

# 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:

**SMR 2414 C**

Your ref:

**SHB 6232 C**

30 March 2023

**HSBC LIFE (SINGAPORE) PTE LTD**

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

10 MARINA BOULEVARD #48-01

MARINA BAY FINANCIAL CENTRE TOWER 2

SINGAPORE 018983

Attn: Motor Claims Department

Dear Sir/Madam,

**DATE OF ACCIDENT : 30 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 **LIM SHEN** to notify you of a road

traffic accident on **30 Mar 2023** at about **11:05 HRS**

along **COLLEGE RD TWDS JLN BUKIT MERAH**

our client's vehicle **SMR 2414 C & SHB 6232 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,



.....  
**Twincar Automotive Pte Ltd**

|  |  |                                 |          |
|--|--|---------------------------------|----------|
| VEHICLE NO:  | SMP 2414C  |                                 |          |
| DATE OF ACCIDENT   | 30/03/23   |                                 |          |
| TIME OF ACCIDENT:  | 11:05 HRS  |                                 |          |
| LOCATION OF ACCIDENT:  | College rd twds Jalan Bukit Merah                      |                                 |          |
| EXACT PURPOSE USE DURING ACCIDENT:   | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE                |                                 |          |
| NAME OF OWNER:   | Lim Shen   |                                 |          |
| TEL NO:  | H/P: 9117 7007   | OFFICE:                         | HOME:    |
| NRIC:  | S1523379F  |                                 |          |
| ADDRESS:   | 483 Admiralty Link #12-35 (S) 750483                   |                                 |          |
| EMAIL:   | LIN SHEN 1861 @ yahoo.com                              |                                 |          |
| CLAIM TYPE:  | OD / THIRD PARTY / REPORTING ONLY                      |                                 |          |
| FLEET POLICY:  | YES / NO   |                                 |          |
| INSURANCE COMPANY:   | China Taiping  |                                 |          |
| TYPE OF COVERAGE:  | Comprehensive / Third Party / Third Party Fire & Theft |                                 |          |
| POLICY NO:   | DMHCSNA00024092202                                     |                                 |          |
| NAME OF DRIVER:  | AS ABOVE / IF NO:                                      |                                 |          |
| NRIC:  | As above   |                                 |          |
| DATE OF BIRTH:   | 17/08/1962   | ANY PASSENGER: N.A.             |          |
| OCCUPATION:  | OUTDOOR / INDOOR                                       | LICENCE PASSED DATE: 22/09/1980 |          |
| GENDER:  | MALE / FEMALE  |                                 |          |
| CONTACT NO:  | H/P: AS above  | OFFICE:                         | HOME:    |
| ADDRESS:   | As above   |                                 |          |
| EMAIL:   | As above   |                                 |          |
| DOES DRIVER OWNED ANY VEHICLE:   | NO / IF YES, REG NO:                                   |                                 |          |
| RELATIONSHIP:  | owner  |                                 |          |
| WEATHER CONDITION:   | CLEAR / RAINING / OTHERS:                              |                                 |          |
| ROAD SURFACE:  | DRY / WET / OTHER:                                     |                                 |          |
| ANY INJURIES:  | NO / IF YES, WHO?                                      |                                 |          |
| NAME & CONTACT:  | Lin Shen, 9117 7007                                    |                                 |          |
| NAME & CONTACT:  |  |                                 |          |
| POLICE REPORT:   | NO / IF YES, WHERE?                                    |                                 |          |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | NO / IF YES, WHO?                                      |                                 |          |
| VEHICLE B REG NO:  | SHB6232C   |                                 |          |
| NAME OF DRIVER:  | SHB Mr Sim   | ANY PASSENGERS: N.A             |          |
| VEHICLE C REG NO:  | CONTACT NO: 9753 8736                                  |                                 |          |
| 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 / NO   |                                 |          |
| WAS THERE ANY AUDIO RECORDED?  | YES / NO   |                                 |          |
| ACCIDENT SCENE PHOTOS TAKEN?   | YES / NO   |                                 |          |
| ACCIDENT PORTION:  | Rear portion   |                                 |          |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? |  |                                 |          |
|  |  |                                 | YES / NO |
| WORKSHOP PARTICULAR:   | TwinCar Automotive Pte Ltd                             |                                 |          |
| CONTACT NO:  | 68420051 / 67440510                                    |                                 |          |
| CONTACT PERSON:  | Mr Mng.  |                                 |          |
| FAX NO:  | 67410510   |                                 |          |
| WORKSHOP EMAIL:  | sales@n51.com.sg                                       |                                 |          |

## SKETCH PLAN

### IMPORTANT NOTICE

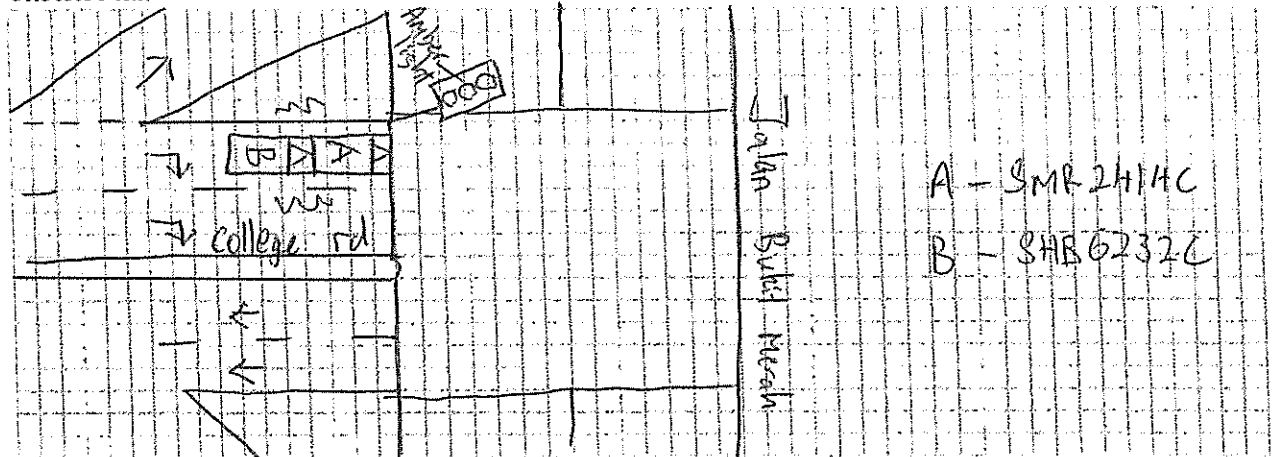
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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






**Describe Circumstances of the Accident**


As per above date and time, I was driving SMR 2414C along college rd on the extreme left lane. Somewhere around T-Junction of Jalan Bukit Meral rd, traffic light turned Amber. As such, I applied brake and stopped accordingly. Out of sudden, I felt an impact from the rear. I alighted and discovered Veh (B) SHB 6737C front portion collided onto my vehicle rear portion.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

y   
Policyholder's Signature / Date & Time

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

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