

CrossBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.ES (SJG8538H)
Your Ref: SKS707P

27 May 2019

Ergo Insurance Pte. Ltd.
5 Temasek Boulevard
#04-05 Suntec Tower Five
Singapore 038985
Attn: Motor Claims Department

BY FAX: 6829 9247 & EMAIL

URGENT

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413
TEL: 6438 1323
FAX: 6438 2313

BRANCH OFFICE
1 JALAN BERSEH
#03-12 NEW WORLD CENTRE
SINGAPORE 209037

PLEASE SEND ALL
CORRESPONDENCES TO
THE MAIN OFFICE

WE DO NOT ACCEPT
SERVICE BY FAX

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION
CLAIMANT: GOH TECK JIA, ANDREW
TRAFFIC ACCIDENT ON 25 MAY 2019 AT 11:25 HRS ALONG BLK 8 LORONG 7 TOA
PAYOH CARPARK INVOLVING VEHICLES NO. SJG8538H & SKS707P

We are instructed by Goh Teck Jia, Andrew to notify you of a road accident on 25 May 2019 at about 11:25 hrs along Blk 8 Lorong 7 Toa Payoh Carpark involving our client's vehicle registration number SJG8538H and vehicle registration number SKS707P driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) 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 informed that the said vehicle can be inspected at:

Venue: Eunoss Motor Service
Address: Blk C, 1 Kaki Bukit Ave 6
#01-064 Autobay @ Kaki Bukit
Singapore 417883
Contact: Ms Ng (6747 2033)

Please liaise with the above workshop directly.

Yours faithfully

Crossborders LLC

Email: corene@crossbordersllc.com /
huiting@crossbordersllc.com

encs

**PLEASE LET US KNOW THE DATE
OF THE PRE-REPAIR INSPECTION**

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CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CrossBORDERS LLC

A LIMITED LIABILITY CORPORATION. REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

MNA110087007 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 25/05/2019 13:00
SUBMITTED BY: ROBLI BIN ABDUL WAHAB

Corea ~

SINGAPORE ACCIDENT STATEMENT

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 Authorised 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 Police for investigation.
6. This report will be forwarded by the Insurers of 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 the report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report 25/05/2019 13:00
Date Of Accident 25/05/2019 11:25
Exact Location Of Accident BLK 8 LORONG 7 TOA PAYOH CARPARK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJ08538H
Insured/Policyholder
Name Of Registered Owner GOH TECK JIA, ANDREW
NRIC No S8233224C
Email Address ANDREWGOH@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-96444492
Alternative Phone No OTHERS-96444492

Vehicle Particulars

Manufacturer HONDA
Model CIVIC
Exact Purpose for which vehicle was being used at time of accident CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5108317296
Cover Note Number

Driver

Name of Driver GOH TECK JIA, ANDREW
NRIC No S8233224C
Date Of Birth 01/10/1982
Occupation OUTDOOR
Date Of Driving Pass 12/01/2005
Driving Experience 14 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96444492
Fax Number
Contact Number OTHERS-96444492
Email Address ANDREWGOH@HOTMAIL.COM

Address BLK 2 LORONG 7 TOA PAYOH
 #07-21
 Postcode 310002
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (including Driver) 0

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachments

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKS707P
 Vehicle Make/Model/Colour AUDI A7
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver MR LEE
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (including Driver)

Sketch Plan

SKETCH PLANIMPORTANT 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 Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to investigate and/or deny the claim.
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 Police for investigation.
6. The report will be forwarded by the Insurers to the Data Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and the copies of this report will for a fee be made available upon application by interested parties.
7. By the payment of this report to the Insurers, you have consented to the archiving of this report in the centre and to copies of the report being widely available as stated.
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 (GIAS) may be permitted to collect, use, disclose and/or process my personal data/personal information (collectively the "Personal Information") and disclose and/or further process Personal Information to all Insurers who have insured vehicles involved in the accident (all Insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers and from 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 making of correspondence, statements, notices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as stated on the envelope/cover of envelopes/postal packages); and/or
 - (v) complying with applicable law by administering, processing, handling and/or dealing with my claims (collectively the "Purpose(s)").
- (b) All Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may also be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s) and
- (c) my Personal Information may also be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents (including their lawyers/law firms, which may be based outside of Singapore) for one or more of the above Purpose(s).
- (d) my Personal Information will also be collected and used to compile claims history for the purpose(s) of fraud detection, investigation and management to prevent and/or future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in preventing, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's signature
Date & Time:

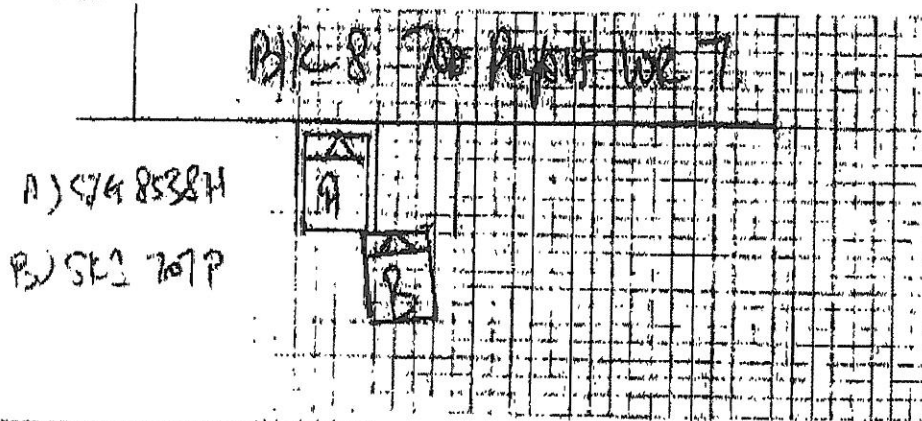
25/5/19 12-30

Driver's signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre's signature
Date & Time:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25/05/2019 AT 12:30 PM I WAS IN MY CAR
 HEAD IN AT PK 8 700 HAD A CAR CRASH
 INFORM ME THAT MY CAR 574 8538H WAS HIT BY A
 CAR SK 3 707P

DECLARATION

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

Police Officer's Signature

Date & Time

25/5/19

12:30 PM

Driver's Signature

(If driver is not the police holder)

Date & Time

Police Officer's Signature

Date & Time

25/5/19

25/5/2019

25/5/2019