

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: **SMV 6184 T**

Your ref: **SMX 6063 Z**

13 January 2022

INDIA INTERNATIONAL INSURANCE PTE LTD

BY EMAIL motorclaim@iii.com.sg ONLY

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 12 Jan 2022

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 **AYADI BIN AZLI** to notify you of a road traffic accident on **12 Jan 2022** at about **17:35 HRS** along **KAKI BUKIT RD 3 INFRT FRONTECH CENTRE** our client's vehicle **SMV 6184 T & SMX 6063 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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Twincar Automotive Pte Ltd

VEHICLE NO:	SMV 61847		MAKE & MODEL:	Honda Fit. <u>(AUTO)</u> / MANUAL	
DATE OF ACCIDENT:	12 / 01 / 2012		CC:	1.3.	
TIME OF ACCIDENT:	1735 HRS				
LOCATION OF ACCIDENT:	Kaki Bukit Road 3 in front Frontech Centre				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <u>(PRIVATE USE)</u> / PRIVATE HIRE				
NAME OF OWNER:	Ayadi Bin Azli				
TEL NO:	H/P: 9687 9458		OFFICE:	HOME:	
NRIC:	S9000411E				
ADDRESS:	BLK 619A Tampines St 61 #05-580 (S) S21619				
EMAIL:	lyricalpieces@gmail.com				
CLAIM TYPE:	OD / <u>(THIRD PARTY)</u> / REPORTING ONLY				
FLEET POLICY:	YES <u>(NO ?)</u>				
INSURANCE COMPANY:					
TYPE OF COVERAGE:	<u>(Comprehensive)</u> / Third Party / Third Party Fire & Theft				
POLICY NO:					
NAME OF DRIVER:	<u>(AS ABOVE)</u> / IF NO:				
NRIC:	ANY PASSENGER: N-A				
DATE OF BIRTH:	03 / 01 / 1990		LICENCE PASSED DATE: 15 / 02 / 2012		
OCCUPATION:	<u>(OUTDOOR)</u> / INDOOR				
GENDER:	<u>(MALE)</u> / FEMALE				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL:					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner				
WEATHER CONDITION:	<u>(CLEAR)</u> / RAINING / OTHERS:				
ROAD SURFACE:	<u>(DRY)</u> / WET / OTHER:				
ANY INJURIES:	NO <u>(IF YES, WHO?)</u>				
NAME & CONTACT:	Ayadi Bin Azli				
NAME & CONTACT:					
POLICE REPORT:	<u>(NO)</u> / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>(NO)</u> / IF YES, WHO?				
VEHICLE B REG NO:	SMX 60632		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?	<u>(YES)</u> / NO				
WAS THERE ANY AUDIO RECORDED?	YES <u>(NO)</u>				
ACCIDENT SCENE PHOTOS TAKEN?	<u>(YES)</u> / NO				
ACCIDENT PORTION:	Rear Portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <u>(NO)</u>				
WORKSHOP PARTICULAR:	Twencar 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.



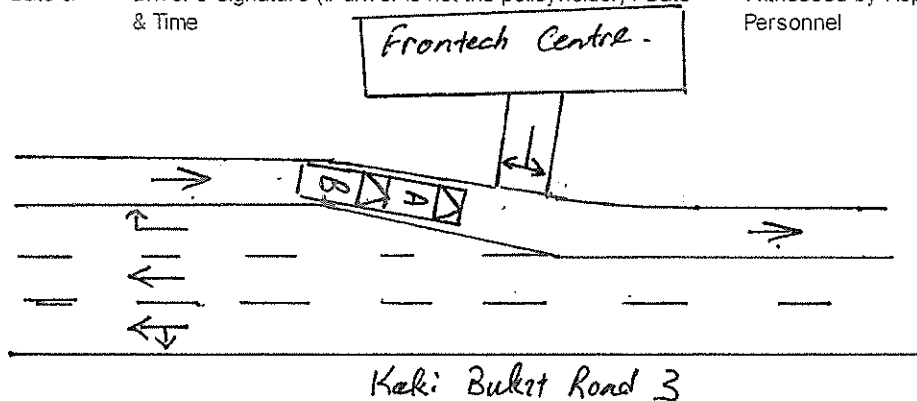
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SMV 6184T

(B) SMX 60632

Describe Circumstances of the Accident

On 12/01/2022 at @ 1735 hrs, I was travelling in my vehicle (SMV 61847) along Kaki Bukit Road 3 - in front of Frontech Centre on a single lane. The vehicle in front of me stopped due to traffic jam ahead. I slowed down and stopped too. Suddenly, a car (SMX 6063 Z) 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