

# CROSSBORDERS LLC

Advocates & Solicitors

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

Our Ref: TK.Revol (SLS6606X)  
Your Ref: SHC1330E

TEL: 6438 1323  
FAX: 6438 2313

30 November 2022

**AXA Insurance Singapore Pte Ltd**  
9 North Buona Vista Drive,  
#18-01/06 The Metropolis Tower 1,  
Singapore 138588  
**Attn: Motor Claims Department**

**BY EMAIL ONLY**

Dear Sirs

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION**  
**CLAIMANT: ZHENG YANCHAO**  
**TRAFFIC ACCIDENT ON 30 NOVEMBER 2022 AT 09:30 HRS ALONG 3 TEMASEK**  
**BOULEVARD ROUNDABOUT INVOLVING VEHICLES NO. SLS6606X & SHC1330E**

We are instructed by ZHENG YANCHAO to notify you of a road accident on 30 NOVEMBER 2022 at about 09:30 hrs along 3 TEMASEK BOULEVARD ROUNDABOUT involving our client's vehicle registration number SLS6606X and vehicle registration number SHC1330E driven by your insured at the material time. A copy of our clients' 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: Revol Carz Garage Pte Ltd  
Address: 10, Ang Mo Kio Industrial Park 2A  
#02-18 AMK Autopoint  
Singapore (568047)  
Contact: June (9322 2338) / Gavin (9740 6855)

Please liaise with the above workshop directly.

Yours faithfully

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 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 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 Submission	30/11/2022 14:50 (SGT)
Reported by	Both
Date of Accident	30/11/2022 09:30 (SGT)
Exact Location of Accident	3 Temasek Blvd, #1, #327-328, Singapore 038983
Additional Location Information	ROUNDAABOUT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6606X
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHENG YANCHAO
NRIC No	S8777688C
Email Address	zyccplayboy@gmail.com
Mobile Phone No	(Phone) +65-97761876
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	BMW
Model	530i
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01053655

### DRIVER

Name of Driver	ZHENG YANCHAO
NRIC No	S8777688C
Date Of Birth	08/01/1987
Occupation	Indoor

Date Of Driving Pass .....	20/12/2011
Driving experience .....	10 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97761876
Alt. Phone Number .....	-
Email Address .....	zycplayboy@gmail.com
Address .....	34 DAKOTA CRESCENT #13-01
Address complement .....	-
Postcode .....	399936
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC1330E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-

Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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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

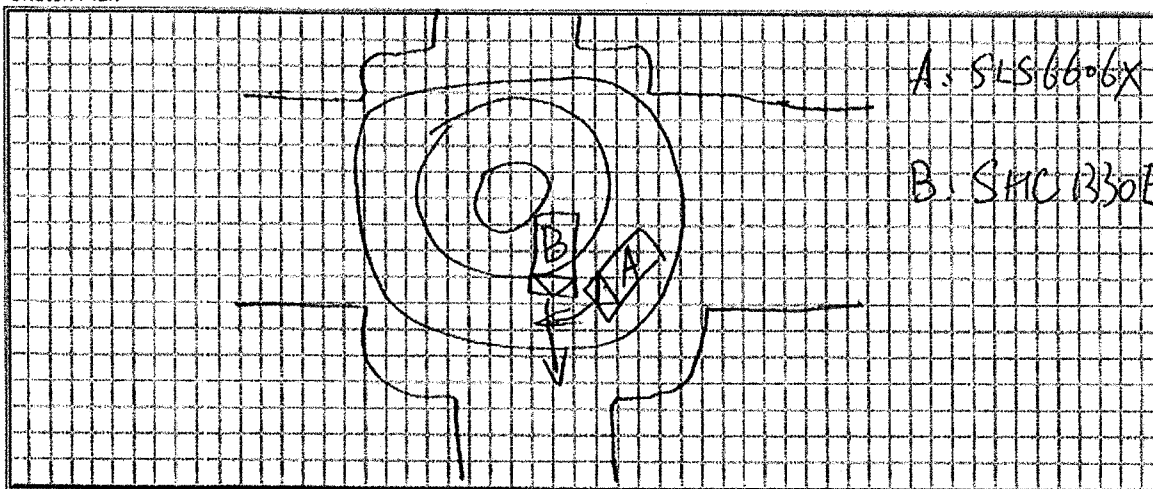
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

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



## Describe Circumstance of the Accident


I'm driving ~~into~~ on roundabout at Suntec City, in the outer lane, moving straight forward. When taxi SHC 1330E cut into my lane trying to exit the round about. The said taxi only turn when my car already half way passing the exit and he bumped onto my right forward side of the car. Accident happened 9:30 am 30 Nov 2022

## Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

 30/11/22  
14:30

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

