



# 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:

**SLP 294 S**

Your ref:

**SJL 7972 S**

08 June 2022

**AUTO & GENERAL INSURANCE (S) PTE LTD**

SINGAPORE SHOPPING CENTRE

190 CLEMENCEAU AVENUE #03-01

SINGAPORE 239924

Attn: Motor Claims Department

BY EMAIL [claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg) ONLY

Dear Sir/Madam,

**DATE OF ACCIDENT : 04 June 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 **SJ LEASING PTE LTD** to notify you of a road traffic accident on **04 June 2022** at about **18:30 HRS** along **CTE TWDS AYE BF ANG MO KIO AVE 1 EXIT** our client's vehicle **SLP 294 S & SJL 7972 S** 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:  | SLP 294 S   |  | MAKE & MODEL:           | Mazda 3 |           | <input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL |
| DATE OF ACCIDENT:  | 04/06 / 2022  |  | CC:                     | 1.5     |           |  |
| TIME OF ACCIDENT:  | 1830 HRS  |  |                         |         |           |  |
| LOCATION OF ACCIDENT:  | CTE towards AYE before Ang Mo Kio Ave 1 ext.  |  |                         |         |           |  |
| EXACT PURPOSE USE DURING ACCIDENT:   | EMPLOYMENT / PRIVATE USE / <input checked="" type="radio"/> PRIVATE HIRE                |  |                         |         |           |  |
| NAME OF OWNER:   | SJ Leasing Pte Ltd.   |  |                         |         |           |  |
| TEL NO:  | H/P: 85255530   |  | OFFICE:                 | HOME:   |           |  |
| NRIC:  | 201825171E.   |  |                         |         |           |  |
| ADDRESS:   | 170, Upper Bukit Timah Road #03-50, Bukit Timah Shopping Centre                         |  |                         |         |           |  |
| EMAIL:   | lowhwee.teck@gmail.com.   |  |                         |         | CO 588179 |  |
| CLAIM TYPE:  | OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY                      |  |                         |         |           |  |
| FLEET POLICY:  | <input checked="" type="radio"/> YES <input type="radio"/> NO ?                         |  |                         |         |           |  |
| INSURANCE COMPANY:   | Allianz.  |  |                         |         |           |  |
| TYPE OF COVERAGE:  | <input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft |  |                         |         |           |  |
| POLICY NO:   | SP2000589233.   |  |                         |         |           |  |
| NAME OF DRIVER:  | AS ABOVE / IF NO: KHIEW KOK FOO.  |  |                         |         |           |  |
| NRIC:  | S2768030E. ANY PASSENGER: 02 (CF).  |  |                         |         |           |  |
| DATE OF BIRTH:   | 04/10 / 1967. LICENCE PASSED DATE: 23/01 / 2008.  |  |                         |         |           |  |
| OCCUPATION:  | <input checked="" type="radio"/> OUTDOOR <input type="radio"/> INDOOR                   |  |                         |         |           |  |
| GENDER:  | <input checked="" type="radio"/> MALE <input type="radio"/> FEMALE                      |  |                         |         |           |  |
| CONTACT NO:  | H/P: 8661 2668  |  | OFFICE:                 | HOME:   |           |  |
| ADDRESS:   | BLK 487 Admiralty Link #03-137, (S) 750487.   |  |                         |         |           |  |
| EMAIL:   | Khewkf99@gmail.com.   |  |                         |         |           |  |
| DOES DRIVER OWNED ANY VEHICLE:   | <input checked="" type="radio"/> NO / IF YES, REG NO:                                   |  | INSURER:                |         |           |  |
| RELATIONSHIP:  | Husband.  |  |                         |         |           |  |
| WEATHER CONDITION:   | <input checked="" type="radio"/> CLEAR <input type="radio"/> RAINING / OTHERS:          |  |                         |         |           |  |
| ROAD SURFACE:  | <input checked="" type="radio"/> DRY <input type="radio"/> WET / OTHER:                 |  |                         |         |           |  |
| ANY INJURIES:  | NO / IF YES, WHO? Khew Kok Foo (H/P: 8661 2668).  |  |                         |         |           |  |
| NAME & CONTACT:  | Jenny Lim (H/P: 9699 3667).   |  |                         |         |           |  |
| NAME & CONTACT:  | Liew Mui Kiah (H/P: 9699 3667).   |  |                         |         |           |  |
| POLICE REPORT:   | <input checked="" type="radio"/> NO / IF YES, WHERE?                                    |  |                         |         |           |  |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | <input checked="" type="radio"/> NO / IF YES, WHO?                                      |  |                         |         |           |  |
| VEHICLE B REG NO:  | SJL 7972 S.   |  | ANY PASSENGERS: 01 (CF) |         |           |  |
| NAME OF DRIVER:  | Yash Pal Singh.   |  | 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:   | N.A   |  | WITNESS CONTACT: N.A    |         |           |  |
| WAS THERE ANY VIDEO CAPTURE?   | YES <input checked="" type="radio"/> NO   |  | SO Overide.             |         |           |  |
| WAS THERE ANY AUDIO RECORDED?  | YES / <input checked="" 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   |  |                         |         |           |  |
| WORKSHOP PARTICULAR:   | N-51 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 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.

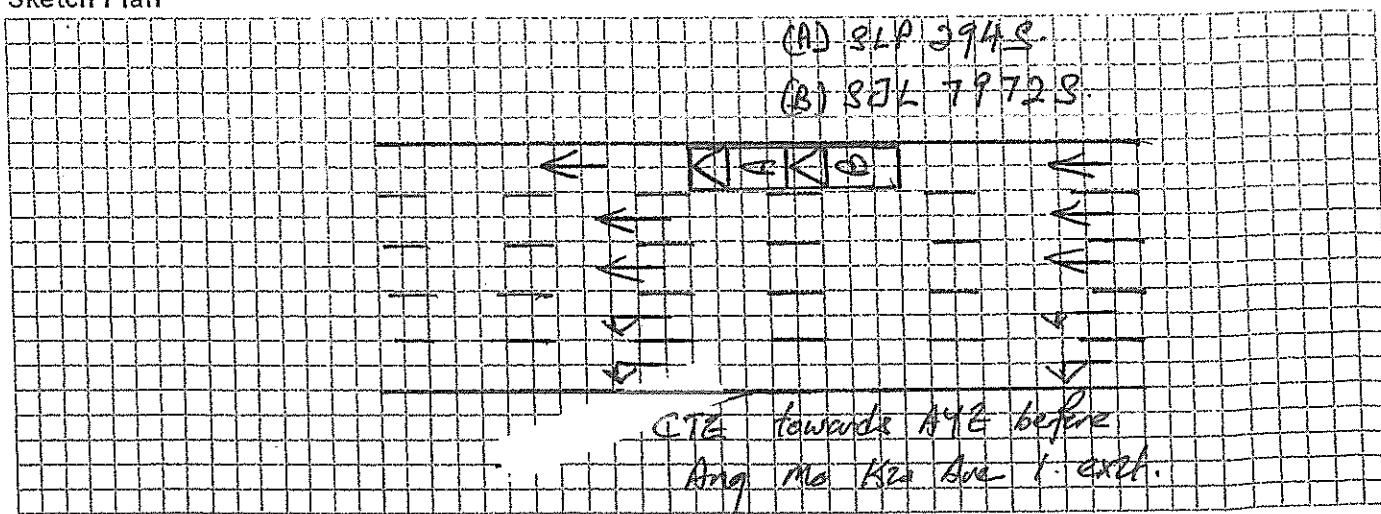


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstances of the Accident

On 04/06/2022 at @ 1830 hrs, I was travelling in my vehicle (SLP 2948) along CTE towards AYE before Ang Mo Kio Ave 1 exit on the extreme right lane. The vehicle in front of me collided onto a car ahead. I applied my brake and stopped a distance away. Suddenly, a car (SIL 79728) 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

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

Witnessed by Reporting Centre Personnel