

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:

SMZ 8166 L

Your ref:

SML 7982 C

10 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 : 09 July 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 **LEOW CHYE HUAT, EDWIN** to notify you of a road traffic accident on **09 July 2023** at about **10:00 HOURS**

along **TAMPINES HUB BASEMENT B2 LOT 582**

our client's vehicle **SMZ 8166 L & SML 7982 C** 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: SMZ 8166 L	MAKE & MODEL: Hyundai Arante	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	09 / 07 / 2023	CC: 1.6
TIME OF ACCIDENT:	1000 HRS	
LOCATION OF ACCIDENT:	Tampines Hub Basement B2 Lot 582	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER:	Leow Chye Huat, Edwin	
TEL NO:	H/P: 9693 9353	OFFICE: HOME:
NRIC:	S79160488	
ADDRESS:	Apt B1K 648B Jurong West Street 61 #06-318 S 642648	
EMAIL:	MEI - TEO@LIVE.COM / EDWIN - LEOW@HOTMAIL.COM	
CLAIM TYPE:	OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY	
FLEET POLICY:	YES <input checked="" type="radio"/> NO <input type="radio"/>	
INSURANCE COMPANY:	MSIG	
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft	
POLICY NO:	A 300881412 AHM	
NAME OF DRIVER:	<input checked="" type="radio"/> AS ABOVE / IF NO:	
NRIC:	as above	ANY PASSENGER: N/A
DATE OF BIRTH:	31 / 05 / 1979	LICENCE PASSED DATE: 10 / 03 / 2006
OCCUPATION:	OUTDOOR / <input checked="" type="radio"/> INDOOR	
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE	
CONTACT NO:	H/P: as above	OFFICE: HOME:
ADDRESS:	as above	
EMAIL:	as above	
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:	INSURER:
RELATIONSHIP:	Owner	
WEATHER CONDITION:	<input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS:	
ROAD SURFACE:	<input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHER:	
ANY INJURIES:	<input checked="" type="radio"/> NO / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<input checked="" type="radio"/> NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?	
VEHICLE B REG NO:	SML 7982C	ANY PASSENGERS: N/A
NAME OF DRIVER:	Kan Wei Hou	CONTACT NO: 9339 1040
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?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO	
ACCIDENT PORTION:	Right Portion	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	
WORKSHOP PARTICULAR:	N-51 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
(SMZ 8166L) along Timpres Hub Basement carpark B2,
Beside Lot 5B2, My vehicle was stationary due to the vehicle
ahead parking in, while stationary, vehicle B (SML 7982C)
came from the right while exiting Lot 5B2, collided into my
vehicle Right 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.

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

