



**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:

**SMZ 3780 X**

Your ref:

**SLG 4107 X**

27 April 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 : 26 Apr 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 **JY AUTO PTE LTD** to notify you of a road traffic accident on **26 Apr 2022** at about **19:30 HRS**

along **PIE TWDS CHANGI B4 EUNOS FLYOVER**

our client's vehicle **SMZ 3780 & SLG 4107 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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**N-51 AUTOMOTIVE PTE LTD**

VEHICLE NO: SMZ 3780X	MAKE & MODEL: Perodua Myvi	AUTO / MANUAL
DATE OF ACCIDENT: 26/04/2022	CC:	
TIME OF ACCIDENT: 1930 HRS		
LOCATION OF ACCIDENT: 73E Towards Changi Before Ennas Flyover		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER: JY Auto Pte Ltd		
TEL NO:	H/P: 8608 9649	OFFICE: HOME:
NRIC: 202103194N		
ADDRESS: 60 Jalan Lam Huat #05-57 Carros Centre 8(737869)		
EMAIL: EUGENEYAPYL@gmail.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: SPMF1000000518		
NAME OF DRIVER: AS ABOVE / IF NO: Muhammad Nurhisham Bin Mohamed Sidek		
NRIC: 880228626	ANY PASSENGER: 2.	
DATE OF BIRTH: 02/08/1980	LICENCE PASSED DATE: 13/09/2007	
OCCUPATION: OUTDOOR / INDOOR		
GENDER: MALE / FEMALE		
CONTACT NO:	H/P: 9848 3580	OFFICE: HOME:
ADDRESS: 139 Simei Street 1 #03-20 8(520139)		
EMAIL: SHAZ SHAM2008@GMAIL.COM		
DOES DRIVER OWNED ANY VEHICLE: NO	IF YES, REG NO:	INSURER:
RELATIONSHIP: Hirer		
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		
ROAD SURFACE: DRY / WET / OTHER:		
ANY INJURIES: NOT IF YES, WHO?		
NAME & CONTACT: Muhammad Nurhisham Bin Mohamed Sidek		
NAME & CONTACT: 9848 3580		
POLICE REPORT: NO	IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN? NO	IF YES, WHO?	
VEHICLE B REG NO: SLG 4107X	ANY PASSENGERS: 2	
NAME OF DRIVER: William	CONTACT NO: 9844 9132	
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:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? YES / NO		
WAS THERE ANY AUDIO RECORDED? YES / NO		
ACCIDENT SCENE PHOTOS TAKEN? YES / NO		
ACCIDENT PORTION: Rear portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / NO
WORKSHOP PARTICULAR: N-51 Automotive Pte Ltd.		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Jun Ming.		
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' law yers/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' law yers/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 law yers/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

BE Towards Chang: before Euro's Flyover.

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A - Sm2 3780x

B - SL6 4107x

### Describe Circumstances of the Accident

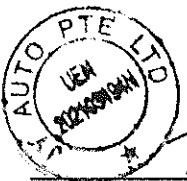
As per above date and time, I was driving SMZ 3780x along P2E towards Changi on the extreme right lane. Somewhere before Eunos Flyover, vehicles in front of me jam brake and stopped due to accident. As such, I applied brake and stop accordingly. But at sudden, I felt an impact from the rear. I alighted and discovered veh (B) SLG 4107x front portion collided onto my vehicle rear portion. We exchanged particulars and left the scene.

Veh (A) - SMZ 3780x

Veh (B) - SLG 4107x.

### 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