

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:

SLN 6789 C

Your ref:

GBK 9453 K

03 October 2022

ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

Attn: Motor Claims Department

BY EMAIL claims@allianz.com.sg ONLY

Dear Sir/Madam,

DATE OF ACCIDENT : 01 Oct 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 **XIAO LIANGRONG** to notify you of a road traffic accident on **01 Oct 2022** at about **21:45 HRS**

along **LOR 2 TOA PAYOH SLIP RD TO PIE(CHANGI)**

our client's vehicle **SLN 6789 C & GBK 9453 K** 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:	SLN6789C		MAKE & MODEL:	Toyota Harrier		(AUTO) / MANUAL
DATE OF ACCIDENT:	1 / 10 / 2022		CC:	2.0		
TIME OF ACCIDENT:	2145 HRS					
LOCATION OF ACCIDENT:	Along Lor 2 Toa Payoh Slip road to PIE (Changi)					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Xiao Liang Rong					
TEL NO:	H/P: 93213898		OFFICE:	HOME:		
NRIC:	S7163968A					
ADDRESS:	2 Tay Lian Teck Road S (455616)					
EMAIL:	lrxiao@pulem.com.sg					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / (NO?)					
INSURANCE COMPANY:	Allianz					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	SP2001804542-01					
NAME OF DRIVER:	AS ABOVE / IF NO:					
NRIC:				ANY PASSENGER:	1 (F)	
DATE OF BIRTH:	18/03/1971		LICENCE PASSED DATE:	16/06/2011		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	(MALE) / FEMALE					
CONTACT NO:	H/P:		OFFICE:	HOME:		
ADDRESS:						
EMAIL:	LRXIAO@PULEM.COM.SG					
DOES DRIVER OWNED ANY VEHICLE:	(NO) IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:					
ROAD SURFACE:	(WET) / OTHER:					
ANY INJURIES:	NO / (IF YES) WHO?					
NAME & CONTACT:	Xiao Liang Rong 93213898					
NAME & CONTACT:	Huang Liying 91806889					
POLICE REPORT:	(NO) / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?					
VEHICLE B REG NO:	GBK9453K		ANY PASSENGERS:			
NAME OF DRIVER:				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?	YES / (NO)					
WAS THERE ANY AUDIO RECORDED?	YES / (NO)					
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO					
ACCIDENT PORTION:	Rear portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?						YES / (NO)
WORKSHOP PARTICULAR:	N51 Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Brandon					
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.

[Handwritten Signature]

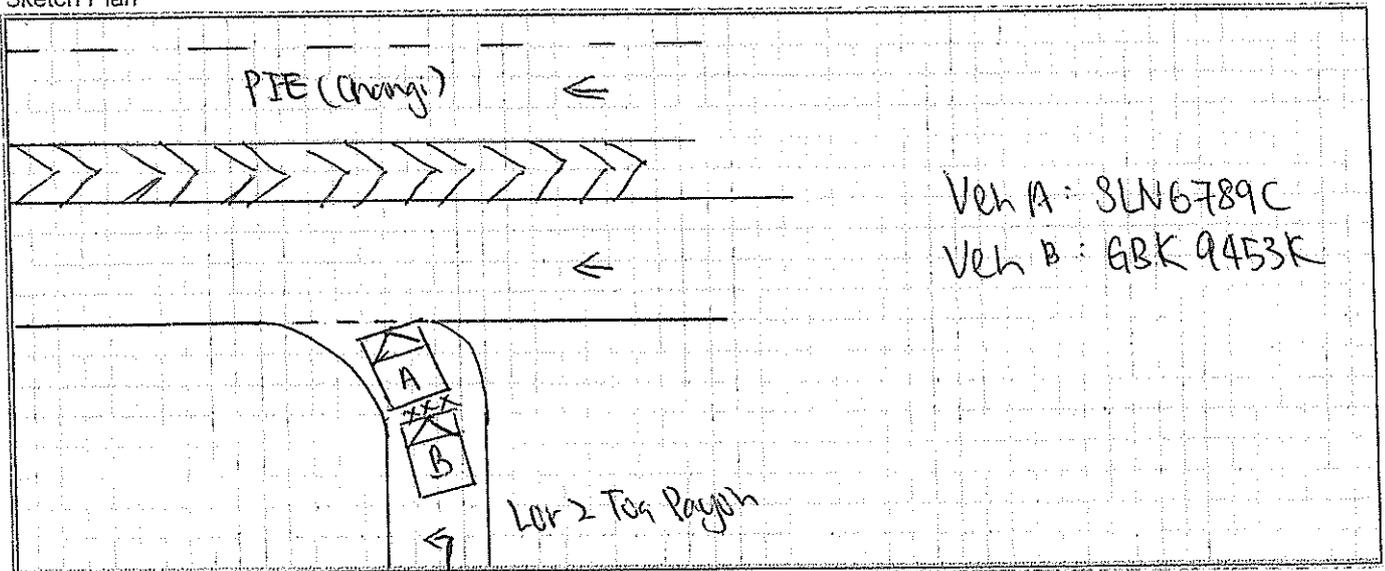
Policyholder's Signature / Date & Time

[Handwritten Signature]

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

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

Sketch Plan

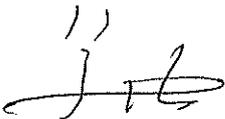


Describe Circumstance of the Accident

On above date & time, I was driving my vehicle A (SLN6789C) traveling along Lor 2 Toa Payoh slip road to PIE (Changi) on single lane, slip road. My vehicle was stopped before the give way line, to give way for the oncoming vehicle. Out of sudden, vehicle B (GBK9453K) came from rear and collided onto the rear portion of my vehicle.

Declaration

I/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
(Name as in NRIC/ID card)