



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:

SLT 1967 G

Your ref:

SHD 3163 C

23 June 2022

AXA INSURANCE PTE LTD

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

Attn: Motor Claims Department

BY EMAIL motor.survey@axa.com.sg ONLY

Dear Sir/Madam,

DATE OF ACCIDENT : 22 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 **AUTO 51 LEASING PTE LTD** to notify you of a road traffic accident on **22 June 2022** at about **18:20 HRS** along **CROSS ST TWDS CHINATOWN BEFORE TELOK AYER JUNCTION** our client's vehicle **SNE 3067 X & SJF 1166 Z** 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,



.....
N-51 AUTOMOTIVE PTE LTD

VEHICLE NO:	SLT 19676	MAKE & MODEL:	Toyota Wish	AUTO / MANUAL
DATE OF ACCIDENT:	22/06/22	CC:	1.8	
TIME OF ACCIDENT:	1820 HRS			
LOCATION OF ACCIDENT:	Cross Street towards Chinatown before Telok Ayer			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE Junction			
NAME OF OWNER:	Auto 51 Leasing Pte Ltd			
TEL NO:	H/P: 9091 5395	OFFICE:	HOME:	
NRIC:	201632910R			
ADDRESS:	15 Yishun Industrial Street 1 #01-05 (S) 768091			
EMAIL:	LEONLIEW4444@gmail.com.			
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY:	YES / NO?			
INSURANCE COMPANY:	NTUC			
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO:	5116658715-02			
NAME OF DRIVER:	AS ABOVE / IF NO: Liew Teck Wei			
NRIC:	S7838760B	ANY PASSENGER: (1 Person)		
DATE OF BIRTH:	19/12/1978	LICENCE PASSED DATE: 18/04/2001		
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 8388 4444	OFFICE:	HOME:	
ADDRESS:	772 Yishun Ave 3 #07-217 (S) 760772			
EMAIL:	-			
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> IF YES, REG NO:		INSURER:	
RELATIONSHIP:	Hirer			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	Liew Teck Wei, 8388 4444			
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="checkbox"/> IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> IF YES, WHO?			
VEHICLE B REG NO:	SHD 3163L	ANY PASSENGERS: N.A.		
NAME OF DRIVER:	Lim Soon Guan	CONTACT NO: 9681 1283		
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="checkbox"/> YES / NO			
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO			
ACCIDENT PORTION:	Rear Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / <input checked="" type="checkbox"/> 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' 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.

[Signature]

Policyholder's Signature / Date & Time

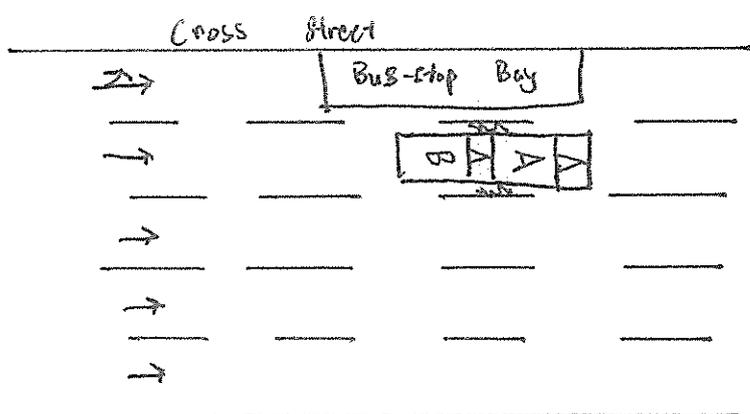


[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - SLT 1967G
B - SHD 3163C

Describe Circumstances of the Accident

As per above date and time, I was driving SLT 19676 along cross street towards Chinatown on the second extreme left lane. Somewhere before Telok Ayer Junction, my vehicle was stationary stopped due to heavy traffic ahead. Out of sudden, Veh(B) SHD 21636 front portion collided onto my vehicle rear portion.

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten Signature]

Policyholder's Signature / Date & Time

[Handwritten Signature]

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

Witnessed by Reporting Centre Personnel