## 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

BY EMAIL mt.surv@mail.life.hsbc.com.sg ONLY

Our Ref:

SLU 5157 X

Your ref:

SHC 2548 M

12 June 2023

# **HSBC LIFE (SINGAPORE) PTE LTD**

10 MARINA BOULEVARD #48-01 MARINA BAY FINANCIAL CENTRE TOWER 2 SINGAPORE 018983 Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT: 10 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 **TWINCAR LEASING PTE LTD** to notify you of a road traffic accident on **10 June 2023** at about **14:50 HOURS** along **BRADDELL RD TWDS SLIP RD INTO CTE TWDS AYE** our client's vehicle **SLU 5157 X & SHC 2548 M** 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: SLU 5/57 X	MAKE & MODEL: Horda Vezel OUTO/MANUAL								
DATE OF ACCIDENT:	10 / 06 / 2023 CC: 1.5								
TIME OF ACCIDENT:	1450 HRS								
LOCATION OF ACCIDENT:	Braddell Rd towards Slip Rd into CTE towards AYE								
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 S 417921								
EMAIL:	TWINCAL . RENTAL @NSI. COM. SG								
CLAIM TYPE:	OD / CHIRD PARTY / REPORTING ONLY								
FLEET POLICY:	YES NO?								
INSURANCE COMPANY:	Alkanz								
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft								
POLICY NO:	SP2003159196								
NAME OF DRIVER:	AS ABOVE / IF NO: Anthony Norman Joshya								
NRIC:	S7501039G ANY PASSENGER:								
DATE OF BIRTH:	09 / 01 / 1975 LICENCE PASSED DATE: 24 / 10 / 2008								
OCCUPATION:	OUTDOOD / INDOOR								
GENDER:	MALD/ FEMALE								
CONTACT NO:	H/P: 9 858 7551 OFFICE: HOME:								
ADDRESS:	Apt BIK 102 Bishan Street 12 #07-280 S 570102								
EMAIL:	The first diversity in the second sec								
DOES DRIVER OWNED ANY VEHICLE:	NO IF YES, REG NO: INSURER:								
RELATIONSHIP:	Hirer								
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:								
ROAD SURFACE:	DRY / WET / OTHER:								
	NO)/ IF YES, WHO?								
ANY INJURIES:	(NO)/ IF TES, WHO!								
NAME & CONTACT:									
NAME & CONTACT:									
POLICE REPORT:	NO / IF YES, WHERE?								
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?								
VEHICLE B REG NO:	SHC 2548 M ANY PASSENGERS: UNKnown								
NAME OF DRIVER:	HOO Ping Vincent CONTACT NO: 9765 7707								
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?	YÉS)/ NO								
WAS THERE ANY AUDIO RECORDED?	YES /(NO)								
ACCIDENT SCENE PHOTOS TAKEN?	YES)/ NO								
ACCIDENT PORTION:	left Portion								
Have you been approach by unknown person soliciting									
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ud								
CONTACT NO:	68420051 / 67440510								
CONTACT PERSON:	Steve 8821 5151								
FAX NO:	67410510								
WORKSHOP EMAIL:	sales@n51.com.sg								

Describe Ci			ocident OSK	and	tine	, 1	was	drte	ing_	my_	vehrcle	
( 824	515 <del>1</del>	x )	along	Bradell	Pd	Slip	Rol	-into	CTE	swot.	rds AYE	
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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 & Tifbe

Witnessed by Reporting Centre Personnet (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 Actual Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. 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/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.

Policy policers alignance / Date & Time

Policyholders signaphe / Date & Time

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

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

#### Sketch Plan

