

# 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:

**SMK 1813 C**

Your ref:

**SFL 6000 B**

22 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 : 22 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 **OEY NICODEMUS EDRICK** to notify you of a road traffic accident on **22 Nov 2022** at about **13:55 HRS**

along **CTE(AYE) B4 BALESTIER RD EXIT**

our client's vehicle **SMK 1813 C & SFL 6000 B** 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,



.....  
**TwinCar Automotive Pte Ltd**

VEHICLE NO: 8mk 1813c

MAKE &amp; MODEL : T. Scienta

AUTO / MANUAL

DATE OF ACCIDENT	22 / 11 / 22	*C.C: 1.5
TIME OF ACCIDENT	01:55 AM / PM	
LOCATION OF ACCIDENT	CTE (AYE) before Balestier rd Exit	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Oey Nicodemus Edrick	
EMAIL: NICO DEMUS.OEY @ GMAIL.COM	Office:	MOBILE: 8798 5734
NRIC	S 8859885 G	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.	AXA	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	GA564605/1	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	As above	
DATE OF BIRTH	21 / 03 / 1988	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	N.A.	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	05 / 01 / 2019	
GENDER	Male / Female	
CONTACT NO.	Mobile: As above	Office: Home:
EMAIL:	As above	
ADDRESS	1 216C Compassvale Drive #08-566 6543216	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No:	INSURER:
RELATIONSHIP	Employee / If No: owner	
WEATHER CONDITION	Clear / Raining / Other :	
ROAD SURFACE	Dry / Wet / Other :	
ANY INJURIES	No / If yes : Who? Oey Nicodemus Edrick, 8798 5734	
CONTACT NO.		
POLICE REPORT	No / If yes : Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?	
VEHICLE B NO.	SFL6000B	Any Passenger : 1 (F)
NAME	Aloysius Wee	
CONTACT NO.	8139 0333	
VEHICLE C NO.	SLS 7777 D	Any Passenger : N.A.
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?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:	Twincar Automotive Pte Ltd	
Rear portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(X)

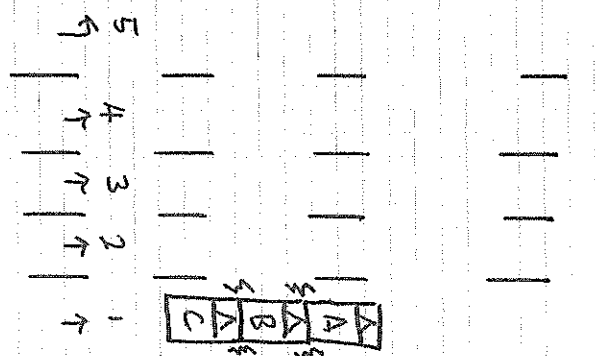
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

CTE(AYE) before Balaster rd Exit.



A - 3MK1813C

B - 3FL6000B

C - 8LS 7777D

Describe Circumstances of the Accident

As per above date and time, I was driving SMK1813C along (TE/AYE) on the extreme right lane. Vehicles in front of me slowed down and stopped. As such, I applied brake and stopped accordingly. Out of sudden, I felt a few impact from the rear. I alighted and discovered Veh (B) 8FL6000B front portion collided onto my vehicle rear portion and Veh (C) SL6 7777D front portion collided onto Veh (B) rear portion. I was involved in a 3 vehicles chain collision accident.

Declaration

We declare the foregoing particulars are true in every respect.

(x)



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel