



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:

SKP 5726 S

Your ref:

SLU 9699 Y

06 July 2023

INDIA INTERNATIONAL INSURANCE PTE LTD

BY EMAIL motorclaim@iii.com.sg ONLY

64 CECIL STREET

#04-00 & #05-00 IOB BUILDING

SINGAPORE 049711

Attn: Motor Claims Department

Dear Sir/Madam,

DATE OF ACCIDENT : 03 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 NISSANKA NISSANKAGE INDRANI MANGALIKA WIJESOORIYA to notify you of a road traffic accident on **03 July 2023** at about **06:40 HOURS**

along **WOODLANDS CENTRE RD TWDS AVE 1 RIGHT TURN ONTO AVE 3**

our client's vehicle **SKP 5726 S & SLU 9699 Y** you/your insured at the material time.

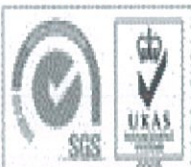
As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle , please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive 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:	SKP57269		MAKE & MODEL:	Hyundai Elantra AUTO/MANUAL	
DATE OF ACCIDENT:	03/07/23		CC:	1.6	
TIME OF ACCIDENT:	0640 HRS				
LOCATION OF ACCIDENT:	Woodlands centre rd tude AVE1 right turn onto				
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE Ave 3				
NAME OF OWNER:	Nissanka Nissankage Indrani Mangalika Wijesooriya				
TEL NO:	H/P: 96629144		OFFICE:	HOME:	
NRIC:	S2711195E				
ADDRESS:	692A Choa Chu Kang Crescent #19-02 (S) 681692				
EMAIL:	2013WIJE@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:	5116785182-03				
NAME OF DRIVER:	AS ABOVE / IF NO: Wijesuriya Appuhamilage Chandrathilaka				
NRIC:	S2711194G		ANY PASSENGER:	1 (F) wijesuriya	
DATE OF BIRTH:	13/01/1960		LICENCE PASSED DATE:	20/10/2014	
OCCUPATION:	OUTDOOR / INDOOR				
GENDER:	MALE / FEMALE				
CONTACT NO:	H/P: 85228025		OFFICE:	HOME:	
ADDRESS:	As above				
EMAIL:	As above				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:		
RELATIONSHIP:	Spouse				
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:				
ROAD SURFACE:	DRY / WET / OTHER:				
ANY INJURIES:	NO / IF YES, WHO?				
NAME & CONTACT:					
NAME & CONTACT:					
POLICE REPORT:	NO / IF YES, WHERE?				
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?				
VEHICLE B REG NO:	SLU 9699Y		ANY PASSENGERS:	N.A.	
NAME OF DRIVER:	Mohamad Hairil Azri		CONTACT NO:	94897212	
VEHICLE C REG NO:	Bin Zolkepli		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:	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:	Jin ming.				
FAX NO:	67410510				
WORKSHOP EMAIL:	sales@n51.com.sg				

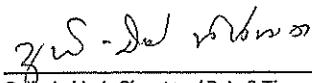
Describe Circumstance of the Accident

As of above date and time, I was driving my vehicle
(SKP 5726S) along Woodlawn Centre Rd towards Woodlands Ave 1
on the middle lane of a 3 lane Rd. At the junction of
Woodlands Ave 3, I was turning right into Woodlands Ave 3, while
moving out, vehicle B (SLU 9699Y) collided into the rear
portion of my vehicle.

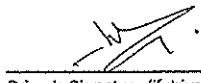
Video footage Attached.

Declaration

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



Policyholder's Signature / Date & Time



Driver's Signature (if driver 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.

2/5/2018
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

