

# 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.RA (SLM414D)  
Your Ref: GBF9996L

TEL: 6438 1323  
FAX: 6438 2313

15 May 2023

Lonpac Insurance Bhd  
300, Beach Road  
#17-04/06 The Concourse,  
Singapore 199555  
**Attn: Motor Claims Department**

BY EMAIL ONLY

Dear Sirs

## NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION

CLAIMANT: CHAN MENG PIOW  
TRAFFIC ACCIDENT ON 15 MAY 2023 AT 11:50 HRS ALONG DEFU AVENUE 1 INVOLVING  
VEHICLES NO. SLM414D & GBF9996L

We are instructed by CHAN MENG PIOW to notify you of a road accident on 15 MAY 2023 at about 11:50 hrs along DEFU AVENUE 1 involving our client's vehicle registration number SLM414D and vehicle registration number GBF9996L 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: RC AUTO  
Address: 160 Sin Ming Drive  
#06-20 Sin Ming Autocity  
Singapore 575722  
Contact: Mr. Tan (9761 9383)

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

.....

## 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

(Draft)

SL0M235F000C / Lai Huat (Meng Kee) Motor Pte Ltd  
ENTRY DATE & TIME -  
SUBMITTED BY: [To Be Confirmed]  
VERSION: 1 (15/05/2023 16:19 (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 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	-
Reported by	-
Date of Accident	Both Policyholder and Actual Driver
Exact Location of Accident	15/05/2023 11:50 (SGT)
Additional Location Information	Defu Ave 1, Singapore
Country/State of Loss	nearer Hougang Avenue 3 side, beside Singapore Girls' Home
	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM414D

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chan Meng Piow
NRIC No	SXXXX166F
Email Address	mengpiow@gmail.com
Mobile Phone No	(Phone) +65-90057212
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	Altis
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01004409

#### DRIVER

Name of Driver	Chan Meng Piow
NRIC No	SXXXX166F
Date Of Birth	19/10/1968
Occupation	Indoor

Date Of Driving Pass	(Draft)
Driving experience	24/02/1986
Gender	37 YEARS AND 3 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-90057212
Email Address	-
Address	mengpiow@gmail.com
Address complement	25 Ang Mo Kio Avenue 9 #09-17
Postcode	NUOVO
Is the driver the policyholder?	569788
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

Please refer to the 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	GBF9996L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Normazrul Bin Nordin
NRIC No	SXXXX074B



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

(Draft)

(Phone) +65-87507331  
Blk 492E Tampines Street 45 #08-632  
-  
525492  
-  
-  
-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	Chan Meng Piow
Gender	Male
Phone No	(Phone) +65-90057212
Address	25 Ang Mo Kio Avenue 9 #09-17
Address Complement	NUOVO
Post Code	569788
Approximate Age Years Old	54
Injuries Sustained	-
Injured person in which vehicle?	SLM414D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## IMPORTANT NOTICE

## SKETCH PLAN

- Please report correctly the details of the accident to speed up the claims process.  
This Form must be completed by the Policyholder and/or the Actual Driver.
- 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.
  - The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
  - Any false reporting may be referred to the Traffic Police Department for investigation.**
  - 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.
  - 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

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

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

Sketch Plan

Please refer to attachment.

## **PARTIES INVOLVED**

Front vehicle – SLM414D  
Driver – CHAN MENG PIOW  
IC and Licence NO – S6840166F

Rear vehicle – GBF9996L  
Driver – NORNAZRUL BIN NORDIN  
IC and Licence NO – S9341074B

TSL Logistics Pte Ltd  
Blk 3 Kaki Bukit Road 1  
#02-01 Eunos Technolink  
Singapore 415935  
Reg No: 2013094031M

## **WHERE and WHEN**

On Defu Ave 1 (nearer Hougang Ave 3 side), beside Singapore Girls' Home. At about 11:50am

## **WHAT happened:**

I was travelling along Defu Ave 1, after turn in from Hougang Ave 3. All vehicles slowed down and came to a halt. Suddenly I felt a strong bang and loud sound when my vehicle was in a stationary position. I held on to the brakes as there were also stationary vehicles in front of me. I felt a tuck to my head and neck area. I look into all my sides and rear mirror to make sure it is safe, and I then turned on my parking lights (double yellow), and proceeded to inspect both vehicles.

We exchange all necessary information i.e. IC, driving license, my insurance documents. I called sompo insurance hotline to take advice. I was told to report to an authorized reporting centre.