



**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:

**SJE 3966 Z**

Your ref:

**SHA 7219 R**

05 December 2022

**AXA INSURANCE PTE LTD**

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

Attn: Motor Claims Department

**BY EMAIL motor.survey@axa.com.sg ONLY**

Dear Sir/Madam,

**DATE OF ACCIDENT : 03 Dec 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 **ONG SHU PING** to notify you of a road traffic accident on **03 Dec 2022** at about **16:51 HRS** along **STADIUM WALK TWDS STADIUM DRIVE (STADIUM BLVD)** our client's vehicle **SJE 3966 Z & SHA 7219 R** 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: 8JE 3966Z

MAKE &amp; MODEL: Hyundai Elantra (AUTO) MANUAL

DATE OF ACCIDENT	03 / 12 / 2022	*C.C: 1.6
TIME OF ACCIDENT	1651	AM (PM)
LOCATION OF ACCIDENT	Stadium Walk towards Stadium Drive (Stadium Blvd)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ONG SHU PING	
EMAIL: kasy-sg@yahoo.com.sg	Office:	MOBILE: 98317276
NRIC	S7729717J	
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	(YES) NO ?	
INSURANCE CO.	Sompoo Ins	
TYPE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO.	D22M7PV01005013	
NAME OF DRIVER	(AS ABOVE) / IF NO:	
NRIC	S7729717J	
DATE OF BIRTH	25 / 10 / 1977	
ANY PASSENGER	(YES) NO :	
NAME OF PASSENGER	SENG SER HIANG	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / (Indoor)	
DATE OF DRIVING PASS	04 / 12 / 2000	
GENDER	Male / Female	
CONTACT NO.	Mobile: 98317276	Office: Home:
EMAIL:	kasy-sg@yahoo.com.sg	
ADDRESS	Blk 101 Clementi St 14 #10-153 S' 120101	
DOES DRIVER OWN OTHER VEHICLES?	(NO) / If yes : Reg No:	INSURER:
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	(Clear) / Raining / Other :	
ROAD SURFACE	(Dry) / Wet / Other :	
ANY INJURIES	No / (If yes) Who? Ong Shu Ping, SENG SER HIANG	
CONTACT NO.	98217276	98185679
POLICE REPORT	No / If yes : Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES: WHO?	
VEHICLE B NO.	SHA 7219R	Any Passenger : 0
NAME		
CONTACT NO.	97211648	
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?	(YES) NO	
WAS THERE ANY AUDIO RECORDED?	(YES) NO	
SCENE ACCIDENT PHOTOS TAKEN?	(YES) NO	
**WORKSHOP:	Front Right portion	
N1-S1 Automotive P/L		
Have you been approach by unknown person soliciting (s) /	NIL	
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' 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

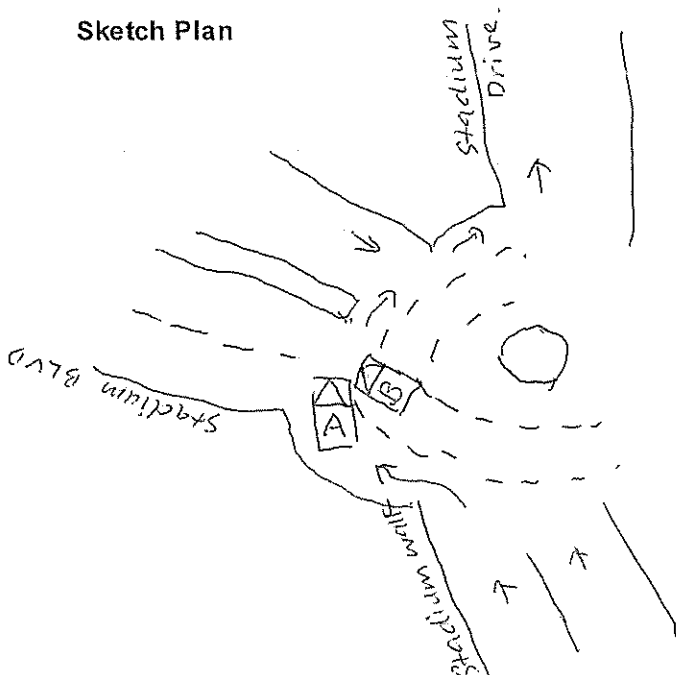
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### **Sketch Plan**



A - SJE3966Z

B - SHA7219R

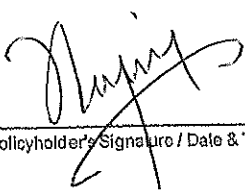
Describe Circumstance of the Accident

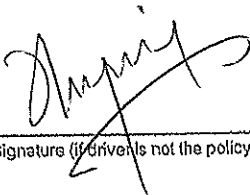
I was driving my car (vehicle No. SJE 3966 Z) from Stadium Walk approaching into a round about towards stadium Drive. I was at the most left lane when the taxi (vehicle No. SHA 7219 R) suddenly cut into my lane trying to exit toward Stadium Blvd. The taxi (vehicle No. SHA 7219 R) hit into my front right side of my car.

After the Impact, I felt discomfort at my neck and shoulder. I also had a passenger who felt giddy after the impact.

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)