

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:

GBL 5977 L

Your ref:

SLN 1185 C

18 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 : 15 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 **SNOW WORLD M&E PTE LTD** to notify you of a road traffic accident on **15 June 2023** at about **09:15 HOURS** along **WHITLEY RD TWDS STEVEN RD SLIP RD INTO DUNEARN RD** our client's vehicle **GBL 5977 L & SLN 1185 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,



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Twincar Automotive Pte Ltd

VEHICLE NO: GBL 5977L	MAKE & MODEL: Toyota Hiace	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT: 15/06/2023		CC: 2.5
TIME OF ACCIDENT: 0915 HRS		
LOCATION OF ACCIDENT: Whitley Rd towards Steven Rd Slip Rd into Dunearn Rd		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: Snow World M&E Pte Ltd		
TEL NO: H/P: 9005 1533 OFFICE: HOME:		
NRIC: 201811472R		
ADDRESS: 664 Choa Chu Kang Crescent #04-257 3 680664		
EMAIL: SNOWWORLD77SG@gmail.com		
CLAIM TYPE: OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY		
FLEET POLICY: YES / <input checked="" type="radio"/> NO?		
INSURANCE COMPANY: ERGO		
TYPE OF COVERAGE: <input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft		
POLICY NO: DMCG22016836		
NAME OF DRIVER: AS ABOVE / IF NO: Ramakrishnan Muruganathan		
NRIC: 98224001U ANY PASSENGER: N/A		
DATE OF BIRTH: 07/03/1986 LICENCE PASSED DATE: 21/08/2020		
OCCUPATION: OUTDOOR / <input checked="" type="radio"/> INDOOR		
GENDER: <input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE		
CONTACT NO: H/P: 9005 1533 OFFICE: HOME:		
ADDRESS: as above		
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE: <input checked="" type="radio"/> NO / IF YES, REG NO: INSURER:		
RELATIONSHIP: Employee		
WEATHER CONDITION: <input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / OTHERS:		
ROAD SURFACE: <input checked="" type="radio"/> DRY / <input type="radio"/> WET / OTHER:		
ANY INJURIES: <input checked="" type="radio"/> NO / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: NO / IF <input checked="" type="radio"/> YES WHERE? Traffic Police		
NOTICE OF INTENDED PROSECUTION GIVEN? <input checked="" type="radio"/> NO / IF YES, WHO?		
VEHICLE B REG NO: SLN 1185C ANY PASSENGERS: Unknown		
NAME OF DRIVER: Lim Joo Mua CONTACT NO: 9977 9747 7354		
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 / <input checked="" type="radio"/> NO		
WAS THERE ANY AUDIO RECORDED? YES / <input checked="" type="radio"/> NO		
ACCIDENT SCENE PHOTOS TAKEN? <input checked="" type="radio"/> YES / NO		
ACCIDENT PORTION: Rear Portion.		
Have you been approach by unknown person soliciting (s) / offering accident-claims assistance? YES / <input checked="" type="radio"/> NO		
WORKSHOP PARTICULAR: Twincar Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Steve 88215151		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		

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.



[Handwritten signature]

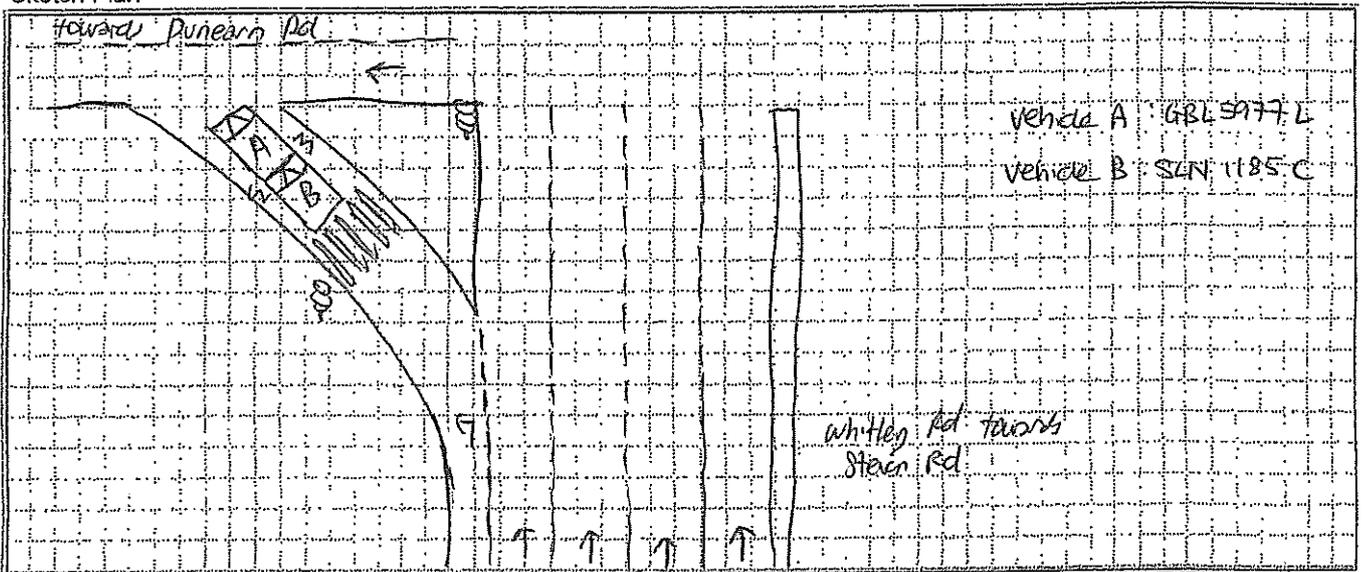
[Handwritten signature]

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



Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle (GBL 5977L) along Whitley Rd towards Steven Rd Slip Rd into Duneen Rd. I slowed down & stopped my vehicle due to on-coming traffic. Out of a sudden, vehicle B (SAN 1185 C) collided into the rear portion of my vehicle.

Declaration

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



[Signature]

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)