

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:

SMJ 4881 R

Your ref:

YN 6051 T

07 March 2022

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 : 07 Mar 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 **GRAPHIC IMAGE SOLUTIONS PTE LTD** to notify you of a road traffic accident on **07 Mar 2022** at about **10:45 HRS**

along **MARKET STREET TWDS CROSS STREET**

our client's vehicle **SMJ 4881 R & YN 6051 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,



N-51 AUTOMOTIVE PTE LTD

VEHICLE NO: SmJ 4881R

MAKE & MODEL: Honda Vixion

AUTO / MANUAL

DATE OF ACCIDENT	07 / 03 / 2022	*C.C: 1-5
TIME OF ACCIDENT	1045	(AM) / PM
LOCATION OF ACCIDENT	Market Street towards cross street.	
EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Graphic Image Solutions Pte Ltd	
EMAIL: ANDY.DNG @ CRAFTWORK.SG	Office:	MOBILE: 8823 2210
NRIC	201902263G	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	AXA.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	GA605366/1	
NAME OF DRIVER	AS ABOVE / IF NO: Dng kang Sua	
NRIC	S7110518J	
DATE OF BIRTH	05 / 04 / 1971	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	N.A.	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	17 / 09 / 1993	
GENDER	Male / Female	
CONTACT NO.	Mobile: 8823 2210	Office: Home:
EMAIL:	As above	
ADDRESS	637 Choa Chu Kang North 6 #07-241 S(680637)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No:	INSURER:
RELATIONSHIP	Employee / If No: Owner	
WEATHER CONDITION	Clear / Raining / Other :	
ROAD SURFACE	Dry / Wet / Other :	
ANY INJURIES	NO / If yes : Who?	
CONTACT NO.		
POLICE REPORT	No / If yes : Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	YN6051T	Any Passenger : unknown
NAME	Koh Kuan Yong, Albert.	
CONTACT NO.	8821 1323.	
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	N-51 Automobile (Front portion)	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / NO	

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.

GRAPHIC IMAGE

SOLUTIONS

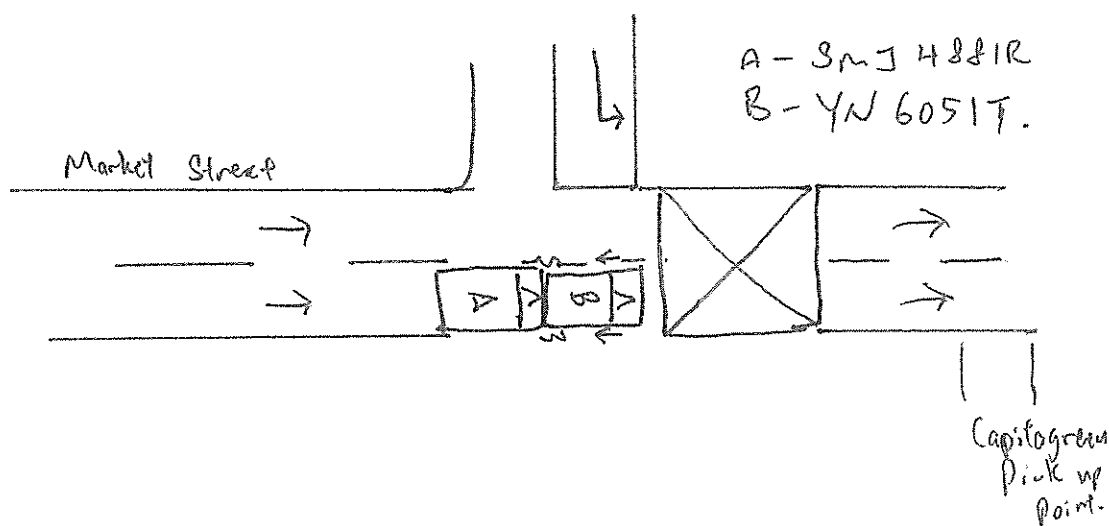
PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As per above date and time I was driving my vehicle Sm J 4881R along Market Street towards Cross Street on the most right lane. Somewhere before Capita Green pick up point entrance, Veh(B) YN 6051T in front of me slowed down and stopped. As such, I applied brake and stopped within a distance. Veh(B) YN 6051T suddenly reversed the vehicle. I looked many times but Veh(B) still collided onto my front portion. We ~~both~~ exchanged particulars and left the scene.

Veh (A) - Sm J 4881R

Veh (B) - YN 6051T.

Declaration

We declare the foregoing particulars are true in every respect.

GRAPHIC IMAGE
SOLUTIONS
PTE LTD

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel