



**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:

**SLM 5890 D**

Your ref:

**GY 4750 C**

01 February 2023

**LONPAC INSURANCE BHD**

100 BEACH ROAD

#19-00 SHAW TOWER

SINGAPORE 189702

Attn: Motor Claims Department

**BY EMAIL mt\_claim@lonpac.com ONLY**

Dear Sir/Madam,

**DATE OF ACCIDENT : 01 Feb 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 **KANG HOCK HUAT, ROY** to notify you of a road traffic accident on **01 Feb 2023** at about **07:50 HRS** along **ADMIRALTY RD W TWDS ADMIRALTY RD B4 SEMBAWANG DR** our client's vehicle **SLM 5890 D & GY 4750 C** 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: SLM 5890 D	MAKE & MODEL BMW 216 D	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	01 / 02 / 2023	CC. 1-5
TIME OF ACCIDENT:	0750 HRS	
LOCATION OF ACCIDENT:	Admiralty Rd W towards Admiralty Rd before Sembawang Dr	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER:	Kang Heek Huat Roy	
TEL NO:	H/P: 9639 9676	OFFICE: HOME: 9126 5686
NRIC:	S7528801H	
ADDRESS:	Apt BIK 19 Hougang Avenue 3 #04-195 S 530019	
EMAIL:	ROY.KANG@REINHAUSEN.SG	
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO	
INSURANCE COMPANY:	Allianz	
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft	
POLICY NO:	SP2002965910 - 01	
NAME OF DRIVER:	AS ABOVE / IF NO:	
NRIC:	as above	ANY PASSENGER: N/A
DATE OF BIRTH:	19 / 09 / 1975	LICENCE PASSED DATE: 24 / 09 / 2001
OCCUPATION:	OUTDOOR / <input checked="" type="radio"/> INDOOR	
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE	
CONTACT NO:	H/P: as above	OFFICE: HOME:
ADDRESS:	as above	
EMAIL:	as above	
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Owner	
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:	<input checked="" type="radio"/> NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	GY 4750 C	ANY PASSENGERS: N/A
NAME OF DRIVER:	Koh Seok Huat	CONTACT NO: 9056 3743
VEHICLE C REG NO:	SMX 2801 L	ANY PASSENGERS: N/A
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 checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
ACCIDENT PORTION:	Front and Rear portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES <input checked="" type="radio"/> NO		
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:

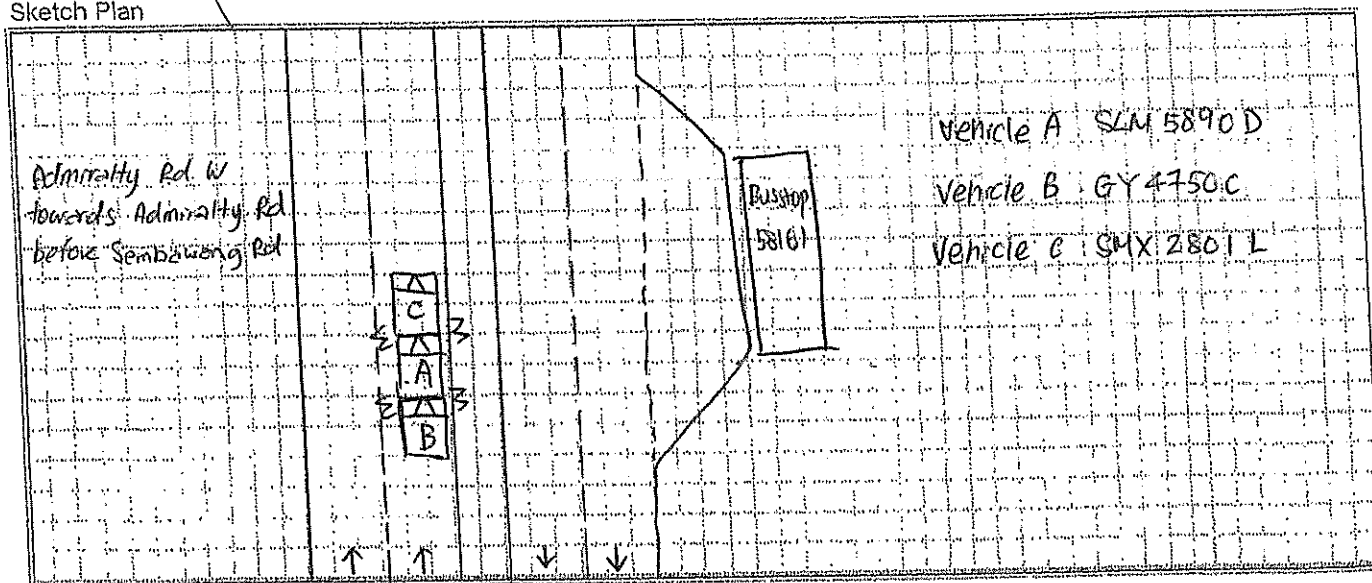
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

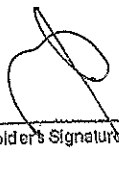



Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle  
(SLM 5890 D) along Admiralty Rd W towards Admiralty Rd before  
Sembawang Dr on the right lane of a 2 lane Rd.  
Vehicle C (SMX 2801 L) braked and I followed accordingly.  
Out of a sudden, vehicle B (GY 4750 C) collided into the rear  
portion of my vehicle. Due to the impact, my vehicle surged  
forward and lightly collided into vehicle C Rear portion

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)