

# 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 (EK6006C)  
Your Ref: SHB2344P

TEL: 6438 1323  
FAX: 6438 2313

30 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: TAN YEOW CHONG WILLIAM**

**TRAFFIC ACCIDENT ON 28 MAY 2023 AT 09:55 HRS ALONG EXIT 3C TO PASIR RIS  
DRIVE 8 INVOLVING VEHICLES NO. EK6006C & SHB2344P**

We are instructed by TAN YEOW CHONG WILLIAM to notify you of a road accident on 28 MAY 2023 at about 09:55 hrs along EXIT 3C TO PASIR RIS DRIVE 8 involving our client's vehicle registration number EK6006C and vehicle registration number SHB2344P 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**

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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 .....	29/05/2023 19:24 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/05/2023 09:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	EXIT 3C TO PASIR RIS DRIVE 8
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	EK6006C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN YEOW CHONG WILLIAM
NRIC No .....	SXXXX051E
Email Address .....	EK6006C@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97555966
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	ALTIS
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	MR053ZEC107125437

### DRIVER

Name of Driver .....	TAN YEOW CHONG WILLIAM
NRIC No .....	SXXXX051E
Date Of Birth .....	10/11/1965
Occupation .....	Indoor

Date Of Driving Pass .....	08/06/1983
Driving experience .....	39 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97555966
Alt. Phone Number .....	-
Email Address .....	EK6006C@GMAIL.COM
Address .....	69 PASIR RIS GROVE
Address complement .....	-
Postcode .....	518219
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 - 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) .....	3
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 .....	JOLINE GOH
Gender .....	Female

#### PASSENGER 2

Name .....	JILLIAN
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

#### REFER TO THE SKETCH PLAN

#### 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 .....	SHB2344P
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TAN YEOW CHONG WILLIAM
Gender .....	Male
Phone No .....	(Phone) +65-97555966
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN IN THE NECK AND SHOULDER
Injured person in which vehicle? .....	EK6006C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

Date of accident: 28/05/2023 Time: 9.55pm Location: Exit 3C To Pasir Ris Drive 8  
 My Vehicle A: EK6006 C Vehicle B: SHB2344P Vehicle C: \_\_\_\_\_

SKETCH PLAN

Describe Circumstances of the Accident.

My vehicle was stationary @ exit 3C to Pasir Ris Dr & waiting to turn out.  
 While waiting for the front vehicle to turn out to Pasir Ris drive 8. Suddenly vehicle B (SHB2344P) collide onto my vehicle EK6006C rear.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

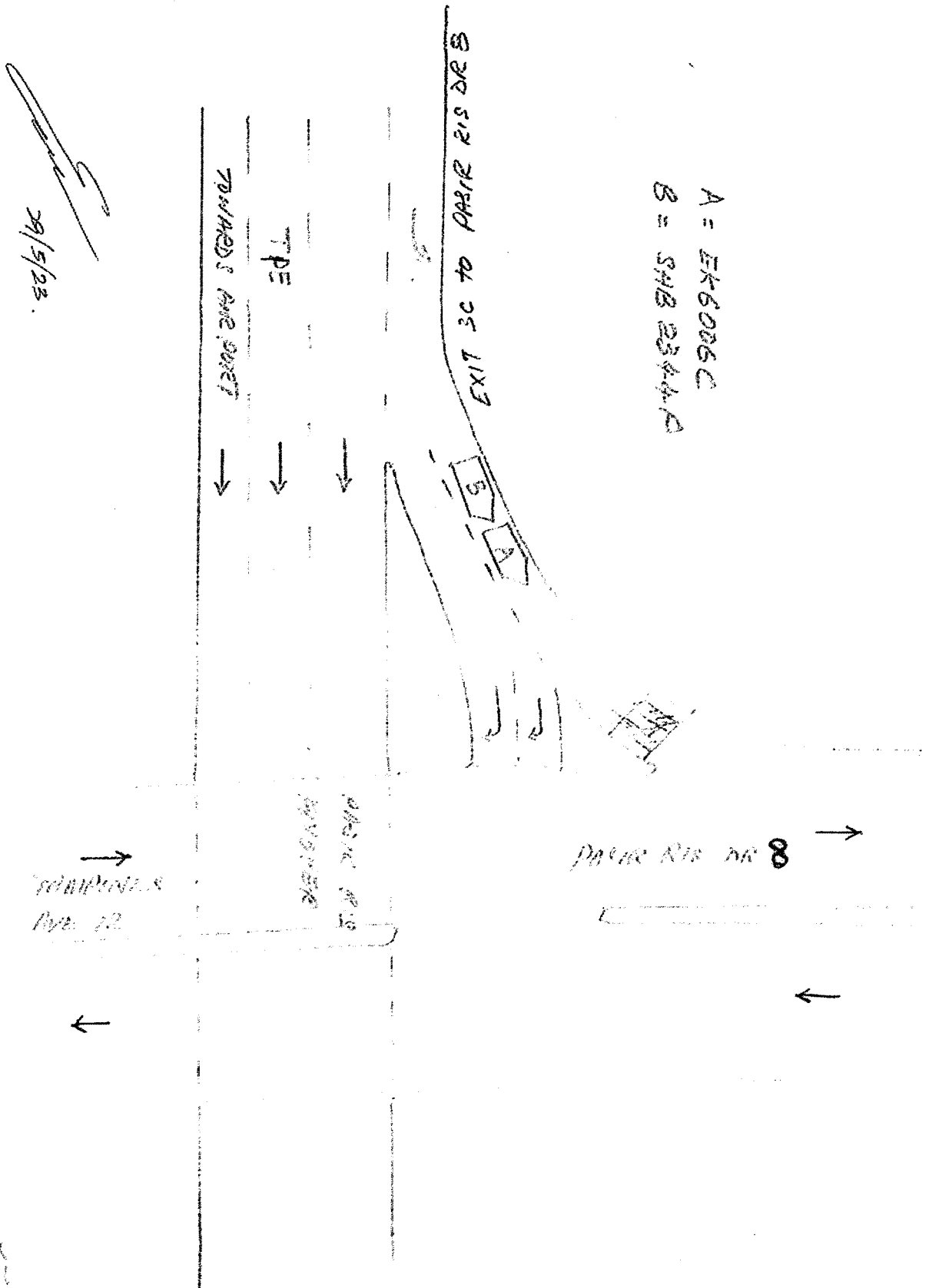
We declare the foregoing particulars are true in every respect.

29/5/23  
 Policyholder's Signature (Date & Time)

29/5/23  
 Driver's Signature (If driver is not the policyholder) (Date & Time)

29/05/2023  
 Witnessed by Reporting Centre Personnel

28/05/2023



**SKETCH PLAN**


Budget Direct  
Vehicle: BK-6006C  
29/05/2023


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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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. The 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.
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 be 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
    - (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/postal packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim, (collectively the "Purposes");
  - (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 third 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.

**Sketch Plan**

Refer to attached sketch plan.

  
29/5/23  
Policyholder's Signature / Date & Time

  
29/5/23  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
29/05/2023  
Witnessed by Reporting Centre Personnel

AMERICAN OVERSEAS