

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: **SMH 1951 C**

Your ref: **SHD 2717 L**

09 May 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 : 07 May 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 **SHARIL BIN MOHAMAD** to notify you of a road traffic accident on **07 May 2022** at about **10:45 HRS**

along **SLE TWDS BKE AFTER THOMSON EXIT**

our client's vehicle **SMH 1951 C & SHD 2717 L** 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:	SMH 1951C		MAKE & MODEL:	Honda Freed . <input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL	
DATE OF ACCIDENT:	07 / 05 / 2022 .		CC:	1-5	
TIME OF ACCIDENT:	1045 HRS				
LOCATION OF ACCIDENT:	SLE towards BKE after Thomson Exct.				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE <input type="radio"/> PRIVATE HIRE				
NAME OF OWNER:	SHARIL BIN MOHAMAD.				
TEL NO:	H/P: 8198 3846 .		OFFICE:	HOME:	
NRIC:	S7212212G .				
ADDRESS:	BLK 647 Woodlands Ring Road #03-68 (8) 730647				
EMAIL:	tawil1472@gmail.com .				
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY				
FLEET POLICY:	YES <input checked="" type="radio"/> NO <input type="radio"/> ?				
INSURANCE COMPANY:	AXA.				
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft				
POLICY NO:	GA 596377/1 .				
NAME OF DRIVER:	<input checked="" type="radio"/> AS ABOVE <input type="radio"/> IF NO:				
NRIC:			ANY PASSENGER:	N.A.	
DATE OF BIRTH:	01 / 04 / 1972 .		LICENCE PASSED DATE:	28 / 04 / 1997.	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR <input type="radio"/> INDOOR				
GENDER:	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE				
CONTACT NO:	H/P:		OFFICE:	HOME:	
ADDRESS:					
EMAIL :	TAWIL1472@gmail.com .				
DOES DRIVER OWNED ANY VEHICLE:	NO/ IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Owner .				
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR <input type="radio"/> RAINING <input type="radio"/> OTHERS:				
ROAD SURFACE:	<input checked="" type="radio"/> DRY <input type="radio"/> WET <input type="radio"/> OTHER:				
ANY INJURIES:	NO / <input checked="" type="radio"/> YES WHO?				
NAME & CONTACT:	Sharil Bin Mohamad (H/P: 8198 3846)				
NAME & CONTACT:					
POLICE REPORT:	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO <input type="radio"/> IF YES, WHO?				
VEHICLE B REG NO:	S40 2717L .		ANY PASSENGERS:	N.A.	
NAME OF DRIVER:	Leow Yong Huet .		CONTACT NO:		
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?	<input checked="" type="radio"/> YES <input type="radio"/> NO		SD Card Corrupted.		
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES <input type="radio"/> NO				
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES <input type="radio"/> NO				
ACCIDENT PORTION:	Rear Portion .				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="radio"/> NO <input type="radio"/>				
WORKSHOP PARTICULAR:	N-5, 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

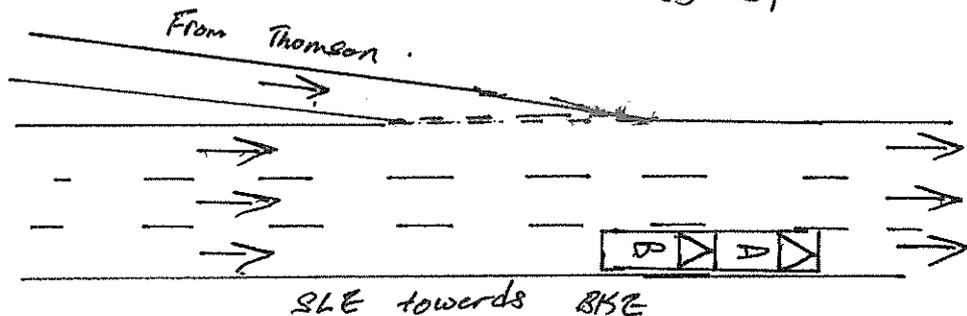
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SMH 1951 C.

(B) SHD 2717 L



Describe Circumstances of the Accident

On 07/05/2022 at @ 1045 hrs, I was travelling in my vehicle (SMH 1951 G) along SLE towards BHE after Thomson exit on the extreme right lane. I slowed down and stopped due to traffic jam ahead. Few seconds later, a taxi (S4D 277L) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel