

CROSSBORDERS LLC

Advocates & Solicitors

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

Our Ref: TK.MMW (SLN9107B)
Your Ref: SKQ2968A

TEL: 6438 1323
FAX: 6438 2313

✓ 6 March 2023

✓ **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: JEFFREY TEO HUAT SOON ✓

**TRAFFIC ACCIDENT ON 5 MARCH 2023 AT 11:10 HRS ALONG PUNGGOL EAST JUNCTION
OF PUNGGOL CENTRAL INVOLVING VEHICLES NO. SLN9107B & SKQ2968A ✓**

✓ We are instructed by JEFFREY TEO HUAT SOON to notify you of a road accident on 5 MARCH 2023 at about 11:10 hrs along PUNGGOL EAST JUNCTION OF PUNGGOL CENTRAL involving our client's vehicle registration number SLN9107B and vehicle registration number SKQ2968A driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

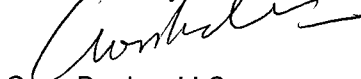
As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like 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: ✓ Merlin Motor & Engineering Works
Address: 10 Ang Mo Kio Industrial Park 2A
AMK Autopoint #03-13 Singapore 568 047
Contact: May (6484 5225)

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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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	06/03/2023 14:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/03/2023 11:10 (SGT)
Exact Location of Accident	Near 160B Punggol Central, Block 160B, Singapore 822160
Additional Location Information	Punggol East junction of Punggol Central
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9107B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Jeffrey Teo Huat Soon
NRIC No	SXXXX260G
Email Address	huatsoon2119@yahoo.com
Mobile Phone No	(Phone) +65-91848459
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01005530

DRIVER

Name of Driver	Sim Chai Chin
NRIC No	SXXXX434F
Date Of Birth	29/07/1985
Occupation	Indoor

Date Of Driving Pass	03/08/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97777544
Alt. Phone Number	-
Email Address	cheriesimchaichin@gmail.com
Address	165A Punggol Central, #06-151
Address complement	-
Postcode	821165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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)	2
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	-

PASSENGER 1

Name	Maccsen Teo Tian Zheng
Gender	Male

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 attachment.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ2968A
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-

Vehicle Colour	Orange
Vehicle Category	NA / Unknown
Name of Driver	Shaadiq Rahmaan S/O Mohamad
Contact Number	(Phone) +65-92204569
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

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.
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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 at the centre.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my insurer and the General Insurance Association of Singapore (GIA) may, and permitted to, collect, use, disclose and 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 insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles 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

third party agency/ies, such as the police, for the purposes of:

(i) processing, handling and dealing with my claims, including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and my claims;

(iii) carrying out and/or dealing with my obligations or responsibilities to any insurance policy;

(iv) administering my claims, including the making of assessments, settlements, making payments and/or providing advice, and/or disclosure of certain personal data about me, including all past and/or future claims, to the relevant insurers and/or insurers' lawyers/law firms;

(v) complying with applicable law in administering, processing my handling and/or dealing with my claims, collectively the "Purposes".

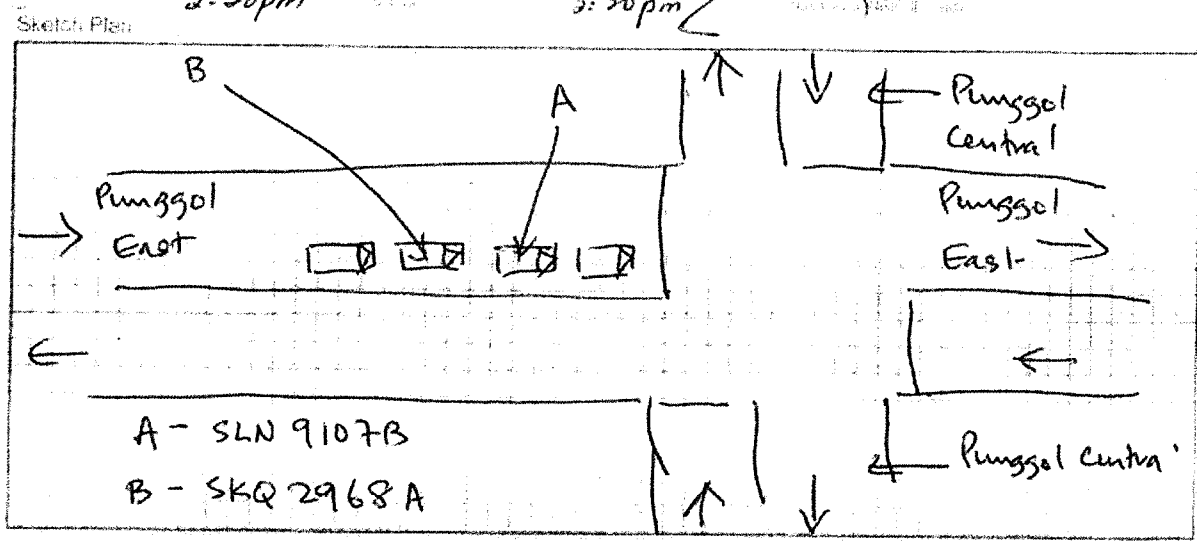
(b) All insurers who have insured vehicles involved in this accident and the Insurers' lawyers/law firms may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(c) any Personal Information may be disclosed by any of the Insurers and/or GIA to any third party, including the Insurers' lawyers/law firms, which may be situated outside of Singapore. The third party may be located at **RAFFLES INDUSTRIAL PTE LTD**, 100 RAFFLES ROAD 4, SINGAPORE 408623. TEL: 6490 9565 FAX: 6346 7483.

[Signature]
6 Mar 2023 2:20 pm

[Signature]
6 Mar 2023 2:20 pm

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6 Mar 2023 2:20 pm



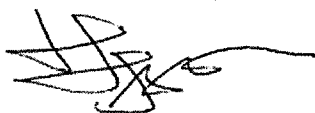
Describe Circumstance of the Accident

I stopped my vehicle 'A' SLN9107B along with another vehicle in front of me, waiting for traffic light to turn green. Vehicle 'B' SKA2968A collided into the back of my vehicle 'A' SLN9107B.

AUTOLUTION INDUSTRIAL PTE LTD
10 JUNE ROAD 4
SINGAPORE 408623
TEL: 6490 9665 FAX: 6846 7483

Declaration

We declare the foregoing particulars are true to every respect



6 Mar 2023
2:20pm



6 Mar 2023
2:20pm

