

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:

SMU 256 P

Your ref:

SLU 9396 X

17 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 : 17 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 **WOO YONG ZHEN** to notify you of a road traffic accident on **17 Mar 2022** at about **08:25 HRS**

along **BLK 602 CLEMENTI WEST ST 1 (OPEN CARPARK)**

our client's vehicle **SMU 256 P & SLU 9396 X** 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:	SMU 256 P		MAKE & MODEL:	Mercedes A180		(AUTO) / MANUAL
DATE OF ACCIDENT:	17 / 03 / 2022		CC:	1-3		
TIME OF ACCIDENT:	0825 HRS					
LOCATION OF ACCIDENT:	BLK 602 Clement; West St 1 (Open Carpark)					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE					
NAME OF OWNER:	Woo Yong Zhen					
TEL NO:	H/P: 9767 7808		OFFICE:	HOME:		
NRIC:	S75208211					
ADDRESS:	BLK 602 Clement West St 1 #08-18 (S) 190602					
EMAIL:	wooangie@hotmail.com					
CLAIM TYPE:	OD / (THIRD PARTY) REPORTING ONLY					
FLEET POLICY:	YES (NO?)					
INSURANCE COMPANY:	Allianz					
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft					
POLICY NO:	SP2000472894-01					
NAME OF DRIVER:	(AS ABOVE) IF NO:					
NRIC:	ANY PASSENGER: N.A.					
DATE OF BIRTH:	01 / 07 / 1975		LICENCE PASSED DATE: 22 / 11 / 2003			
OCCUPATION:	OUTDOOR (INDOOR)					
GENDER:	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) / RAINING / OTHERS:					
ROAD SURFACE:	(DRY) WET / OTHER:					
ANY INJURIES:	NO / (IF YES, WHO?)					
NAME & CONTACT:	Woo Yong Zhen (H/P: 9767 7808)					
NAME & CONTACT:						
POLICE REPORT:	(NO) IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?					
VEHICLE B REG NO:	SLU. 9396 X		ANY PASSENGERS: 01 (M).			
NAME OF DRIVER:	Suraj Tewari		CONTACT NO: 8254 1314			
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?	(YES) NO					
WAS THERE ANY AUDIO RECORDED?	YES (NO)					
ACCIDENT SCENE PHOTOS TAKEN?	(YES) NO					
ACCIDENT PORTION:	Front Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES (NO)						
WORKSHOP PARTICULAR:	Turncar 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

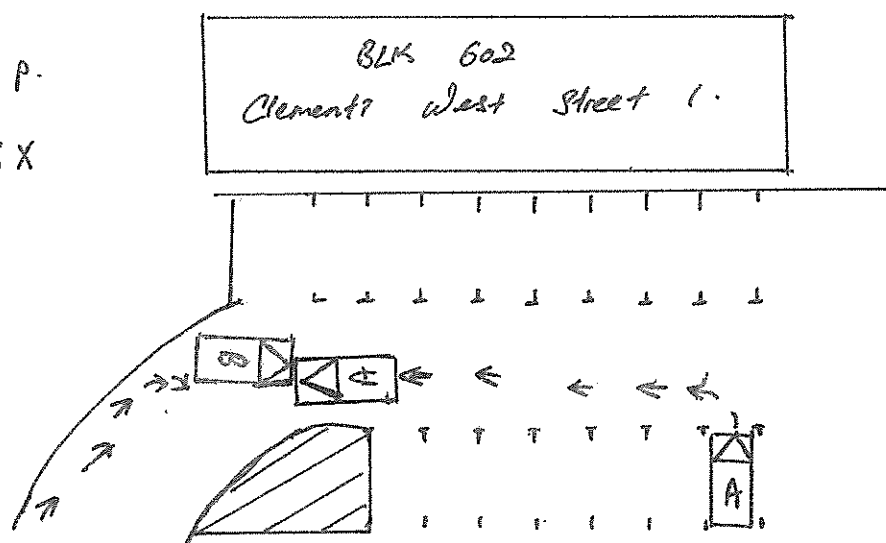
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SMU 256 P.

(B) 8LU 9396 X




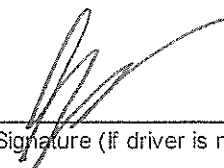
Describe Circumstances of the Accident

On 17/03/2022 at @ 0825 hrs, I was driving my vehicle (SMU 256P) out of the parking lot in front of BLK 602 Clementi West St 1 (Open Carpark), and was travelling straight on the left towards the exit of the carpark. Suddenly, a car (SLU 9396X) coming in to the carpark, came into my path after making a right bend turn. AS a result, the said vehicle head-on with 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