

# 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:

**SLL 4694 R**

Your ref:

**SGP 6275 S**

14 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 : 13 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 **TOH BEE LENG** to notify you of a road traffic accident on **13 June 2023** at about **18:25 HOURS** along **KJE TWDS PIE B4 CHOA CHU KANG DRIVE** our client's vehicle **SLL 4694 R & SGP 6275 S** 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**



**bizSAFE**

## GIA ACCIDENT REPORT

## ACCIDENT DETAILS

Are you claiming under your own insurance policy for repairs to your vehicle?

☐ Yes - Claiming Own Insurance☒ No - Claiming Third Party☐ No - Reporting Only

Date: 13/06/2023	Time: 1825hrs	Location: KJE towards PIE before Choa Chu Kang Drive
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Type of Accident: Head to Rear	In-Car Camera Footage Available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## VEHICLE DETAILS

## Own Vehicle

Vehicle Registration No:

SLL 4694R

Vehicle Category:

- ☒ Private car    ☐ Bus    ☐ Tanker  
☐ Commercial vehicle    ☐ Motorcycle    ☐ Government  
☐ Taxi    ☐ Goods vehicle    ☐ Mobile equipment  
☐ Private hire    ☐ Motor trade

Vehicle Manufacturer:

Mazda

Vehicle Model:

5

Transmission:

☐ Manual ☒ Auto

CC:

Exact purpose for which vehicle was being used at the time of accident.

☐ Private Hire    ☐ Employment    ☒ Private Use

Number of passengers (including driver):

N/A

Passenger name:

N/A

Passenger gender:

☐ M ☐ F

N/A

## Third Party Vehicle or Property

Vehicle Registration No:

SGP 6275 S

Vehicle Category:

- ☒ Private car    ☐ Bus    ☐ Tanker  
☐ Commercial vehicle    ☐ Motorcycle    ☐ Government  
☐ Taxi    ☐ Goods vehicle    ☐ Mobile equipment  
☐ Private hire    ☐ Motor trade

Vehicle Manufacturer:

Mercedes Benz

Vehicle Model:

Transmission:

☐ Manual ☒ Auto

CC:

Exact purpose for which vehicle was being used at the time of accident.

☐ Private Hire    ☐ Employment    ☒ Private Use

Number of passengers (including driver):

unknown. 1M alighted

Passenger name:

Passenger gender:

☐ M ☐ F

## INSURANCE DETAILS

## Own Vehicle Insurance Policy

Handling Insurer:

Direct Asia

Coverage Type:

☐ ACT    ☒ C    ☐ TPO    ☐ TPFT  
 Fleet Policy: ☐ Yes ☒ No    Policy/Cover Note Number:

Registered Owner Name:

Toh Bee Leng

ID Type:

☐ Company Registration No.    ☐ Passport No./FIN  
☒ NRIC No.    ☐ Work Permit No.

Registered Owner ID:

S7603600D

Owner Address:

Apt 81K 545 Choa Chu Kang street 52  
#09-02 S 680545

Owner Email:

Owner Mobile No:

9746 2506

Alternate Phone No. Type:

☐ Home    ☐ Office  
☐ Others:

Alternate Phone No.:

-

## Third Party Vehicle Insurance Policy

Handling Insurer:

Coverage Type:

☐ ACT    ☐ C    ☐ TPO    ☐ TPFT  
 Fleet Policy: ☐ Yes ☐ No    Policy/Cover Note Number:

Registered Owner Name:

ID Type:

☐ Company Registration No.    ☐ Passport No./FIN  
☐ NRIC No.    ☐ Work Permit No.

Registered Owner ID:

Owner Address:

Owner Email:

Owner Mobile No.:

Alternate Phone No. Type:

☐ Home    ☐ Office  
☐ Others:

Alternate Phone No.:

## GIA ACCIDENT REPORT

## DRIVER DETAILS

## Own Vehicle Driver Information

Is the driver the policyholder? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Name of driver: <b>as above</b>	
Driver ID Type: <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN	Driver ID: <b>as above</b>
Driver Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Driver Date of Birth: <b>06/02/1976</b>
Driving Pass Date: <b>01/02/1999</b>	
Driver Address: <b>as above</b>	
Driver Email: <b>as above</b>	
Driver Mobile No.: <b>as above</b>	
Driver Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Does driver own other vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver/Owner Relationship: <b>Owner</b>
Vehicle Registration No: <b>SLL 4694 R</b>	Handling Insurer: <b>Direct Asia</b>

## Third Party Vehicle Driver Information

Is the driver the policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>unsure</b>	
Name of driver: <b>Ellessa Gong Xin Ting</b>	
Driver ID Type: <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN	Driver ID: <b>T0014851 I</b>
Driver Gender: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Driver Date of Birth: <b>09/05/2000</b>
Driving Pass Date:	
Driver Address:	
Driver Email:	
Driver Mobile No.: <b>8180 2430</b>	
Driver Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Does driver own other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver/Owner Relationship:
Vehicle Registration No: <b>SQP 6275 S</b>	Handling Insurer:

## INJURY DETAILS

Was anybody injured in the accident?

☐ Yes ☒ No

Name, Address, Approximate Age:	Gender:	Vehicle No:	Nature of Injury:	Seatbelt?	Ambulance?
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## WITNESS DETAILS

Was there any witnesses?

☐ Yes ☒ No

Witness name:	Witness phone:	Witness email:

## OTHERS

Number of vehicles involved in the accident (including own vehicle):

Name, Address of Driver	Gender:	Vehicle No:	Contact No:	Driver ID:	Insurer:
<b>Toh Bee Leng</b>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	<b>SLL 4694 R</b>	<b>9746 2506</b>	<b>S7603600D</b>	<b>Direct Asia</b>
<b>Ellessa Gong Xin Ting</b>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	<b>SQP 6275 S</b>	<b>8180 2430</b>	<b>T0014851 I</b>	
	<input type="checkbox"/> M <input type="checkbox"/> F				
Weather Condition: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____		Road Surface: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others: _____			
Was the accident reported to the police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Police Station: _____		Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Against Whom: _____			
Was any foreign vehicle involved in accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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

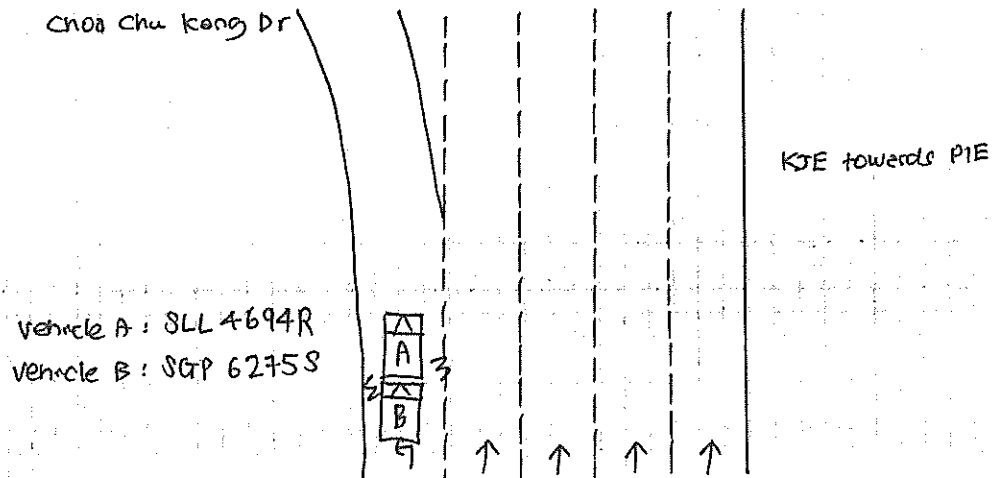
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



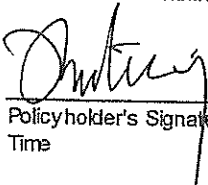
Describe Circumstances of the Accident

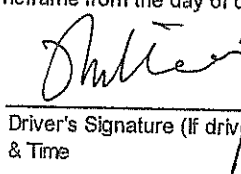
As of above date and time, I was driving my vehicle (SLL 4694R) along KJE towards PIE exiting into Choa Chu Kang or on the left lane of a 4 lane expressway. The traffic was slow and there were occasionally stops. The vehicle ahead of my vehicle braked and I followed accordingly. Out of a sudden, vehicle B (SGP 62755) collided into the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel