

N-51 AUTOMOTIVE PTE LTD

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:

GBL 245 Z

Your ref:

SHA 464 U

14 March 2023

HSBC LIFE (SINGAPORE) PTE LTD

10 MARINA BOULEVARD #48-01

MARINA BAY FINANCIAL CENTRE TOWER 2

SINGAPORE 018983

Attn: Motor Claims Department

BY EMAIL mt.surv@mail.life.hsbc.com.sg ONLY

Dear Sir/Madam,

DATE OF ACCIDENT : 11 Mar 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 **PACIFIC CENTRAL TEKNIK PTE LTD** to notify you of a road traffic accident on **11 Mar 2023** at about **11:10 HRS** along **JLN AHMAD IBRAHIM TWDS AYE(MCE) B4 BENOI RD** our client's vehicle **GBL 245 Z & SHA 464 U** 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: GBL 245 Z	MAKE & MODEL Toyota Dyna	AUTO <input checked="" type="checkbox"/> (MANUAL)
DATE OF ACCIDENT	11 / 03 / 2023	CC. 2.8
TIME OF ACCIDENT:	1110 HRS	
LOCATION OF ACCIDENT:	Jalan Ahmad Ibrahim towards AYE (NCE) before Benci Rd	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	Pacific Central Teknik Pte Ltd	
TEL NO:	H/P: 9776 6221	OFFICE: HOME:
NRIC:	199507883 G	
ADDRESS:	27 Benci Pl, Singapore 629944	
EMAIL:	KUMWAH CHEONG @ Gmail. Com	
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES <input checked="" type="checkbox"/> NO	
INSURANCE COMPANY:	NTUC Income	
TYPE OF COVERAGE:	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	5121282661-02	
NAME OF DRIVER:	AS ABOVE / IF NO: Cheong Kum Wah	
NRIC:	81370334 E	ANY PASSENGER: 1 (1M)
DATE OF BIRTH:	13 / 09 / 1959	LICENCE PASSED DATE: 17 / 07 / 1985
OCCUPATION:	OUTDOOR / <input checked="" type="checkbox"/> INDOOR	
GENDER:	<input checked="" type="checkbox"/> MALE / FEMALE	
CONTACT NO:	H/P: 9828 3384	OFFICE: HOME:
ADDRESS:	Apt BIK 297C Choa Chu Kong Ave 2 #11-86 S 68 3297	
EMAIL :		
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO IF YES, REG NO:	INSURER:
RELATIONSHIP:	Employee	
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / WET / OTHER:	
ANY INJURIES:	NO / IF <input checked="" type="checkbox"/> YES WHO?	
NAME & CONTACT:	Cheong Kum Wah (9828 3384)	
NAME & CONTACT:	Mia Md Shaheen (8021 4320)	
POLICE REPORT:	NO / IF <input checked="" type="checkbox"/> YES WHERE? Choa Chu Kong NPC S 689286	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	SHA 464 U	ANY PASSENGERS: 5 (3F 2M)
NAME OF DRIVER:	Unknown	CONTACT NO: Unknown
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?	<input checked="" type="checkbox"/> YES / NO With Traffic Police	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO	
ACCIDENT PORTION:	Front Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES <input checked="" type="checkbox"/> 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 Authorised Driver.**
3. Information provided must be as **truthful and accurate as possible.** Any willful 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.



[Handwritten signature]

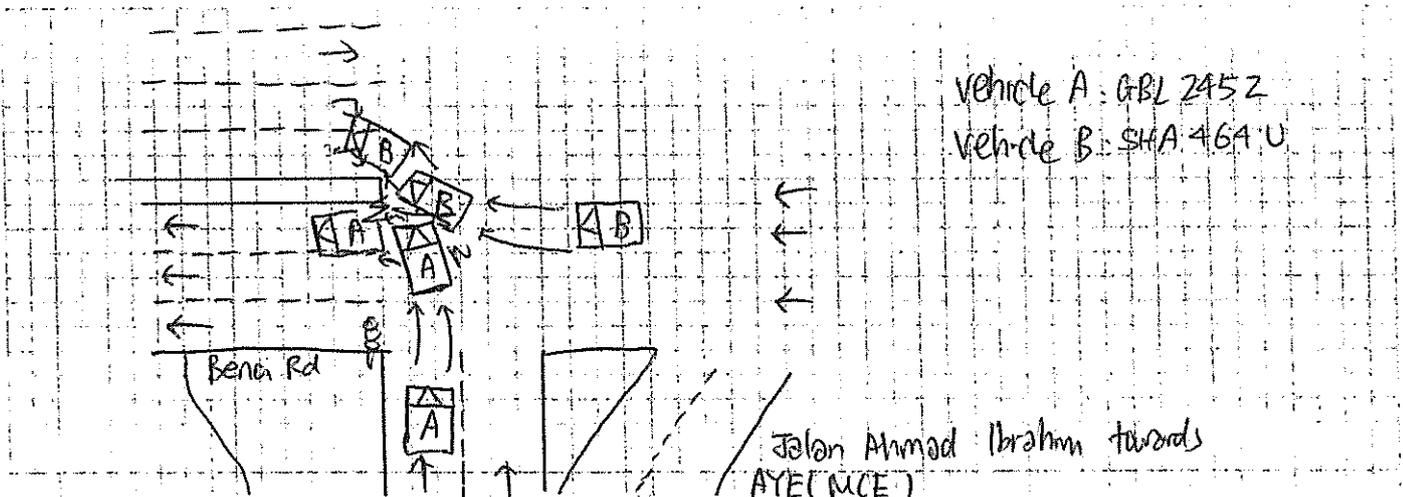
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



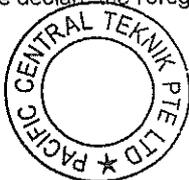
Describe Circumstances of the Accident

As per police Report

Report No: T/20230311/2071

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

Policyholder's Signature / Date & Time

[Handwritten signature]

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

Witnessed by Reporting Centre Personnel



Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	CHEONG KUM WAH	ID No.	S1370334E
Related Vehicle	GBL245Z (Lorry)	Contact No.	98283384
Hospital/Clinic	CCK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/03/2023	Date Discharge	11/03/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 11/03/2023 at around 1110hrs, I was driving my vehicle (GBL245Z) along Jln. Ahmad Ibrahim on the second lane heading towards AYE (MCE). As I approached the traffic light, the green light was on, so I proceeded as per normal. Suddenly a vehicle (SHA464U) appears from my right, and the front of my vehicle collided on the left passenger side of SHA464U.

An impact was felt, and my vehicle was damage at the front due to the collision.

Ambulance and Traffic Police (TP) were at the scene and TP officer seize one SD card from my in-car camera.

I am lodging this report as this accident causes injury.



**SINGAPORE
POLICE FORCE**



T/20230311/2071

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20230311/2071

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: J / SGT 2 NUR SYUHADA BINTE ROSLI 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SGT 3 INTAN WULANDARI BUDDY SANTOSO Contact No.: 65476415

Signature Of Informant: 
Date/Time: 11/03/2023 17:06
Classification Of Case: