

# 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:

**SNH 8665 X**

Your ref:

**SLM 7424 D**

18 April 2023

**ALLIANZ INSURANCE SINGAPORE PTE LTD**

BY EMAIL claims@allianz.com.sg ONLY

79 ROBINSON ROAD

#09-01

SINGAPORE 068897

Attn: Motor Claims Department

Dear Sir/Madam,

**DATE OF ACCIDENT : 18 Apr 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 **ZHU XUEJIAO** to notify you of a road traffic accident on **18 Apr 2023** at about **05:00 HOURS**

along **119 SENNETT AVE RD SIDE**

our client's vehicle **SNH 8665 X & SLM 7424 D** 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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**Twincar Automotive Pte Ltd**

VEHICLE NO:	SNH 8665 X	MAKE & MODEL:	Mercedes S450	AUTO / MANUAL
DATE OF ACCIDENT:	18 / 04 / 2023	CC:	4-0	
TIME OF ACCIDENT:	0500 HRS			
LOCATION OF ACCIDENT:	119 Sennett Ave Road Side			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Zhu Xue Jiao			
TEL NO:	H/P: 8319 0417	OFFICE:		HOME:
NRIC:	G4029700L			
ADDRESS:	Ubi techpark, 10 Ubi Crescent #04-50			S.408564
EMAIL:	ZHU XUE JIAO 2005@gmail.com			
CLAIM TYPE:	OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY:	YES / <u>NO</u>			
INSURANCE COMPANY:	Aviva			
TYPE OF COVERAGE:	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO:	11412931			
NAME OF DRIVER:	<u>AS ABOVE</u> / IF NO:			
NRIC:	as above	ANY PASSENGER:	N/A	
DATE OF BIRTH:	31 / 12 / 1986	LICENCE PASSED DATE:	07 / 03 / 2014	
OCCUPATION:	OUTDOOR / <u>INDOOR</u>			
GENDER:	<u>MALE</u> FEMALE			
CONTACT NO:	H/P: as above	OFFICE:		HOME:
ADDRESS:	as above			
EMAIL:	as above			
DOES DRIVER OWNED ANY VEHICLE:	<u>NO</u> / IF YES, REG NO:			INSURER:
RELATIONSHIP:	Owner			
WEATHER CONDITION:	<u>CLEAR</u> / RAINING / OTHERS:			
ROAD SURFACE:	<u>DRY</u> / WET / OTHER:			
ANY INJURIES:	<u>NO</u> / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	<u>NO</u> / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES, WHO?			
VEHICLE B REG NO:	SLM 7424 D	ANY PASSENGERS:	N/A	
NAME OF DRIVER:	Ba lihm	CONTACT NO:	8247 4747	
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 / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>			
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES</u> / NO			
ACCIDENT PORTION:	Left Rear Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <u>NO</u>		
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Steve			
FAX NO:	67430510			
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/dan 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.

*Zhu Xuejiao*

Policyholder's Signature / Date & Time

*Zhu Xuejiao*

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

Vehicle A: SNH 8665 X

Vehicle B: SLM 7424 D

119 SPANGH AVENUE

Sketch Plan diagram showing a grid with a central intersection. A box labeled '119 SPANGH AVENUE' is on the left. A box labeled 'M A' is in the center. A box labeled 'B' is below the center. A box labeled 'N' is to the right of the center. A box labeled 'A' is above the center. A box labeled 'V' is below the center. A box labeled 'U' is to the right of the center. A box labeled 'D' is above the center. A box labeled 'X' is below the center.

Describe Circumstance of the Accident

As of above date and time, my vehicle (SNH 8665X) was parked

along the Road Side in front of 119 Sennett Avenue.

I was informed that vehicle B (SLM 7424D) collided into

the left Rear Portion of my vehicle. I came out and

exchanged Particulars with vehicle B Driver and took the photo

of the Accident.

Declaration

I/We declare the foregoing particulars are true in every respect.

zhuxuejiao

Policyholder's Signature / Date & Time

zhuxuejiao

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)