

CrossBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

Our Ref: EM.tk.ES (SLT6602B)
Your Ref: SH8860P

MS First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

Attn: Motor Claims Department

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION
CLAIMANT: TAN YONG PENG ANDREW
TRAFFIC ACCIDENT ON 03 February 2020 AT 17:30 HRS ALONG SIMEI AVE
TOWARDS PIE INVOLVING VEHICLES NO. SLT6602B & SH8860P

We are instructed by Tan Yong Peng Andrew to notify you of a road accident on 03 February 2020 at about 17:30 hrs along Simei Ave Towards PIE involving our client's vehicle registration number SLT6602B and vehicle registration number SH8860P 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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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

URGENT

BY FAX: 6507 3849 ONLY

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

MNA120015605 / National Assessment Centre Services - Ubi
 ENTRY DATE & TIME: 04/02/2020 10:42
 SUBMITTED BY: Roslinda Binte Abdul Wahab

Akin 'Carman

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 willful 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 04/02/2020 10:42
 Date Of Accident 03/02/2020 17:30
 Exact Location Of Accident SIMEI AVE TWDS PIE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT6602B ✓
Insured/Policyholder
 Name Of Registered Owner TAN YONG PENG ANDREW
 NRIC No SXXXX160I
 Email Address LA.AUDIO@YMAIL.COM
 Mobile Phone No (LOCAL) +65-96686656
 Alternative Phone No OTHERS-96686656
Vehicle Particulars
 Manufacturer HONDA
 Model SHUTTLE
 Exact Purpose for which vehicle was being used at time of accident GRAB
 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 FWD SINGAPORE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number PNCV2019-00001555
 Cover Note Number
Driver
 Name of Driver TAN YONG PENG ANDREW
 NRIC No SXXXX160I
 Date Of Birth 17/08/1963
 Occupation OUTDOOR
 Date Of Driving Pass 27/08/1983
 Driving Experience 36 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96686656
 Fax Number
 Contact Number OTHERS-96686656
 EMail Address LA.AUDIO@YMAIL.COM

Address BLK 10 LOR 7 TOA PAYOH
#07-209
Postcode 310010
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 -
-
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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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? YES
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) 2
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE

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

I WAS TRAVELLING STRAIGHT ALONG SIMEI AVE TWDS PIE

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8960P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver MOHD SHARIF BIN EMAM KASSIM
NRIC/Passport Number SXXXX699B
Contact Number
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN YONG PENG ANDREW
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLT6602B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	