

# TwinCar AUTOMOTIVE PTE LTD

**Company Registration and GST No. 200714616M**

2 Kaki Bukit Avenue 2 #01-17 Kaki Bukit Autohub, Singapore 417921

Tel: 67440510

Fax: 67410510

Email: sales@n51.com.sg

Our Ref:

**SMM 6173 Y**

Your ref:

**SHD 4487 L**

01 July 2023

**HSBC LIFE (SINGAPORE) PTE LTD**

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

10 MARINA BOULEVARD #48-01

MARINA BAY FINANCIAL CENTRE TOWER 2

SINGAPORE 018983

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 **ONG BOON YUEN** to notify you of a road traffic accident on **30 June 2023** at about **16:07 HOURS** along **GEYLANG RD TWDS KALLANG RD B4 GEYLANG LOR 25** our client's vehicle **SMM 6173 Y & SHD 4487 L** 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,



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**Twincar Automotive Pte Ltd**



VEHICLE NO: SMM 6173 Y	MAKE & MODEL: Hmi cooper	AUTO / MANUAL
DATE OF ACCIDENT: 30/06/2023	CC: 1.6	
TIME OF ACCIDENT: 1607 HRS		
LOCATION OF ACCIDENT: Geylang Rd towards Kallang Rd before Geylang Lor 25		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: Ong Boon Yuen		
TEL NO:	H/P: 9681 3281	OFFICE: HOME:
NRIC: S1137475A		
ADDRESS: Apt BIK 180D Rivervale Crescent #11-397 S 544180		
EMAIL: GAVIN GOH ZL 2209 @Gmail.com		
CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES NO		
INSURANCE COMPANY: Income		
TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: 5134298968		
NAME OF DRIVER: AS ABOVE / IF NO: Gavin Goh Zhi Long		
NRIC: S99309374	ANY PASSENGER: 1 (1M)	
DATE OF BIRTH: 22/09/1999	LICENCE PASSED DATE: 24/02/2020	
OCCUPATION: OUTDOOR / INDOOR		
GENDER: MALE / FEMALE		
CONTACT NO:	H/P: 8751 6356	OFFICE: HOME:
ADDRESS: 37 Circuit Rd #06-423 S 370037		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: NO / IF YES, REG NO:	INSURER:	
RELATIONSHIP: Father		
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		
ROAD SURFACE: DRY / WET / OTHER:		
ANY INJURIES: NO / IF YES, WHO?		
NAME & CONTACT: Gavin Goh Zhi Long (8751 6356)		
NAME & CONTACT: Jordan Cheah Jie En (8606 4525)		
POLICE REPORT: NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? NO / IF YES, WHO?		
VEHICLE B REG NO: SHD 4487 L	ANY PASSENGERS: 1 (1P)	
NAME OF DRIVER: LOW Km Leong	CONTACT NO: 9619 4471	
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? YES / NO		
WAS THERE ANY AUDIO RECORDED? YES / NO		
ACCIDENT SCENE PHOTOS TAKEN? YES / NO		
ACCIDENT PORTION: 10ft Rear Portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR: Twincor Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Steve 88215151		
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 (SMM 6173Y) along Geylang Rd towards Kallang Rd on the extreme right lane of a 5 lane Rd. Before Geylang Lor 25, I was driving straight and suddenly, vehicle B (SHD 4487L) filtered from my left (lane 2) and collided into my vehicle left rear portion.

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 is 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.

*One*

Policyholder's Signature / Date & Time

*[Signature]*

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

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

### Sketch Plan

