

**CHEONG CHEONG MOTOR SERVICE PTE LTD**

BLK 5032 Ang Mo Kio Ind Park 2 #01-293 Singapore 569535

Tel : 6481 4152 Fax : 6481 4157

E-mail add : [c2msvc@singnet.com.sg](mailto:c2msvc@singnet.com.sg) website : [cheongcheong.com](http://cheongcheong.com)

Reg No : 201007833E

TO : CHINA TAIPING INSURANCE SINGAPORE PTE LTD

ATTN : MOTOR CLAIM DEPT

DATE : 19TH APRIL 2022

Dear Sir,

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS PURSUANT TO PARAGRAPH I6.2 OF PRE-ACTION PROTOCOL FOR NIMA CASE

We act for BAVANI D/O BALACHANDRAN appointed the undermentioned workshop to repair her motor vehicle SMY 8550 R claim against your client vehicle GBD 5818 E accident on 11/04/2022.

Please be informed that the said vehicle can be inspected at :

**CHEONG CHEONG MOTOR SERVICE PTE LTD**

**BLK 5032 ANG MO KIO IND PARK 2**

**#01-293**

**SINGAPORE 569535**

**TEL : 6481 4152**

**FAX : 6481 4157**

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Regards,  
Angela Ng /Willy Lim

.....  
Sign by surveyor :





## SINGAPORE ACCIDENT STATEMENT

### 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. This 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.

### ACCIDENT STATEMENT

Date of Submission	12/04/2022 15:14 (SGT)
Date of Accident	11/04/2022 11:30 (SGT)
Exact Location of Accident	Woodlands Industrial Park E9, Singapore
Additional Location Information	SLIP ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY8550R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	BAVANI D/O BALACHANDRAN
NRIC No	S7717952F
Email Address	bavanipl@singnet.com.sg
Mobile Phone No	(Phone) +65-97377051
Alternative Phone No	+65-97823759

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300542167 QMY
Cover Note Number	-

### DRIVER

Name of Driver	PRAPAHARAN S/O LETCHUMANAN
NRIC No	S7079510H



Date Of Birth	20/09/1970
Occupation	Indoor
Date Of Driving Pass	13/03/1993
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97823759
Alt. Phone Number	-
Email Address	bavanipl@singnet.com.sg
Address	BLK 715 WOODLANDS DRIVE 70 #02-144
Address complement	-
Postcode	730715
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT AND SKETCH

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5818E
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG WEE YANG
NRIC No	S9112915I
Contact Number	(Phone) +65-97521278
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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 an 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 claim including the settlement of the claim and any necessary investigations relating to the claim;

(ii) investigating the accident and/or my claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

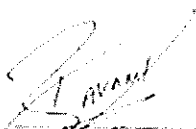
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelope/mail packages); and/or


(v) complying with applicable law in administering, processing, handling and/or dealing with my claim.


(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

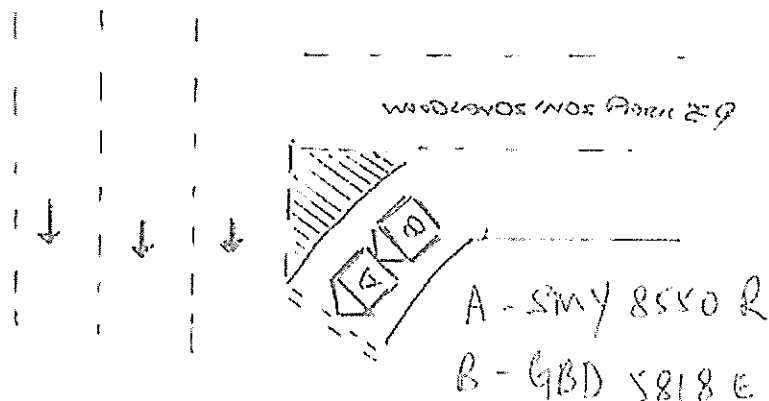
(c) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be based outside of Singapore for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan

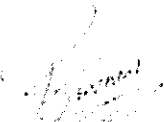


Describe Circumstances of the Accident

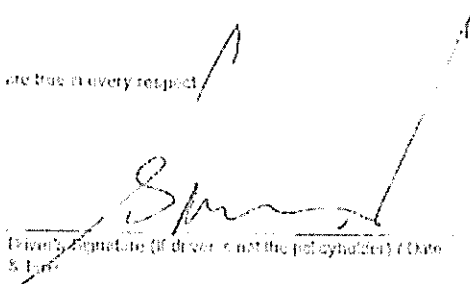
ON THE DATE & TIME NOTED AS ABOVE I STOPPED  
MY VEHICLE AT WOODLANDS INDUS PARK 29 SEP 2000  
WAITING FOR THE ONCOMING VEHICLE CLEAR. SUDDENLY  
I FELT AN IMPACT FROM BEHIND. I TURNED FROM  
MY VEHICLE & DISCOVERED THAT VEHICLE B HIT INTO MY  
VEHICLE FROM BEHIND.  
MY VEHICLE POSITION WAS CHANGED.

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 Signatures Centre Personnel