

CPc

C PAGLAR & CO

ADVOCATES & SOLICITORS

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SERVICE OF COURT DOCUMENTS BY FACSIMILE WILL NOT BE
ACCEPTED

IN ASSOCIATION WITH JISPAL LAW CHAMBERS

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference: **GBJ 7582P**
Our Reference: CP/PRI/PC9206/22- sf

Date: 11th April 2022

To: **M/S CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD**
ATTN: MOTOR CLAIMS DEPT

By Email

Dear Sirs,

NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 9TH APRIL 2022 INVOLVING MOTOR VEHICLE NO. PC 9206J AND GBJ 7582P ALONG CHANGI AIRPORT T3 OPEN CARPARK AT ABOUT 1635 HOURS. PURSUANT TO PARAGRAPH 2.2 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by **Almighty Automotive** to notify you of a road traffic on **9th April 2022** at about **1635** hours along **Changi Airport T3 Open Carpark** involving our client's vehicle registration number **PC 9206J** and vehicle registration number **GBJ 7582P** driven by your insured/ insured driver. A copy of the Singapore accident statement report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you 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 REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

DO NOT REPLY BY FAX.

Yours faithfully,



C PAGLAR & CO.

Enc.

cc. [Client by Fax: 6747 - 2373] – (PC 9206J)

VEHICLE NO: PC 92063

MAKE & MODEL: TOYOTA HIROOF

ALTO / MANUAL

DATE OF ACCIDENT	09 04 2022	CC 28CC
TIME OF ACCIDENT	16:35	AM / PM
LOCATION OF ACCIDENT	CHANGI AIRPORT T3 OPEN CARPARK.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ALMIGHTY AUTOMOTIVE.	
EMAIL	unimotorco@singnet.com.sg	Office. MOBILE 9668 9668.
NRIC	53089256A.	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	LIBERTY	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	CO124123	
NAME OF DRIVER	AS ABOVE / <u>IF NO</u> NURUZZAMAN	
NRIC	G6518282W	
DATE OF BIRTH	10 / 12 / 1987	
ANY PASSENGER	YES / NO: NO	
NAME OF PASSENGER	NO	
GENDER OF PASSENGER	<u>MALAY</u> FEMALE NO	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	12 / 04 / 2017	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile 91321326 Office Home	
EMAIL		
ADDRESS	68 THNS SOUTH ST 15 S 638909 #02-4209.	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes. Reg No. INSURER	
RELATIONSHIP	<u>Employee</u> / If No.	
WEATHER CONDITION	<u>Clear</u> / Raining / Other	
ROAD SURFACE	<u>Dry</u> / Wet / Other	
ANY INJURIES	<u>No</u> / If yes. Who?	
CONTACT NO.		
POLICE REPORT	<u>No</u> / If yes. Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES. WHO?	
VEHICLE B NO.	GRJ7582P Any Passenger 3	
NAME	PADIKKASU PANDIAN. G6987554N	
CONTACT NO.		
VEHICLE C NO.	Any Passenger	
VEHICLE D NO.	Any Passenger	
VEHICLE E NO.	Any Passenger	
VEHICLE F NO.	Any Passenger	
ANY WITNESS	No	
WITNESS CONTACT NO.	No	
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?		
YES / <u>NO</u>		

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 willful 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.



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20/10

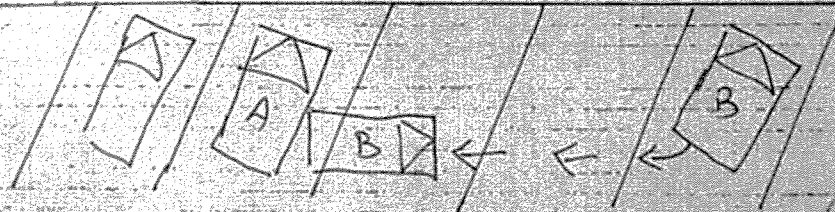
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CHANGI AIRPORT T3 OPEN CARPARK



(A) PC9206J

(B) GBS 7582P

Describe Circumstances of the Accident

MY BUS WAS PARKING AT CHANGI AIRPORT T3 OPEN
CARPARK. CAR OF SUDDENLY VEHICLE (B) GBJ7582P FROM THE
PARKING LOT START REVERSE TOWARD MY BUS AND HIT INTO MY BUS
CENTRE PORTION.

Declaration

I/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