



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:

SMQ 5936 Z

Your ref:

SHB 4668 S

03 January 2023

AXA INSURANCE PTE LTD

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

ROBINSON ROAD

P.O.BOX 1094

SINGAPORE 902144

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 02 Jan 2023

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 **LEI WAI KEI** to notify you of a road

traffic accident on **02 Jan 2023** at about **15:15 HRS**

along **JLN AHMAD IBRAHIM TWDS TUAS B4 JURONG BIRD PARK**

our client's vehicle **SMQ 5936 Z & SHB 4668 S** 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: SMQ 5936 Z	MAKE & MODEL Renault Scenic	<input checked="" type="radio"/> AUTO <input type="radio"/> MANUAL
DATE OF ACCIDENT:	02 / 01 / 2023	CC. 1.5
TIME OF ACCIDENT:	1515 HRS	
LOCATION OF ACCIDENT:	Jln Ahmad Ibrahim towards Tuas before Jurong Blvd Park	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT <input checked="" type="radio"/> PRIVATE USE <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER:	Lei Wai Kei	
TEL NO:	H/P: 8292 5859	OFFICE: HOME:
NRIC:	S8071244H	
ADDRESS:	BLK 132B Hillview Avenue #03-02 S 669605	
EMAIL:	CATH_LEI@yahoo.com	
CLAIM TYPE:	OD <input checked="" type="radio"/> THIRD PARTY <input type="radio"/> REPORTING ONLY	
FLEET POLICY:	YES <input type="radio"/> NO <input checked="" type="radio"/>	
INSURANCE COMPANY:	NTUC Income	
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party <input type="radio"/> Third Party Fire & Theft	
POLICY NO:	5132 821825	
NAME OF DRIVER:	AS ABOVE / IF NO: Kang Daeyoon	
NRIC:	G3053620M	ANY PASSENGER: 4 (2M 2F) 2M child
DATE OF BIRTH:	22 / 11 / 1984	LICENCE PASSED DATE: 02 / 08 / 2022
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR <input type="radio"/> INDOOR	
GENDER:	<input checked="" type="radio"/> MALE <input type="radio"/> FEMALE	
CONTACT NO:	H/P: 8127 2195	OFFICE: HOME:
ADDRESS:	53 Hume Ave # 09-07 Parc Palais 698761	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO IF YES, REG NO:	INSURER:
RELATIONSHIP:	friend	
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR <input type="radio"/> RAINING <input type="radio"/> OTHERS:	
ROAD SURFACE:	<input checked="" type="radio"/> DRY <input type="radio"/> WET <input type="radio"/> OTHER:	
ANY INJURIES:	NO / IF YES, WHO? Kang Daeyoon (8127 2195)	
NAME & CONTACT:	Jung-hwa Oh (9100 2570) Kang Yeonu, Kang Yeonjun	
NAME & CONTACT:	Naassen Maribel Pat (8127 2195)	
POLICE REPORT:	NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	SHB 4668 S	ANY PASSENGERS: N/A
NAME OF DRIVER:	Chra Heng Seng	CONTACT NO: 98207249
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 <input type="radio"/> NO <input checked="" type="radio"/>	
WAS THERE ANY AUDIO RECORDED?	YES <input type="radio"/> NO <input checked="" type="radio"/>	
ACCIDENT SCENE PHOTOS TAKEN?	YES <input checked="" type="radio"/> NO <input type="radio"/>	
ACCIDENT PORTION:	Rear Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES <input type="radio"/> NO <input checked="" type="radio"/>
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

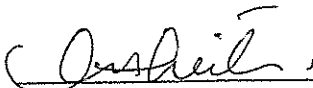
SKETCH PLAN

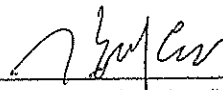
IMPORTANT NOTICE

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:

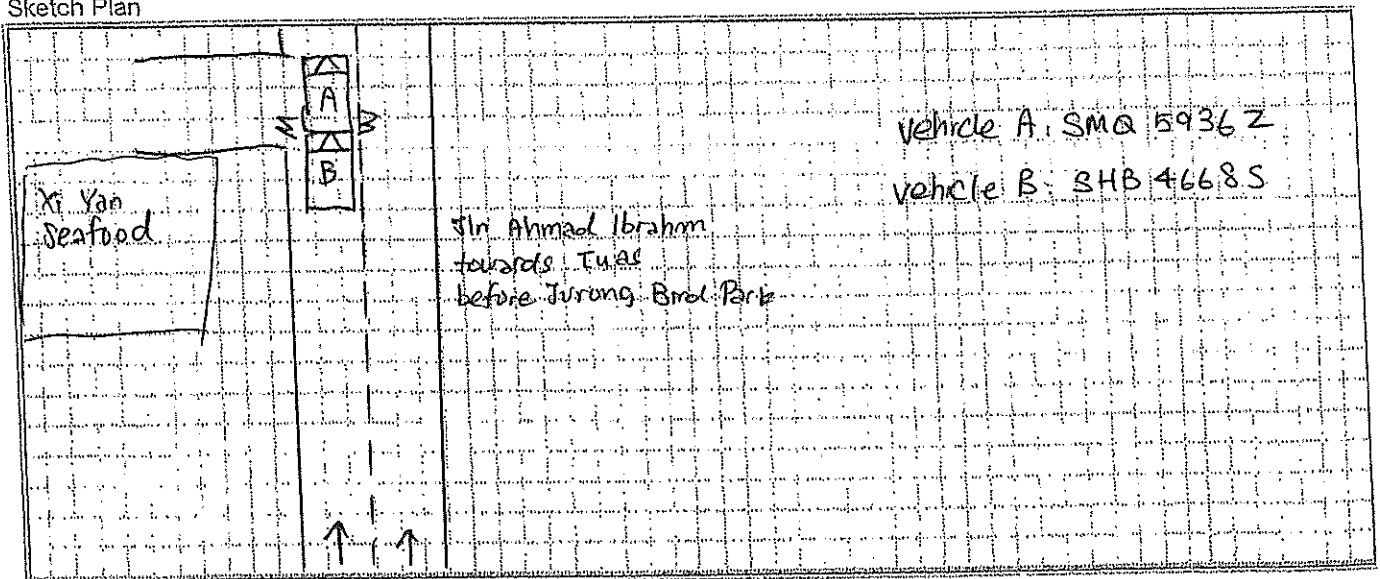
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


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)

Sketch Plan

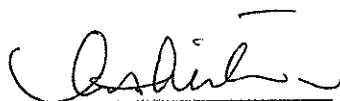

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Describe Circumstance of the Accident


As of above date and time, I was driving my vehicle (SMQ 59362) along Jln Ahmad Ibrahim towards Tuas on the left lane of a 2 lane Rd. Somewhere before Jurong Road Park, I slowed down my vehicle and out of a sudden, vehicle B (SHB 46683) collided into 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)