

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: **SJM 9954 B**

Your ref: **SBS 6467 Z**

08 May 2023

MS FIRST CAPITAL INSURANCE LIMITED

BY EMAIL MotorClaims@msfirstcapital.com.sg ONLY

6 RAFFLES QUAY

#21-00

SINGAPORE 048580

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 04 May 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 **WINNIE SNG AI KIANG** to notify you of a road traffic accident on **04 May 2023** at about **11:30 HOURS** along **TAMPINES AVE 4**

our client's vehicle **SJM 9954 B & SBS 6467 Z** 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



SINGAPORE ACCIDENT STATEMENT

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 Police for investigation.
6. This 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.

ACCIDENT STATEMENT

Date of Submission	04/05/2023 17:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/05/2023 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJM9954B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WINNIE SNG AI KIANG
NRIC No	SXXXX642D
Email Address	WINSNG63@GMAIL.COM
Mobile Phone No	(Phone) +65-98504048
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1317

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5115585393-03

DRIVER

Name of Driver	WINNIE SNG AI KIANG
NRIC No	SXXXX642D
Date Of Birth	05/01/1963
Occupation	Outdoor

Date Of Driving Pass	17/12/2002
Driving experience	20 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98504048
Alt. Phone Number	-
Email Address	WINSNG63@GMAIL.COM
Address	APT BLK 310B PUNGGOL WALK
Address complement	#02-566
Postcode	822310
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.: G/20230504/7094.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6467Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LEE YI HANG
Passport No/FIN	MXXXX685J
Contact Number	(Phone) +65-93494115
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WINNIE SNG AI KIANG
Gender	Female
Phone No	(Phone) +65-98504048
Address	APT BLK 310B PUNGGOL WALK
Address Complement	#02-566
Post Code	822310
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM9954B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

Sketch Plan

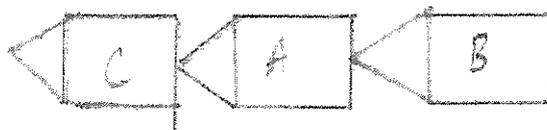
4/5/23

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

4.55pm


 Witnessed by Reporting Centre Personnel

A: SJM 27645
 B: SRSG467Z
 C: UICP00W
 (282 411)



Describe Circumstances of the Accident

Refer to Police Report No G/20230504/10014

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time
21/4/23 11:50 AM

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

[Signature]
Witnessed by Reporting Centre Personnel



Due to the accident my boot glass shattered and also my front bonnet was affected (unsure about other parts of the car)

Police was called to the scene and the officer mentioned that report was not necessary as ambulance was not called as i wanted to seek medical help own my own. I felt numbness on my right arm and felt giddy.

I went to A&E Parkway East Hospital for medical attention and XRAY was required. Doctor gave me MC and Medication. Doctor mentioned that a review is required if condition is not recovered.

Subjects Involved			
Suspect			
Person Name	LEE YI HANG		
ID Type	FIN NO	ID No	M3199685J
Gender	Male	Age	25-25
Race	Chinese	Language	Chinese
Occupation	Bus driver	Relation To Informant	BUS DRIVER
Victim			
Person Name	WINNIE SNG AI KIANG		
ID Type	NRIC NO	ID No	S1622642D
Gender	Female	Age	60
Race	Chinese	Language	English

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2023 16:35
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230504/7094

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230504/7094

Occupation	Medical and pharmaceutical products sales professional	Address	310B PUNGGOL WALK #02-566 SINGAPORE 822310
Mobile No	98504048	Is Informant A Victim?	Yes
Person Name	WINNIE SNG AI KIANG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/05/2023 16:35
Officer In-Charge Of Case:	Classification Of Case: