

# CROSSBORDERS LLC

Advocates & Solicitors

Our Ref: AJ.tk.Hong (SLA389G)  
Your Ref: YN2488T

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

TEL: 6438 1323  
FAX: 6438 2313

27 December 2022

**Allianz Insurance Singapore Pte Ltd.**  
79 Robinson Road  
#09-01  
Singapore 068897  
**Attn: Motor Claims Department**

**BY EMAIL ONLY**

Dear Sirs

## NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION

CLAIMANT: PANG TSZ NING

TRAFFIC ACCIDENT ON 23 DECEMBER 2022 AT 14:05 HRS ALONG TAMPINES ONE SHOPPING MALL CARPARK EXIT DRIVEWAY INVOLVING VEHICLES NO. SLA389G & YN2488T

We are instructed by PANG TSZ NING to notify you of a road accident on 23 DECEMBER 2022 at about 14:05 hrs along TAMPINES ONE SHOPPING MALL CARPARK EXIT DRIVEWAY involving our client's vehicle registration number SLA389G and vehicle registration number YN2488T 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: Hong Motor Service  
Address: 5035 Ang Mo Kio Industrial Park 2  
(Off Avenue 3) #01-365  
Singapore 589538  
Contact: Mr Huat (6282 2052)

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

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 23/12/2022 (dd/mm/yy) Time of Accident: 14:05 (24-HR-FORMAT)

Vehicle No.: SLA389G Vehicle Make & Model / Engine (cc): Honda Odyssey Private Hire: (Y / N)

Exact location of Accident: Tampines One shopping Mall carpark Exit driveway

Policyholder's Name / IC No.: Pang Tsz Ning ROC/UEN (Company) S82710786

Driver's Name / IC No.: Yang Wei Liang / S8106191B (As Above) ☐

Driver's Contact No.: 98511841 Company Contact No / Owner Contact No:

Driver's Address: 876 Woodlands Ave 9 #07-254 S(730876)

Owner Email address: weiliang81@yahoo.com Insurance Company:

Driver Email address:

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

**What do you wish to claim?** (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

**\*No. of Passengers (Including Driver):** 2

**\*Passenger Name:** Yang Kai Qing Colanagher Gender: Male / ~~Female~~ x( )

**\*Passenger Name:** Gender: Male / Female x( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

**Was there any video captured by your Car Camera?** ☐ Yes ☒ No Remarks:

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

**Police Report filed:** ☐ Yes / ☐ No (If YES) Which Police Station:

**The Other Party(s) Details:**

1. Driver's Name / IC No: Subra maniyam Ramesh / G3943170R Vehicle No: YN2488T

Driver's Contact No: 90597784 Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

**\*Independent Witness (If Any):** Yek Nai Kee Contact No: 91403505

Preferred Workshop Name: Contact No:

Describe Circumstance of the Accident

On 23/12/2022 at about 1405hrs, I was driving out from Tampines One Carpark exit. It was upslope driveway. When approaching the loading/unloading bay junction, I saw a security officer guiding a lorry (Veh B) to exit, therefore I stop and wait for the (Veh B) lorry to drive off. After the lorry (Veh B) reverse out and stop. Due to the driveway was upslope. Veh B roll backward and collided onto my vehicle front portion. The security officer rush to the driver of veh B to alert the driver. During that instance Veh B roll back twice again and collided onto my vehicle 3 times in total.

The security officer given his name and contact number for this accident eyewitness. At the same time, I was advice to lodge a police report in order for me to retrieve the building video footage.

Declaration

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

X Witing

Policyholder's Signature / Date & Time

X Witing

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

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

## 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

