

# CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE  
133 NEW BRIDGE ROAD  
#23-03/04/05  
CHINATOWN POINT  
SINGAPORE 059413

Our Ref: AJ.tk.ASG (SJN206G)  
Your Ref: GBL1427J

TEL: 6438 1323  
FAX: 6438 2313

26 July 2022

**China Taiping Insurance (Singapore) Pte. Ltd.**

**BY EMAIL ONLY**

3 Anson Road  
#16-00 Springleaf Tower  
Singapore 079909

**Attn: Motor Claims Department**

Dear Sirs

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION**

**CLAIMANT: FADZLI BIN MAJUN**

**TRAFFIC ACCIDENT ON 22 JULY 2022 AT 08:00 HRS ALONG ANG MO KIO AVENUE 10  
INVOLVING VEHICLES NO. SJN206G & GBL1427J**

We are instructed by FADZLI BIN MAJUN to notify you of a road accident on 22 JULY 2022 at about 08:00 hrs along ANG MO KIO AVENUE 10 involving our client's vehicle registration number SJN206G and vehicle registration number GBL1427J 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 clients 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 clients shall proceed to repair the vehicle without further reference to you.

Please be informed that the said vehicle can be inspected at:

Venue: Accident Assist SG  
c/o Liew Lee Sing  
Address: No. 10 Ang Mo Kio Ave 5  
#03-10 AMK Auto Point Industrial Park 2A  
Singapore 568047  
Contact: Ray (9636 7367)

Please liaise with the above workshop directly.

Yours faithfully



CrossBorders LLC

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

[nancy@crossborderllc.com](mailto:nancy@crossborderllc.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

ACCIDENT DATE:	22-7-2022	TIME:	0800	(hh:mm) 24 hrs Format
LOCATION	Ang mo Kio Avenue 10.			
VEHICLE NUMBER	S3N 206 G.			
INSURED NAME	FADZLI Bin Majun			
NRIC / FIN	S8200400 I	CONTACT:	91820883	
MAKE	Toyota	MODEL	Vios	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes. If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only				
INSURANCE COMPANY	AXA			
TYPE OF POLICY ( <input checked="" type="checkbox"/> )	COMPREHENSIVE ( )	THIRD PARTY ( )	TPFT	
POLICY NUMBER:	GA548350/1			
NAME DRIVER:	PFFR Ali Bin Amir Ali	( ) SAME AS INSURED		
NRIC / FIN	S8431500A	CONTACT:	89516162	
DATE OF BIRTH:	27.09.1987			
DRIVING PASS DATE:	08.10.2012			
OCCUPATION:	( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER:	( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:	peerali_427@yahoo.com	( ) NO EMAIL		
ADDRESS OF DRIVER:	Blk 476, #02-816, Ave 10, Ang mo Kio (560476)			
Number Of Passenger Include Driver:	NIL			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If No, Relationship Of The Driver With The Insured				
( ) Owner ( ) Spouse ( <input checked="" type="checkbox"/> ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others				
Does The Driver Own Any Other Vehicle?: ( - ) YES ( <input checked="" type="checkbox"/> ) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others				
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If YES, Injured details :				
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Accident Reported To The Police? ( <input checked="" type="checkbox"/> ) YES ( ) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact	
Veh B	GBL 14279 muhammad Nazrul	( 1 ) / Not Sure ( )	9114 8243	
Veh C		( ) / Not Sure ( )		
Veh D		( ) / Not Sure ( )		
Veh E		( ) / Not Sure ( )		
Veh F		( ) / Not Sure ( )		
Veh G		( ) / Not Sure ( )		

**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

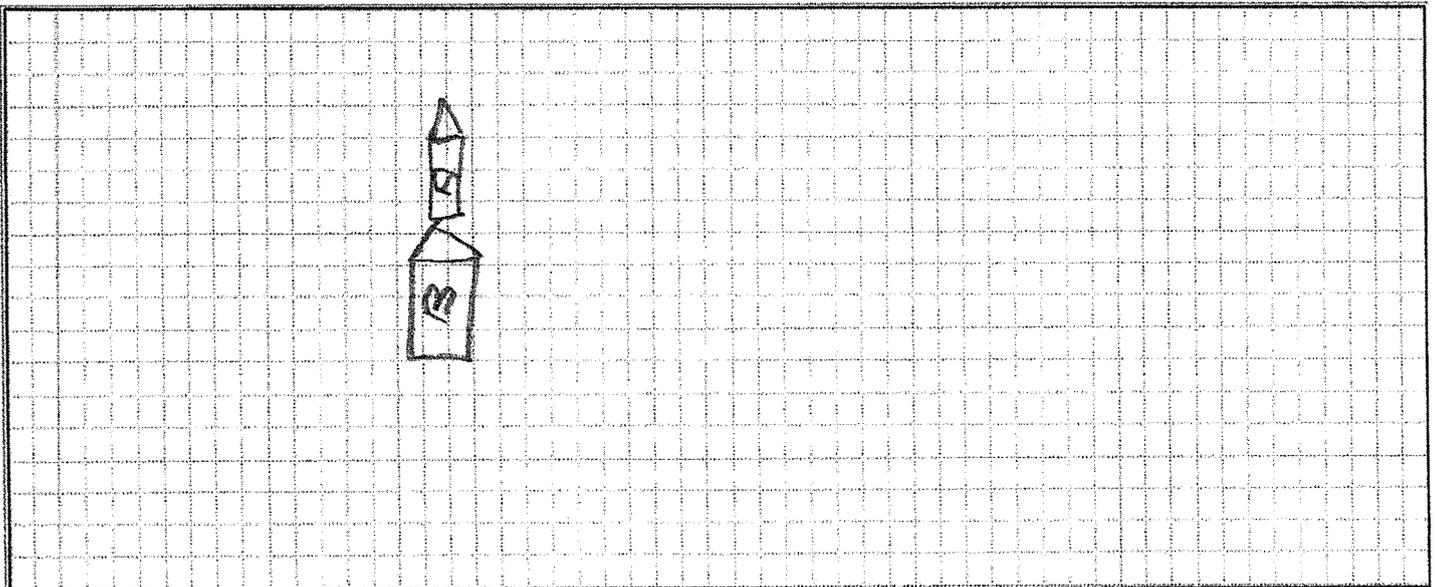
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
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**



A = SJN 206 G  
B = GBL 1427 J

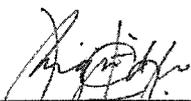
**Describe Circumstance of the Accident**

as per police report

Lined area for describing the accident circumstances.

**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)