

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:

SKH 9698 E

Your ref:

GBF 1233 H

16 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 : 16 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 **AIRPORT ROAD TOWARDS RSAF AFTER BARTLEY ROAD EXIT** to notify you of a road traffic accident on **16 May 2023** at about **19:02 HOURS** along **AIRPORT ROAD TWDS RSAF AFTER BARTLEY ROAD EXIT** our client's vehicle **SKH 9698 E & GBF 1233 H** 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: SKH 9698 E	MAKE & MODEL: BMW 316 I	(AUTO) / MANUAL
DATE OF ACCIDENT:	16 / 05 / 2023.	CC: 1.6
TIME OF ACCIDENT:	1902 HRS	
LOCATION OF ACCIDENT:	Airport Rd towards RSAF After Bartley Rd East	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	Kaleo Enterprises Pte Ltd	
TEL NO:	H/P: 9678 4504	OFFICE: HOME:
NRIC:	20226089K	
ADDRESS:	33 Ubi Avenue 3, vertex Building tower B 05-12 S408868	
EMAIL:	DANNY@KALEOENTERPRISES.COM	
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	YES (NO)?	
INSURANCE COMPANY:	Income	
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO:	5135189404	
NAME OF DRIVER:	AS ABOVE / IF NO: Leong Yew Hung, Danny	
NRIC:	S79156 23Z	ANY PASSENGER: N/A
DATE OF BIRTH:	03 / 06 / 1979	LICENCE PASSED DATE: 06 / 10 / 2017
OCCUPATION:	OUTDOOR / (INDOOR)	
GENDER:	(MALE) / FEMALE	
CONTACT NO:	H/P: as above	OFFICE: HOME:
ADDRESS:	Apt B1K 665C Punggol Drive #07-536 S 823665	
EMAIL:	as above	
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO: INSURER:	
RELATIONSHIP:	Self-Employed	
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:	
ROAD SURFACE:	(DRY) / WET / OTHER:	
ANY INJURIES:	NO / IF (YES) WHO?	
NAME & CONTACT:	Leong Yew Hung, Danny (9678 4504)	
NAME & CONTACT:		
POLICE REPORT:	(NO) / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?	
VEHICLE B REG NO:	GBF 1233 H	ANY PASSENGERS: 2 (2M)
NAME OF DRIVER:	Koh Chin Ren, Ryan	CONTACT NO: 9029 9909
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) / NO	
WAS THERE ANY AUDIO RECORDED?	YES / (NO)	
ACCIDENT SCENE PHOTOS TAKEN?	YES / (NO)	
ACCIDENT PORTION:	left front Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES (NO)	
WORKSHOP PARTICULAR:	Turncar Automotive Pte Ltd	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	Steve 8821 5151	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	

Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle
(SKH 9698E) along Airport Rd towards RSAF on the
right lane of 2 & 3 lane Rd. After Bartley Rd East,
I was driving straight & suddenly, vehicle B (GBF 1233H)
filtered out from my left (Lane 2) and collided into
my vehicle left front portion.

Video footage Attached.

Declaration

I hereby 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)

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.



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

