

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: **SNE 7293 H**

Your ref: **SMX 623 Y**

08 June 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 : 07 June 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 **TAN SHENG KANG DAWN** to notify you of a road traffic accident on **07 June 2023** at about **18:30 HOURS** along **EUNOS AVE 5 (GEYLANG EAST CENTRAL) ONTO PAYA LEBAR RD JUNC** our client's vehicle **SNE 7293 H & SMX 623 Y** 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:	SWE 7293H	MAKE & MODEL:	Bmw 330i	AUTO / MANUAL	
DATE OF ACCIDENT:	07/06/23			CC:	2.0
TIME OF ACCIDENT:	1830	HRS			
LOCATION OF ACCIDENT:	Kunos Ave 5 (Geylang East Central) onto Paya Lebar rd Junction				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE				
NAME OF OWNER:	Dawn Tan Sheng Kang				
TEL NO:	H/P: 9199 7234	OFFICE:		HOME:	
NRIC:	S9501922F				
ADDRESS:	851 Tampines Str 83 #12-196 (S) 520851				
EMAIL:	DAWN95 DAWN TAN 95 @ gmail.com				
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY				
FLEET POLICY:	YES / NO?				
INSURANCE COMPANY:	Sunpo				
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO:	D22MTPV 01007718				
NAME OF DRIVER:	AS ABOVE / IF NO:				
NRIC:	As above				
DATE OF BIRTH:	16/01/1995	ANY PASSENGER:	(1F)		
OCCUPATION:	OUTDOOR / INDOOR	LICENCE PASSED DATE:	04/02/2016		
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:	Dawn Tan Sheng Kang, 9199 7234				
NAME & CONTACT:	Cheryl Tay Shi Min, 9235 6801				
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SMX 6234	ANY PASSENGERS:	N/A		
NAME OF DRIVER:	Mohamed Fairas Bin	CONTACT NO:	9093 3171		
VEHICLE C REG NO:	Mohamed Ak	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:					
WAS THERE ANY VIDEO CAPTURE?	YES / NO				
WAS THERE ANY AUDIO RECORDED?	YES / NO				
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO				
ACCIDENT PORTION:	Right rear portion				
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO				
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd				
CONTACT NO:	68420051 / 67440510				
CONTACT PERSON:	Jun Ming				
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

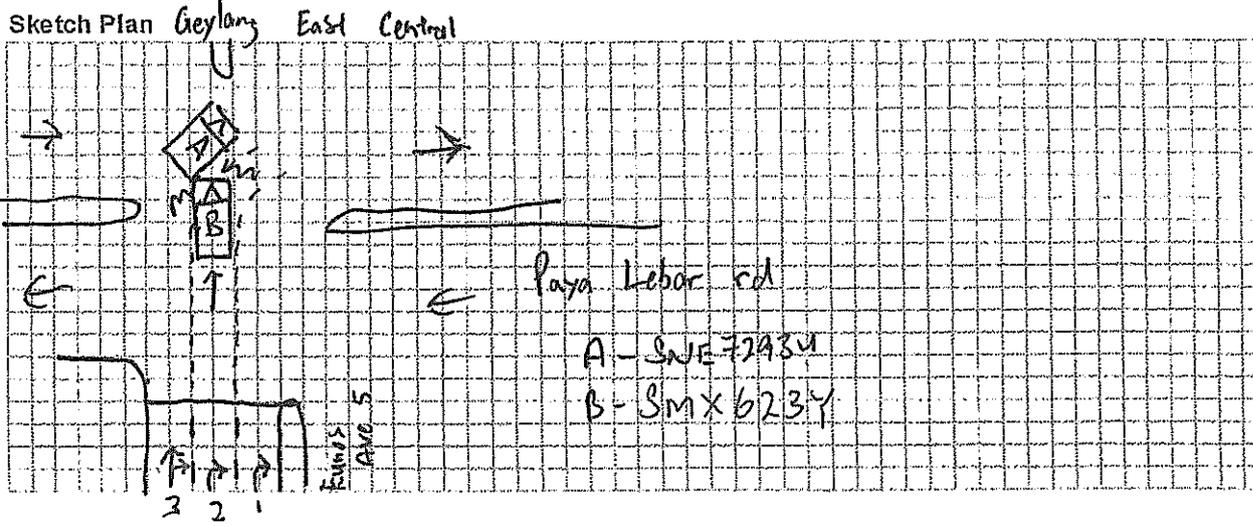
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Handwritten signatures]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



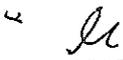
Describe Circumstance of the Accident

As per above date and time, I was driving SNE 7293U along Eunus Ave 5 on the extreme left lane towards Greylang East central. I made a right turn from Eunus Ave 5 onto Puya Lobar rd (P2E). Veh(B) SMX 623Y that was traveling on lane 2 from Eunus Ave 5 drove straight instead of making a right turn because the lane Veh(B) was on supposed to right turn only with the right turn arrow marking. As a result, Veh(B) front portion collided onto my vehicle right rear portion.

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)