

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.PAS (SLL6845J)
Your Ref: SHD6642S

TEL: 6438 1323
FAX: 6438 2313

12 May 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: TITANIUM LIMOUSINES PTE LTD
TRAFFIC ACCIDENT ON 7 MAY 2023 AT 14:30 HRS ALONG TRAS STREET INVOLVING
VEHICLES NO. SLL6845J & SHD6642S

We are instructed by TITANIUM LIMOUSINES PTE LTD to notify you of a road accident on 7 MAY 2023 at about 14:30 hrs along TRAS STREET involving our client's vehicle registration number SLL6845J and vehicle registration number SHD6642S 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: Palladium Auto Solutions Pte Ltd
Address: No. 1 Kaki Bukit Avenue 6
#01-68 Auto Bay
Singapore 417883
Contact: Shah (9004 2550)

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	08/05/2023 13:15 (SGT)
Reported by	Actual Driver
Date of Accident	07/05/2023 14:30 (SGT)
Exact Location of Accident	Tras St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6845J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TITANIUM LIMOUSINES PTE LTD
Company Reg No	201213055R
Email Address	SHAH@TITANIUMLIMOUSINES.COM.SG
Mobile Phone No	(Phone) +65-90042550
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220
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	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2005253652

DRIVER

Name of Driver	RADINSALIH BIN RAHMAD
NRIC No	S7246909G
Date Of Birth	18/12/1972
Occupation	Outdoor

Date Of Driving Pass	29/04/1993
Driving experience	30 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83983774
Alt. Phone Number	-
Email Address	SHAH@TITANIUMLIMOUSINES.COM.SG
Address	BLK 34 MARSILING DRIVE #06-389
Address complement	-
Postcode	730034
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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?	No
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

ON 07.05.2023 AT 1430HRS, MY CAR MERCEDES E CLASS SLL6845J WAS PARKED STATIONARY AT LOT 27 PARKING LOT ALONG TRAS STREET. I WAS SITTING INSIDE THE CAR AND SUDDENLY A BLUE COMFORT TAXI PLATE SHD6642S BANG THE REAR RIGHT PORTION OF MY VEHICLE. INSTEAD OF STOPPING, THE TAXI KEPT GOING. I MANAGED TO CHASE IT TO THE ST SIGNATURE HOTEL TANJONG PAGAR WHICH WAS FURTHER UP AND CONFRONTED THE DRIVER AND TOOK PICTURE OF HIS TAXI.

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	SHD6642S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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

SKETCH PLAN

SKETCH PLAN

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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.

Titanium
LIMOUSINES PTE LTD
UD REP NO. 2212111111

Policyholder's Signature / Date & Time

[Signature] 08/05/23 @ 10:00 AM

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

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

Sketch Plan

TRANS STREET

ST SIGNATURE H/L

[X]

AD 27

CAR A : SLL 6845 J

CAR B : SHD 6642 S

CAR A STATIONARY AT PARKING LOT 27

Describe Circumstance of the Accident

On 07/05/23 @ 1430 HRS my car MERCEDES E class SL 6845J was parked stationary @ lot 27 parking lot along TRAS STREET. I was sitting inside the car and suddenly a blue comfort taxi plate no SHD 66425 banged the rear right portion of my vehicle. Instead of stopping, the taxi kept going. I managed to chase it to the ST Signature Hotel Tanjung Pagar which was further up and confronted the driver and took pictures of his taxi.

Declaration

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

Titanium
LIMOUSINES PTE LTD
Pole Position Insurance Services

[Signature] 08/05/23 @ 1000 HRS
Driver's Signature (if driver is not the policyholder) / Date & Time

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