CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

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

TK.PG (GBE9702Z) Our Ref: Your Ref: SLQ8124S /

TEL: 6439 1323 FAX: 6438 2313

22 March 2023

India International Insurance Pte Ltd

BY EMAIL ONLY

64 Cecil Street #05-02 **IOB** Building Singapore 049711

Attn: Motor Claims Department

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION

CLAIMANT: TRUST LAUNDRY PTE LTD / TRAFFIC ACCIDENT ON 17 MARCH 2023 AT 13:05 HRS ALONG ROBINSON ROAD IN FRONT OF FAR EAST FINANCE BUILDING INVOLVING VEHICLES NO. GBE9702Z & SLQ8124S

We are instructed by TRUST LAUNDRY PTE LTD to notify you of a road accident on 17 MARCH 2023 at about 13:05 hrs along ROBINSON ROAD IN FRONT OF FAR EAST FINANCE BUILDING involving our client's vehicle registration number GBE9702Z and vehicle registration number SLQ8124S 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: ✓ Prowerkz Garage Pte Ltd. 25 Kaki Bukit Road 4 Address:

> #06-87 Synegry @ KB Singapore 417800

Angeline / Nick (6543 6008) Contact:

Please liaise with the above workshop directly.

Yours faithfully

CrossBorders LLC

Email: corene@crossbordersllc.com /

huiting@crossbordersllc.com

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PLEASE LET US KNOW THE DATE OF THE PRE-REPAIR INSPECTION

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.

SS2X233K000B / SME MOTOR PTE LTD ENTRY DATE & TIME: 20/03/2023 14:01 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (22/03/2023 12:04 (SGT))

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 witholding 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 20/03/2023 14:01 (SGT) Reported by Driver Date of Accident 17/03/2023 13:05 (SGT) Exact Location of Accident Robinson Rd, Singapore Additional Location Information IN FRONT OF FAR EAST FINANCE BUILDING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE9702Z INSURED/POLICYHOLDER Is company? Yes Name Of Registered Owner TRUST LAUNDRY PTE LTD Company Reg No 200506411R Email Address PROWERKZGARAGE687@GMAIL.COM Mobile Phone No (Phone) +65-81482044 Alternative Phone No VEHICLE PARTICULARS Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Manual CC 3000 INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number MP002047

ORIVER

Name of Driver SIOW YOKE KWANG NRIC No S7282455E Date Of Birth 23/01/1972 Occupation Outdoor

Date Of Driving Pass 04/01/1994 Driving experience 29 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-81482044 Alt. Phone Number Email Address PROWERKZGARAGE687@GMAIL.COM Address BLK 159 LORONG 1 TOA PAYOH #03-1532 Address complement Postcode 310159 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? 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 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? 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

WHILE WAITING FOR TRAFFIC LIGHT TO TURN GREEN, I FELT AN IMPACT FROM THE REAR. I GOT OFF MY VEHICLE, THEN REALISED VEHICLE B (SLQ8124S) HAS HIT MY VEHICLE REAR.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

SLQ8124S

SLQ8124S

Private car



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

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Hease report correctly the details of the accident to speed up the claim process.
- 2 The Commist be completed by the Policyholder and/or the Authorised Driver
- 3 Internation provided must be as truthful and accurate as possible. Any willulinssepreventation or willinaking of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Formity insurance companies is not an admission of policy trability on the part of the insurance companies.
- 5 Any talse reporting may be referred to the Police for investigation
- 6. The report wid be forwarded by the injuries of the GWA Records Management Centre established by the General Insurance Association of Sangapore (GMA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7 By the ledgement of this report to the insurers, you hereby descent to the archiving of this report at the centre and to copies of this report being made available aforecast.
- 8 Consent under the Personal Data Protection Act (PDPA)

Tunderstand, acknowledge, agree and consent that

- (ii) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may true permitted to collect, use, disclose and/or process my personal data/personal information per out in this [form] and any other personal information provided by me or possessed by my ensurer (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 insurers), who have insured vehicle(s) involved in this accident shall be collectively reterred to as the "Insurers"), the histories have times, the Monetary Authority of Singapore and any relevant government agrees/authority (such as the police), for the purpose(s) of
- til processing, harding and/or dealing war my claims including the settlement of the claims and any necessary investigations relating to the claims
- (a) investigating the accident and/or my claims.
- (a) carrying out and/or dealing with my instructions or responding to any engages by the.
- (iv) administering my claims (victuding the making of correspondence, statements, invoices, reports or nuices to mit, which could involve disclosure of center 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 during with my clasms

(collectively the 'Purposes')

- (b) all insurer(s) who have insured vehicla(s) involved in this accident and the historis' lawyers law 1 irms, may/are neithfield to collect, use, disclose and/or process my Parsonal Information for one or more of the above Parposes, and
- (c) by Personal Information may/can be disclosed by any of the legities and/or CIV to their third party service providers of agents (archiding their tay yers/law fame), which may be sided outside of Singapore, for one or more of the above Purposes.

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Describe Circumstances of the Accident

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