

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 (SCU685C)
Your Ref: SHB5553H

TEL: 6438 1323
FAX: 6438 2313

23 May 2023

MS First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877
Attn: Motor Claims Department

BY EMAIL ONLY

Dear Sirs

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION
CLAIMANT: TAN KUAN LIANG
TRAFFIC ACCIDENT ON 20 MAY 2023 AT 10:35 HRS ALONG EAST COAST PARK SERVICE ROAD INVOLVING VEHICLES NO. SCU685C & SHB5553H

We are instructed by TAN KUAN LIANG to notify you of a road accident on 20 MAY 2023 at about 10:35 hrs along EAST COAST PARK SERVICE ROAD involving our client's vehicle registration number SCU685C and vehicle registration number SHB5553H 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 /
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	20/05/2023 14:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/05/2023 10:35 (SGT)
Exact Location of Accident	E Coast Park Service Rd, East Coast Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCU685C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KUAN LIANG
NRIC No	S9317095D
Email Address	TAN.KUANLIANG@DHS.SG
Mobile Phone No	(Phone) +65-97584600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	4DR 1.5 AT M-HYBRID ELEGANCE
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	1496

INSURANCE COMPANY

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

DRIVER

Name of Driver	TAN KUAN LIANG
NRIC No	S9317095D
Date Of Birth	07/05/1993
Occupation	Indoor

Date Of Driving Pass	29/08/2013
Driving experience	9 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97584600
Alt. Phone Number	-
Email Address	TAN.KUANLIANG@DHS.SG
Address	BLK 615 HOUGANG AVENUE 8 #02-402
Address complement	-
Postcode	530615
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Major/Minor Rd
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	PASSENGER
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

ON THE DATE & TIME STATED, I WAS ALONG EAST COAST PARK SERVICE ROAD. AS I WAS ATTEMPTING TO DRIVE PAST THE FILTER EXIT FROM MARINE PARADE FLYOVER, THE TAXI, SHB5553H, EXITED FROM THE FILTER EXIT AND COLLIDED INTO THE LEFT FRONT PASSENGER DOOR OF MY CAR.

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	SHB5553H
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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

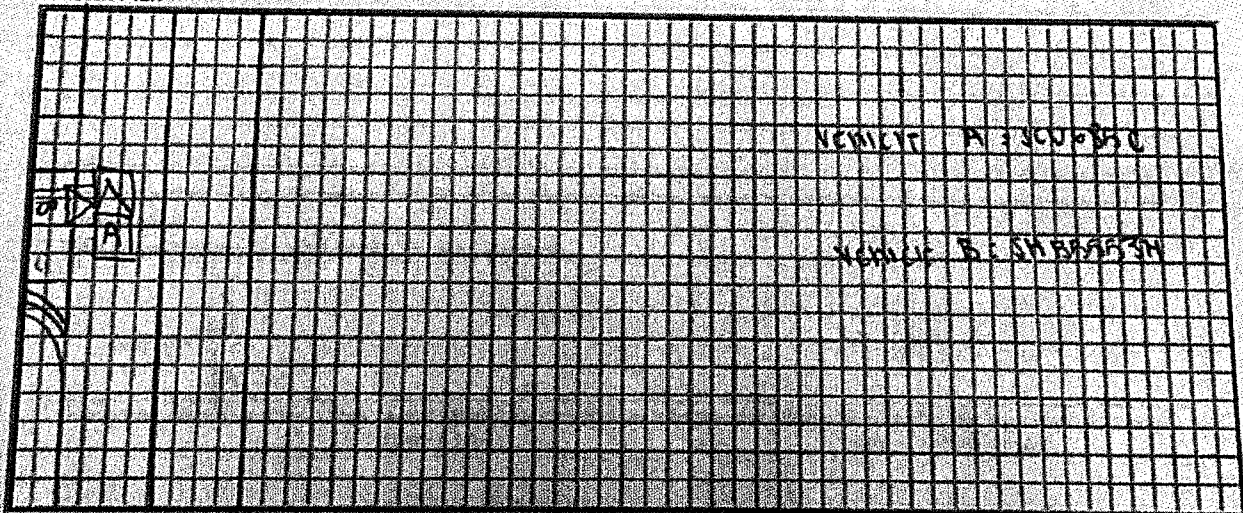
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) 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.
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



v.Jun2022

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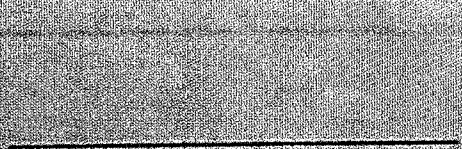
Describe Circumstance of the Accident


On the date I am stated, I was along East Coast Park Service Road. As I was attempting to drive past the filter exit from Marine Parade Flyover, the taxi, SHB5553H, exited from the filter exit and collided into the left ~~and~~ front passenger door of my car.

Declaration

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


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)