

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:

SMH 7836 M

Your ref:

SJP 4751 L

22 May 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 : 21 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 **TWINCAR LEASING PTE LTD** to notify you of a road traffic accident on **21 May 2023** at about **15:10 HOURS**

along **PIE TOWARDS CHANGI BEFORE KIM KEAT LINK**

our client's vehicle **SMH 7836 M & SJP 4751 L** 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



VEHICLE NO:	SMH 7836 M	MAKE & MODEL:	Honda Shuttle Hybrid	AUTO / MANUAL
DATE OF ACCIDENT:	21 / 05 / 2023	CC:	1.5	
TIME OF ACCIDENT:	1510 HRS			
LOCATION OF ACCIDENT:	PIE towards Changi Before km kept Link			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE (PRIVATE HIRE)			
NAME OF OWNER:	TwinCar Leasing Pte Ltd			
TEL NO:	H/P: 8380 2233	OFFICE:		HOME:
NRIC:	201533046C			
ADDRESS:	2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub S417921			
EMAIL:	TWINCAR.RENTAL@NSI.COM.SG			
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY			
FLEET POLICY:	YES / (NO)?			
INSURANCE COMPANY:	Allianz			
TYPE OF COVERAGE:	Comprehensive / (Third Party) / Third Party Fire & Theft			
POLICY NO:	SP2003159196			
NAME OF DRIVER:	AS ABOVE / IF NO: Ya 'acob Bin Wakam			
NRIC:	S2002180B	ANY PASSENGER:	2 (2F)	
DATE OF BIRTH:	12 / 02 / 1954	LICENCE PASSED DATE:	01 / 09 / 1980	
OCCUPATION:	(OUTDOOR) / INDOOR			
GENDER:	(MALE) / FEMALE			
CONTACT NO:	H/P: 9142 6464	OFFICE:		HOME:
ADDRESS:	Apt Blk 773 Bedok Reservoir View #13-135 S470773			
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	(NO) / IF YES, REG NO: INSURER:			
RELATIONSHIP:	Hirer			
WEATHER CONDITION:	CLEAR / RAINING / (OTHERS): Drizzling			
ROAD SURFACE:	DRY / (WET) / OTHER:			
ANY INJURIES:	NO / IF (YES) WHO?			
NAME & CONTACT:	Ya 'acob Bin Wakam (9142 6464)			
NAME & CONTACT:	Hamidah Bte Salam (8218 0448) Nur Rashidah Bte Ya 'acob (9321 3757)			
POLICE REPORT:	(NO) / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?			
VEHICLE B REG NO:	SJP 4751 L	ANY PASSENGERS:	Unknown	
NAME OF DRIVER:	Unknown	CONTACT NO:	Unknown	
VEHICLE C REG NO:	STN 3621 X	ANY PASSENGERS:		
VEHICLE D REG NO:	SFM 1630 K	ANY PASSENGERS:		
VEHICLE E REG NO:	GBG 2382 Z	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 (b) / offering accident claims assistance?	YES / (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]

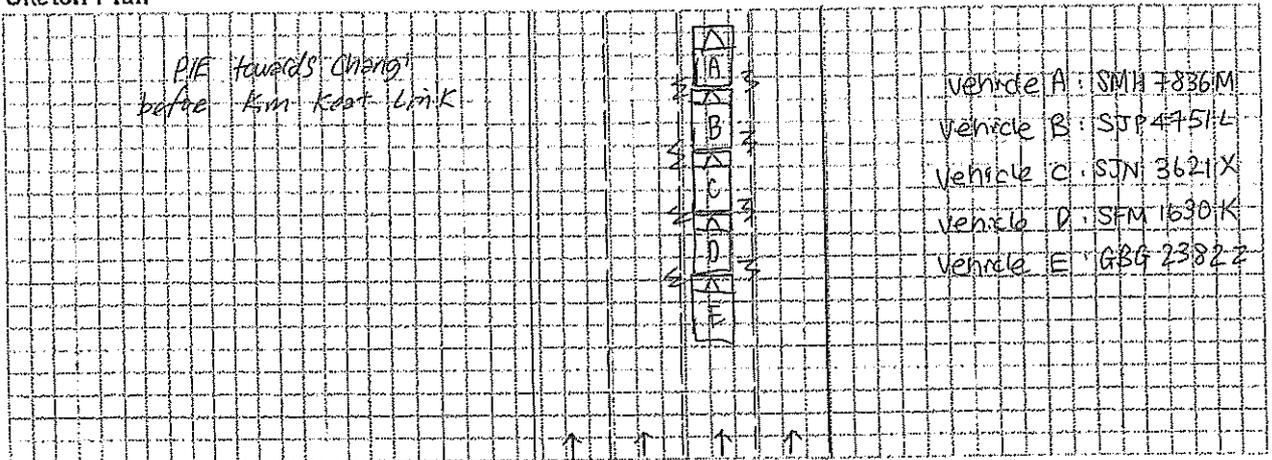
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle

(SMH 7836M) along PIE towards Changi on Lane 2 of

a 4 lane expressway. Somewhere before Kim Keat Lnk, The vehicle

ahead of my vehicle slowed down and stopped. I followed

accordingly. Out of a sudden, vehicle B (SJP 4751L) collided

into the rear portion of my vehicle. I alighted &

discovered I was involved in a 5 car chain collision

including vehicle C (SJN 3621X), vehicle D (SFM 1630K)

& vehicle E (G8G 2382Z).

Declaration

I/We 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)