

TwinCar AUTOMOTIVE PTE LTD

Company Registration and GST No. 200714616M

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 67440510

Fax: 67410510

Email: sales@n51.com.sg

Our Ref: SJA 3420 C

Your ref: SJR 9346 E

21 November 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 Nov 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 **LEW SAN LENG** to notify you of a road traffic accident on **19 Nov 2022** at about **18:32 HRS**

along **BENDEMEER RD TWDS JLN BESAR AFTER JLN LEMBAH KALLANG**

our client's vehicle **SJA 3420 C & SJR 9346 E** 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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TwinCar Automotive Pte Ltd

VEHICLE NO: SJA 3420C

MAKE & MODEL: Toyota Estima

 AUTO / MANUAL

DATE OF ACCIDENT	19 / 11 / 2022	*C.C: 2.0
TIME OF ACCIDENT	1832	AM / PM
LOCATION OF ACCIDENT	Bendemeer Rd towards Jln Besar After Jln Lembah Kallang	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <input checked="" type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	Lew San Leng	
EMAIL: ME99SALES@Gmail.COM	Office:	MOBILE: 9373 8883
NRIC	S7604272A	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO?	
INSURANCE CO.	NTUC	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	5127045831	
NAME OF DRIVER	<input checked="" type="checkbox"/> AS ABOVE / IF NO:	
NRIC	as above	
DATE OF BIRTH	06 / 02 / 1976	
ANY PASSENGER	<input checked="" type="checkbox"/> YES / NO:	
NAME OF PASSENGER	4	
GENDER OF PASSENGER	MALE / FEMALE (2M 2F)	
OCCUPATION	<input checked="" type="checkbox"/> Outdoor / Indoor	
DATE OF DRIVING PASS	24 / 01 / 1997	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO.	Mobile: as above	Office: Home:
EMAIL:	as above	
ADDRESS	Apt BIK 124B Rivervale Drive #04-211 Singapore 542124	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes : Reg No:	INSURER:
RELATIONSHIP	Employee / If <input checked="" type="checkbox"/> Owner	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / Raining / Other :	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / Wet / Other :	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes : Who?	
CONTACT NO.		
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 NO.	SJR 9346E	Any Passenger : 1 (1F)
NAME	Unknown	
CONTACT NO.	9833 7061	
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="checkbox"/> YES / NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="checkbox"/> YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO	
**WORKSHOP:	Twincar Automotive Pte Ltd	
Rear Portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	<input checked="" type="checkbox"/> YES / NO	

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)**

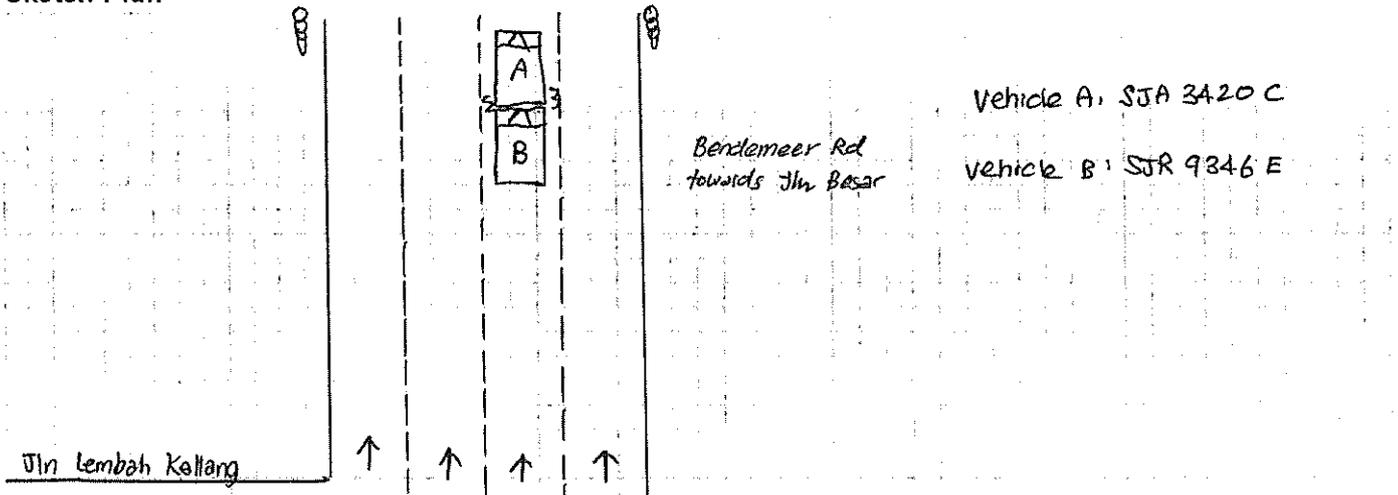
I understand, acknowledge, agree and consent that :

(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.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (if driver is not the policyholder) / Date & Time	_____ Witnessed by Reporting Centre Personnel
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Sketch Plan



Describe Circumstances of the Accident

As of above date and time, I was driving my vehicle (SJA 3420C) along Bendemeer Rd towards Jln Besar After Jln Lembah Kallang on the 2nd lane of a 4 lane rd. The traffic ahead was slow, I slowed down my vehicle and braked. Out of a sudden, vehicle B (STR 9346 E) collided into the rear portion of my vehicle.

Video footage Attached.

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