

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:

SJG 3377 M

Your ref:

SHD 6270 G

08 July 2022

MS FIRST CAPITAL INSURANCE LIMITED

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

Attn: Motor Claims Department

BY EMAIL MotorClaims@msfirstcapital.com.sg ONLY

Dear Sir/Madam,

DATE OF ACCIDENT : 07 JULY 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 **QUEK BOON KIAT** to notify you of a road traffic accident

on **07 July 2022** at about **16:45 HRS**

along **PIE TOWARDS CHANGI AFTER STEVEN ROAD EXIT**

our client's vehicle **SJG 3377 M & SHD 6270 G** 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:	826 3377 M	MAKE & MODEL:	Mercedes A200
DATE OF ACCIDENT:	07 07 2022	TIME OF ACCIDENT:	1645 HRS
LOCATION OF ACCIDENT:	PIE towards Chang. after Steven Road exit.		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE		
NAME OF OWNER:	Quek Boon Kiat		
TEL NO:	H/P: 9796 3377	OFFICE:	HOME:
NRIC:	S 178 98430		
ADDRESS:	84A, Lorong Marican (S) 417289.		
EMAIL:	gekming90@gmail.com		
CLAIM TYPE:	OD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY		
FLEET POLICY:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
INSURANCE COMPANY:	AIG.		
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft		
POLICY NO:	2070126782-01		
NAME OF DRIVER:	AS ABOVE / IF NO: Quek Le Min.		
NRIC:	S 95192234		
DATE OF BIRTH:	30/05/1995	LICENCE PASSED DATE:	18/03/2014
OCCUPATION:	OUTDOOR <input checked="" type="checkbox"/> INDOOR <input type="checkbox"/>		
GENDER:	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		
CONTACT NO:	H/P: 9068 5009	OFFICE:	HOME:
ADDRESS:	84A Lorong Marican (S) 417289.		
EMAIL:	lemin95@hotmail.com		
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO: INSURER:		
RELATIONSHIP:	Daughter		
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:		
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> OTHER:		
ANY INJURIES:	NO <input checked="" type="checkbox"/> IF YES, WHO?		
NAME & CONTACT:	Quek Le Min (H/P: 9068 5009)		
NAME & CONTACT:			
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?		
VEHICLE B REG NO:	SHD 6270 G	ANY PASSENGERS:	01 (M)
NAME OF DRIVER:	Chan Lye Huat	CONTACT NO:	
VEHICLE C REG NO:	SCP 20 Y	ANY PASSENGERS:	N.A.
VEHICLE D REG NO:	Ho Lene Ruth Chloe	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="checkbox"/> NO	SD Card Corrupted	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO		
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO		
ACCIDENT PORTION:	Front and Rear		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO		
WORKSHOP PARTICULAR:	N-SI Automotive Pte Ltd.		
CONTACT NO:	68420051 / 67440510		
CONTACT PERSON:	JOSEPH TAN		
FAX NO:	67410510		
WORKSHOP EMAIL:	sales@n-si.com.sg		

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 GIACC 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;

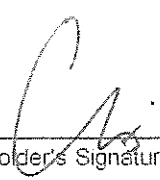
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

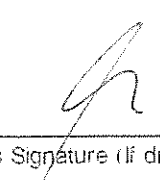
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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

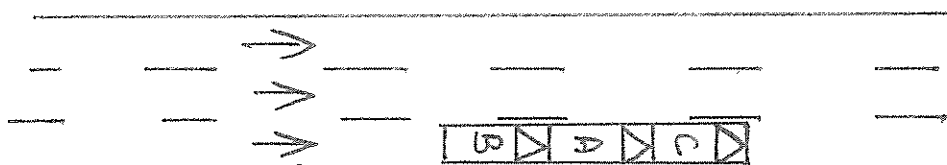
Witnessed by Reporting Centre Personnel

Sketch Plan

(A) S2G 3377 M.

(B) S40 6270 G.

(C) SCP 20 Y.



P16 towards Changi after Steven Road Exit.

On 07/07/2022 at @ 1645 hrs, I was travelling in my vehicle (S26 3377 M) along PIE towards Changi after Steven Road exit on the extreme right lane. The vehicle (S2P 20 Y) in front of me stopped due to traffic jam ahead. I slowed down and before I come to a stop, a taxi (S40 6270 G) from behind collided onto the rear portion of my vehicle. The impact was so strong that caused my leg to slip away from the brake pedal and caused my vehicle to move forward and collided onto the said vehicle ahead.

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