

# CrossBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: AJ.tk.Revol (SMF3884K)✓  
Your Ref: SH7671A✓

02 January 2020✓

**India International Insurance Pte Ltd**  
64 Cecil Street #05-02  
IOB Building  
Singapore 049711  
**Attn: Motor Claims Department**

**BY FAX: 6224 4174 & 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 SURVEY

**CLAIMANT: OH CHIN CHIN✓**

**TRAFFIC ACCIDENT ON 29 December 2019 AT 04:05 HRS ALONG JUNCTION OF VICTORIA STREET & ROCHER ROAD INVOLVING VEHICLES NO. SMK3884K & SH7671A**

We are instructed by Oh Chin Chin to notify you of a road accident on 29 December 2019 at about 04:05 hrs along Junction Of Victoria Street & Rocher Road involving our client's vehicle registration number SMF3884K and vehicle registration number SH7671A driven by your insured at the material time. A copy of the Singapore accident statement 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: Revol Carz Garage Pte Ltd  
Address: 10, Ang Mo Kio Industrial Park 2A  
#02-18 AMK Autopoint  
Singapore (568047)  
Contact: June (9322 2338)

Please liaise with the above workshop directly.

Yours faithfully

*Crossborders LLC*

Crossborders LLC

Email: [corene@crossbordersllc.com](mailto:corene@crossbordersllc.com) /  
[huiting@crossbordersllc.com](mailto: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

## 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 this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	30/12/2019 15:40
Date Of Accident	29/12/2019 04:05
Exact Location Of Accident	JUNCTION OF VICTORIA STREET & ROCHER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3884K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OH CHIN CHIN
NRIC No	SXXXX761H
Email Address	LL_OH2004@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98349463
Alternative Phone No	OFFICE-98235862

### Vehicle Particulars

Manufacturer	AUDI
Model	S5 COUPE 3.0 TFSI QUATTRO (FACELIFT)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	5106561116-01
Cover Note Number	26/12/19 - 09/11/20

### Driver

Name of Driver	SAM OH YI XIN
NRIC No	SXXXX399F
Date Of Birth	04/05/1997
Occupation	INDOOR
Date Of Driving Pass	28/12/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91187491
Fax Number	
Contact Number	
EEmail Address	LL_OH2004@YAHOO.COM.SG

Address	523 CANBERRA DRIVE #04-57
Postcode	768135
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NEPHEW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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)	1

#### 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

REFER TO ATTACH. \*THIRD PARTY CLAIM BY OWN WORKSHOP\*

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	EMAIL TO NTUC
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7671A
Vehicle Make/Model/Colour	BLUE COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HO JOO SIONG
NRIC/Passport Number	SXXXX616H
Contact Number	91552354
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

VEHICLE NO.: SMF 3884K  
INSURER : NTUC  
DATE & TIME: 29/12/19 @ 04:03am

### 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. The 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 lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all 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 evaluating, 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.

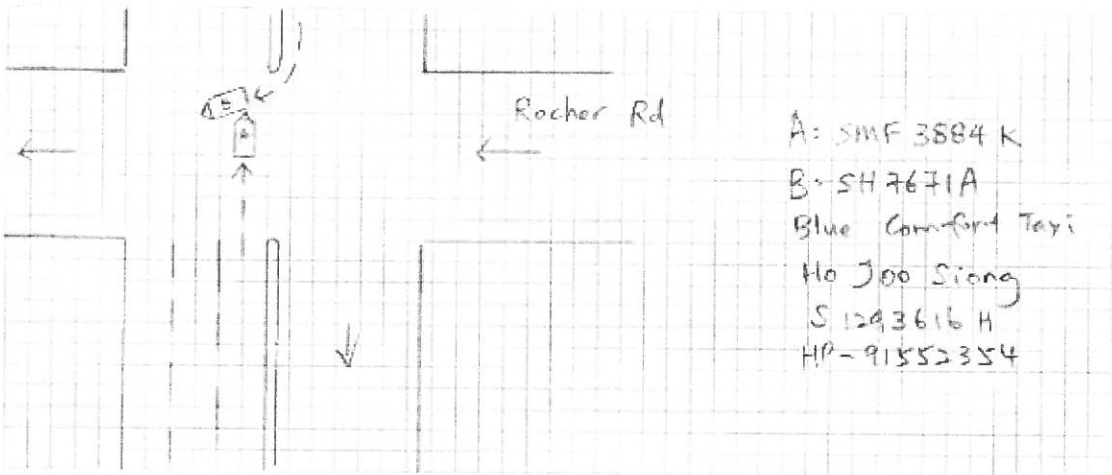
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: (Yc)  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Victoria Street
I was on the extreme right lane along Victoria Street. Upon reaching the above junction, traffic was green in my direction hence I proceeded straight. In the mid junction, m/taxi SH 7671A made a right turn from opposite direction, who failed to give way causing both vehicles collided. No one was injured.
Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

### 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REPORTING CENTRE PERSONNEL TO: ☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only  
☒ Claim ODP/TP at other workshop (by own workshop)