

CROSSBORDERS LLC

Advocates & Solicitors

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

Our Ref: TK.EMS (SGV1805P)
Your Ref: SHC5397L

TEL: 6438 1323
FAX: 6438 2313

23 March 2023

HSBC LIFE (SINGAPORE) PTE. LTD.

BY EMAIL ONLY

38 Beach Road,
#03-11, South Beach Tower,
Singapore 189767

Attn: Motor Claims Department

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION

CLAIMANT: LEE SENG KHIM

TRAFFIC ACCIDENT ON 23 MARCH 2023 AT 14:02 HRS ALONG JURONG WEST STREET 42 (BLK 415) INVOLVING VEHICLES NO. SGV1805P & SHC5397L

We are instructed by LEE SENG KHIM to notify you of a road accident on 23 MARCH 2023 at about 14:02 hrs along JURONG WEST STREET 42 (BLK 415) involving our client's vehicle registration number SGV1805P and vehicle registration number SHC5397L driven by your insured at the material time. A copy of the Singapore accident statement/traffic police report filed is enclosed.

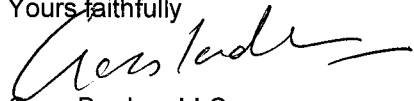
As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days (excluding any intervening Saturday, Sunday and Public Holiday) of your receipt of this notice whether you or your insurer would like 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: E M SOLUTION PTE LTD
Address: 160, Sin Ming Drive
Sin Ming Autocity, #03-18/19
Singapore 575722
Contact: Jojo/Sirina @ 6456 0226

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

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	23.3.23	Time of Accident:	14.02 hrs
Exact Location:	Jurong West St 42 (Blk 415)		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	1SGV 1805 P	NRIC / FIN / Passport no:	S12749441
Name of Registered Owner:	Lee Seng Khim		
Owner's Email:	lisengkhim@yahoo.com.sg		
Owner's Address:	Blk 408 Jurong West Street 42, # 06-695		
Vehicle Make:	Toyota	Vehicle Model:	Vios
Engine Capacity (cc):	1.5 cc	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	Income		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	5028592720-14		

DRIVER			
Name of Driver:	Lee Seng Khim <input type="checkbox"/> same as		
NRIC / FIN / Passport no:	S12749441	Date of Birth:	22.6.1957
Occupation:	Indoor / Outdoor	Driving Pass Date:	22.1.1975
Contact Number:	92320695	Gender:	Male / Female
Address:	as above		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet
Video available:	Yes / No		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHC 5397L		
Vehicle Make / Model:	Transcarb		
Name of Driver:	Tan Meng Huat		
NRIC / FIN / Passport no:	S13686001		
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


Signature of Driver

23.3.23
Date and time

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) SGV 1805 P


B) SHC 5397 L


Describe Circumstance of the Accident

My car was stationary before the pedestrian crossing for a cyclist to cross. Shortly after Veh (B) collided onto the rear of my car.

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)