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:

SKX 2355 G

Your ref:

SMD 5191 Z

01 July 2023

AUTO & GENERAL INSURANCE (S) PTE LTD BY EMAIL claims@budgetdirect.com.sg ONLY

SINGAPORE SHOPPING CENTRE 190 CLEMENCEAU AVENUE #03-01 SINGAPORE 239924

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT: 30 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 LIM CHEE HUAT to notify you of a road traffic accident on 30 June 2023 at about 13:20 HOURS along AIRPORT RD TWDS KPE B4 EUNOS LINK our client's vehicle SKX 2355 G & SMD 5191 Z 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: SKX 2355 G	MAKE & MODEL: MOZO 6 AUTO/MANUAL
DATE OF ACCIDENT:	30 / 06 / 2023 CC: 2.0
TIME OF ACCIDENT:	1320 HRS
LOCATION OF ACCIDENT:	Airport Rd townids KPE befor finns Link
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / RRIVATE USE / PRIVATE HIRE
The second secon	
NAME OF OWNER:	Lim Chee Hudd H/P: 9819 3859 OFFICE: HOME:
TEL NO:	
NRIC:	S1468 646J
ADDRESS:	APT BIK 443 Hougang Are 8 # 08-1583 S 530443
EMAIL:	BENSON_ SG @ HOIMAIL . COM
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES (NO)?
INSURANCE COMPANY:	AIG
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO:	2100445867-07
NAME OF DRIVER:	AS ABOVE / IFNO: Lim Kang Ching, Benjon
NRIC:	S 8915272J ANY PASSENGER: NIA
DATE OF BIRTH:	02 / 05 / 1989 LICENCE PASSED DATE: 11 / 06 / 2 009
OCCUPATION:	OUTDOOR / NDOOR
GENDER:	MALE / FEMALE
CONTACT NO:	H/P: 9625 6169 OFFICE: HOME:
	443 Hougang Avenue 8 #03-1583 3 530443
ADDRESS:	173 Hours A Wellie & #05 1385 3
EMAIL:	NOY IF YES, REG NO: INSURER;
DOES DRIVER OWNED ANY VEHICLE:	
RELATIONSHIP:	Father
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY/ WET / OTHER:
ANY INJURIES:	NO / IF (ES) WHO?
NAME & CONTACT:	Lim Kang Ching, Berson (9625 6169)
NAME & CONTACT:	
POLICE REPORT:	NO / IF YES, WHERE?
NOTICE OF INTENDED PROSECUTION GIVEN?	Nd)/ IF YES, WHO?
VEHICLE B REG NO:	SMD 51912 ANY PASSENGERS: 1 (1M)
NAME OF DRIVER:	Loh siew Hoon CONTACT NO: 8777 5882
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?	(ES) / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
ACCIDENT SCENE PHOTOS TAKEN?	(ES)/ NO
ACCIDENT PORTION:	Rear Portion
Have you been approach by unknown person soliciting (	
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ud
CONTACT NO:	68420051 / 67440510
CONTACT PERSON:	Stare 8821 5151
FAX NO:	67410510
WORKSHOP EMAIL:	sales@n51.com.sg

Describe Circumstance of the Accident
As of above date and time, I was driving my vehicle (SKX 2355 G)
along Amport Rd towards KPE on the middle lane of a 2
lare Rd. Before the smotion of Hougary Awe 3 / funcis Link,
my vehile was stationery due to traffie. The traffic light timed
green and I proceeded. The vehicle infront of my vehicle
stopped and I followed accordingly. Out of a sudden, vehicle B
(SMD 51912) collided into the rear portion of my vehicle
()
Video footage Attached.
·

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver's 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 Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. 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.

Policyholder's Signature / 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

