

# CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

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

Our Ref: TK.Revol (SLK2100G)  
Your Ref: SHC7383M

TEL: 6438 1323  
FAX: 6438 2313

6 April 2023

**HSBC Life (Singapore) Pte Ltd**  
38 Beach Road,  
#03-11, South Beach Tower,  
Singapore 189767  
**Attn: Motor Claims Department**

**BY EMAIL ONLY**

Dear Sirs

## NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION

CLAIMANT: SIEW LIH HUEY

TRAFFIC ACCIDENT ON 29 MARCH 2023 AT 09:10 HRS ALONG 20 SIN MING LANE OUTSIDE  
MAPLEBEAR PRESCHOOL AT MIDVIEW CITY INVOLVING VEHICLES NO. SLK2100G &  
SHC7383M

We are instructed by SIEW LIH HUEY to notify you of a road accident on 29 MARCH 2023 at about 09:10 hrs along 20 SIN MING LANE OUTSIDE MAPLEBEAR PRESCHOOL AT MIDVIEW CITY involving our client's vehicle registration number SLK2100G and vehicle registration number SHC7383M 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: 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 .....	29/03/2023 16:37 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	29/03/2023 09:10 (SGT)
Exact Location of Accident .....	20 Sin Ming Ln, Singapore 573968
Additional Location Information .....	Outside Maplebear Preschool at Midview City
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLK2100G
INSURED/POLICYHOLDER	
Is company? .....	No
Name Of Registered Owner .....	SIEW LIH HUEY
NRIC No .....	S1739187I
Email Address .....	rowenahuey@gmail.com
Mobile Phone No .....	(Phone) +65-97886266
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Jazz
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D23MTPV01000760

### DRIVER

Name of Driver .....	CHEW WEN XIN ELIZABETH
NRIC No .....	S9207453F
Date Of Birth .....	06/03/1992
Occupation .....	Indoor

Date Of Driving Pass .....	13/05/2011
Driving experience .....	11 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97715506
Alt. Phone Number .....	-
Email Address .....	elizchew92@gmail.com
Address .....	91B Jalan Satu #06-108
Address complement .....	-
Postcode .....	392091
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	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 .....	Wong Si Han Leah
Gender .....	Female

#### 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

Please refer to the sketch plan.

#### 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 .....	SHC7383M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	Tan Choon Hwat
NRIC No .....	S0230509G
Contact Number .....	(Phone) +65-97207665
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.
- 6 Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that

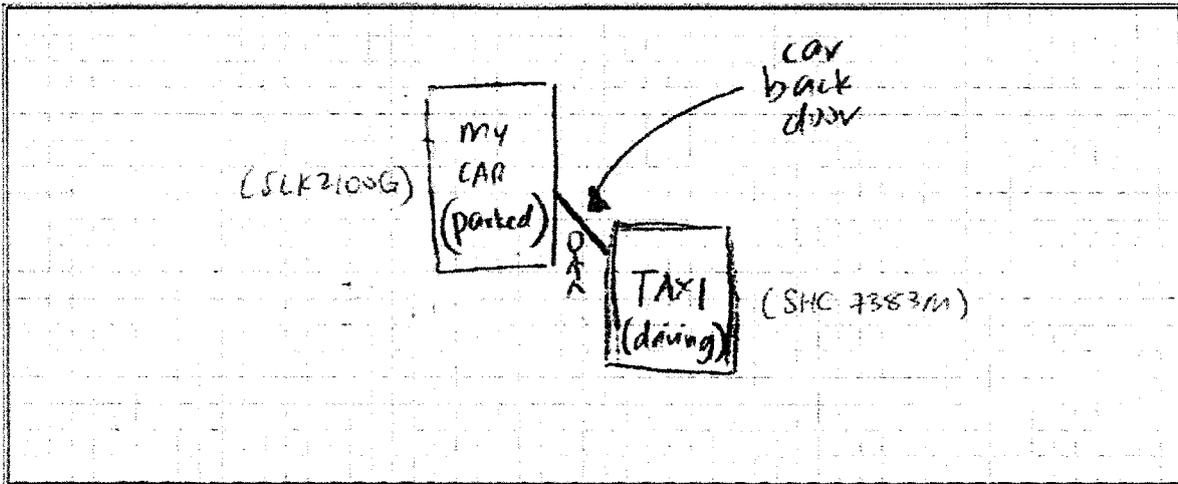
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

*[Signature]*  
 Policyholder's Signature (Date & Time)  
 29/3 12:08

*[Signature]*  
 Driver's Signature (if driver is not the policyholder) (Date & Time)  
 29/3 12:08

*[Signature]*  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC ID card) **SOH JIT HOON**

**Sketch Plan**



**Describe Circumstance of the Accident**

~~None~~

My car was parked at the side of the road where cars usually park to drop off children at the preschool. I exited the car, and walked to the back of car to open the door. My daughter was in her car seat and I bend over to unbuckle her. Suddenly, I heard a loud bang and dragging sound. I turned around and a taxi had hit the door.

Date: 29 March 2023  
 Time: 9.10 - 9.12 am  
 Location: Outside Maplebear Preschool at Midview City  
 20 Sin Ming Lane (573968)

Taxi plate: SHC 7383 M  
 Taxi driver: Tan Choon Hwat  
 Hp no.: 9720 7665

**Declaration**

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

 29/3 10:08  
 Policyholder's Signature (Date & Time)

 29/3 12:08  
 Driver's Signature (If driver is not the policyholder); Date & Time

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC card): **SOH JIT HOON**