



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:

SLH 4554 H

Your ref:

GBB 6282 D

20 July 2022

CHINA TAIPING INSURANCE (S) PTE LTD

BY EMAIL claimsdept@sg.cntaiping.com ONLY

3 ANSON ROAD #16-00

SPRINGLEAF TOWER

SINGAPORE 079909

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 19 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 **OH CHEE BENG** to notify you of a road traffic

accident on **19 July 2022** at about **16:10 HRS**

along **INFRONT NO. 7 TOH GUAN RD EAST**

our client's vehicle **SLH 4554 H & GBB 6282 D** 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:	SLH 4554 4-			MAKE & MODEL:	Toyota Sienta Hybrid AUTO / MANUAL		
DATE OF ACCIDENT:	19.07.2022				1:5		
TIME OF ACCIDENT:	1610 HRS						
LOCATION OF ACCIDENT:	In front No. 7 Toh Guan Road East.						
EXACT PURPOSE USE DURING ACCIDENT:				EMPLOYMENT /	<input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE		
NAME OF OWNER:	OH CHIE BENGLIN.						
TEL NO:	H/P: 8139 3475			OFFICE:	HOME:		
NRIC:	S 711 85322						
ADDRESS:	BLK 29 Tampines Central 7 #04-0440 (B) 528612.						
EMAIL:	kimbenglyn@yahoo.com						
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY						
FLEET POLICY:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
INSURANCE COMPANY:	NTUC						
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft						
POLICY NO:	5085657580-05						
NAME OF DRIVER:	<input checked="" type="checkbox"/> AS ABOVE <input type="checkbox"/> IF NO:						
NRIC:				ANY PASSENGER:	N.A.		
DATE OF BIRTH:	30/05/1971			LICENCE PASSED DATE:	26/01/2011.		
OCCUPATION:	<input checked="" type="checkbox"/> OUTDOOR / <input type="checkbox"/> INDOOR						
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE						
CONTACT NO:	H/P:			OFFICE:	HOME:		
ADDRESS:							
EMAIL:							
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			INSURER:			
RELATIONSHIP:	Owner						
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / OTHERS:						
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / OTHER:						
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?						
NAME & CONTACT:							
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:	GBB 6282D			ANY PASSENGERS:	N.A.		
NAME OF DRIVER:				CONTACT NO:			
VEHICLE C REG NO:	YA 3477C			ANY PASSENGERS:	01 (M)		
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="checkbox"/> NO						
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO						
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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-S1 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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
(Name as in NRIC/ID card)

Sketch Plan

No. 7 Toh Guan Road East.		(A) 9LH 4554 H (B) GBB 6282 D (C) YQ 3477 C
→		
Toh Guan Road East.		

Describe Circumstance of the Accident

On 19/07/2022 at @ 160 hrs, I stopped my vehicle (SL4 4554 H) in front of No. 7 Toh Guan Road East due to traffic jam ahead. Suddenly, I felt a great impact from the rear. I got down and found it was a chain collision involving 3 vehicles.

Declaration

I/We declare the foregoing particulars are true in every respect.

M/Sen

Policyholder's Signature / Date & Time

M/Sen

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)