLEAR / <input checked="" type="radio"/> (RAINING) / OTHERS:				
ROAD SURFACE:	DRY / <input checked="" type="radio"/> (WET) / OTHER:				
ANY INJURIES:	NO <input checked="" type="radio"/> (IF YES) WHO? ① Quek Meng Cer (H/P:) 9088 7048.				
NAME & CONTACT:	② Guo Zhishan Juvette. ③ Guo Xianghai Jayden.				
NAME & CONTACT:	④ Guo Zonghui Javan.				
POLICE REPORT:	<input checked="" type="radio"/> (NO) / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> (NQ) / IF YES, WHO?				
VEHICLE B REG NO:	SLF 4356 Z.	ANY PASSENGERS: 02 (1M) (IF)			
NAME OF DRIVER:	Wee Yang Xian.	CONTACT NO:			
VEHICLE C REG NO:	SLW 5252 T.	ANY PASSENGERS: N.A			
VEHICLE D REG NO:	Fairul Nizam Bin Mohd	ANY PASSENGERS:			
VEHICLE E REG NO:	Tamren	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 <input checked="" type="radio"/> (NO)				
WAS THERE ANY AUDIO RECORDED?	YES <input checked="" type="radio"/> (NO)				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> (YES) / NO				
ACCIDENT PORTION:	Front and Rear Portion -				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					YES <input checked="" type="radio"/> (NO)
WORKSHOP PARTICULAR:	N-51 Automotive Me 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

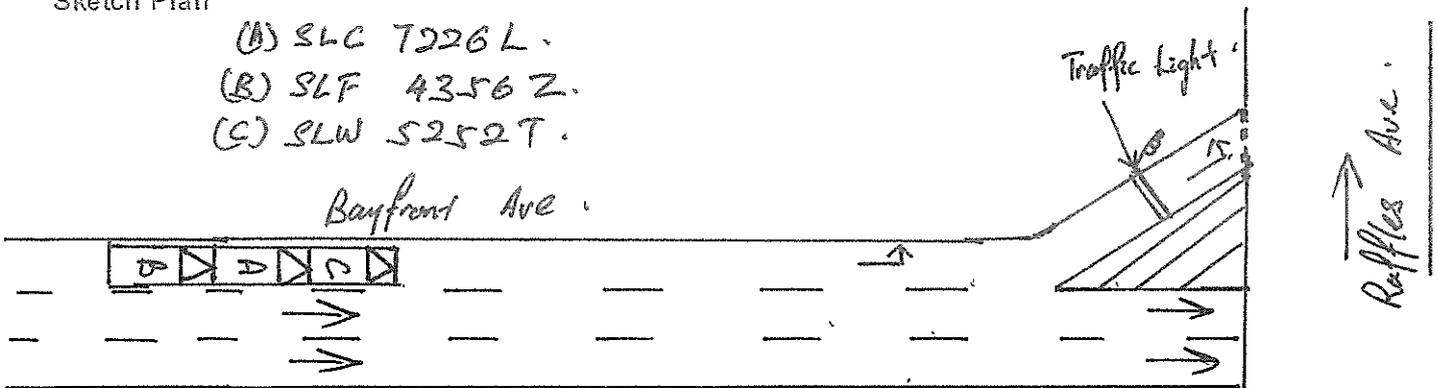
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

- (A) SLC 7226 L.
- (B) SLF 4356 Z.
- (C) SLW 5252 T.

Bayfront Ave.



Describe Circumstances of the Accident

On 11/12/2021 at @ 1925 hrs, I stopped my vehicle (SLG 7226 L) along Bayfront Ave junction Ruffles Ave on the extreme left lane due to red light. Suddenly, a car (SLF 4356Z) from behind collided onto the rear portion of my vehicle. The impact then caused my vehicle to inch forward and caused my vehicle to collide onto the vehicle (SLW 5252 T) ahead of me.

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