

Assessment Centre Services

19/09/2022 18:35
 N58/C12 220092011
 SGF 319
 16/09/2022 11:21

Job description: SAS e-filing, E-mail (with this, AIC 3hr), 1-Motor Claim Form, 1-Motor W/O (VMI/OD, 3hrs, TP 4hrs), 1-Photo Uploaded, Assessment/Survey Report, Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed: Done by:

Insurer: Tel: Fax:

Refer Wksp / INC Assign Wksp / QW: INC () / Non-INC ()

Particulars: Vch No: YL2624C Tel:

Owner / Driver: Cover Type: ()

Policy No: Period: () Date: Time: ()

Confirmed by: () % (Note: Est. Status (WO) N/O-20%, P: 21-79%, P: 80-100%)

Insured / Driver Liability: () Warranty: YES () / NO ()

Year of Registration: () Loading: \$1,000 () / \$2,000 ()

Excess: \$

Waive-In Customer: Customer's information strictly Confidential & strictly NO refer of repairer.

Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$5,000) ()

Injury: ()

Other: ()

XA2202567

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

C Checked by (Engin-In-Charge): ()

Author: ()

1/2/3:

Invoice Production Checklist	
1) ARI Accident Reporting (\$30)	RIC (\$50)
2) DA / Damage Assessment (\$100)	\$50 (\$50)
3) TP / Towing Fee	\$120
4) FT / Follow-Through Survey	\$30
5) YP / Follow-Through Survey (Resurvey)	
For claiming against TNC Only (over 10 Jan 2023)	
6) TR / Re-inspection	\$75
7) NI / Loss DA + Short Survey	\$160
8) NTUC Additional Services	
9) NI / Loss DA	
NI / Courtesy Car / Tpl Allowance	
NI / Repair Coordination	
NI / Post Repair Inspection	
NI / DV / Collect Wages Coordination	
TP (NI) / TP (Pain INC) against INC	
NI / Loss DA	
Invoice dated	Per Charged
Invoice dated	Per Charged



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	19/09/2022 18:35 (SGT)
Reported by	Both
Date of Accident	16/09/2022 11:21 (SGT)
Exact Location of Accident	Tuas Rd, Singapore
Additional Location Information	ROUND ABOUT BELOW TUAS FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ31A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG CHEE KEONG, DEREK
NRIC No	SXXXX817I
Email Address	derek@bridgewerkz.sg
Mobile Phone No	(Phone) +65-97777797
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2494

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00122362202

DRIVER

Name of Driver	CHONG CHEE KEONG, DEREK
NRIC No	SXXXX817I
Date Of Birth	06/03/1972
Occupation	Indoor

Date Of Driving Pass	11/02/1993
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97777797
Alt. Phone Number	-
Email Address	derek@bridgewerkz.sg
Address	BLK 16 CLEMENTI AVENUE 1 #22-01
Address complement	-
Postcode	129960
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 - Change/cross lane
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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH THE WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL2624C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEN HAO

NRIC No	XXXXX048E
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

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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 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.

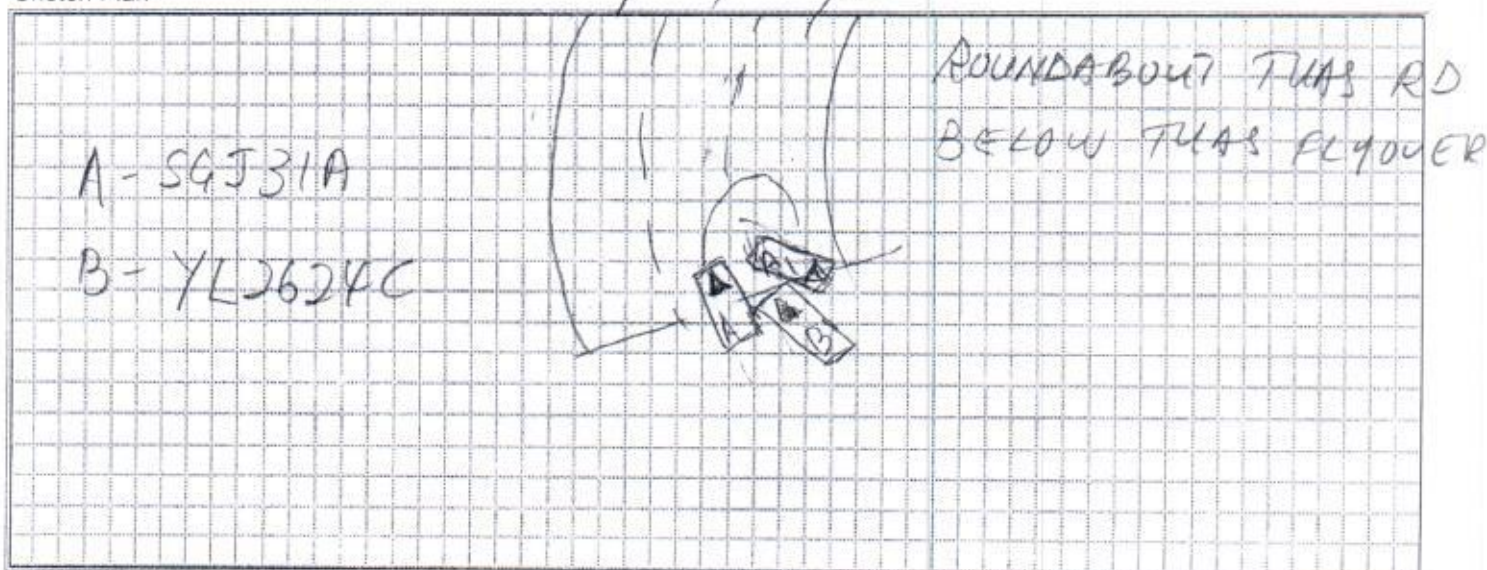
Policyholder's Signature / Date & Time

16/09/2022
10:00pm

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



Google Maps Singapore

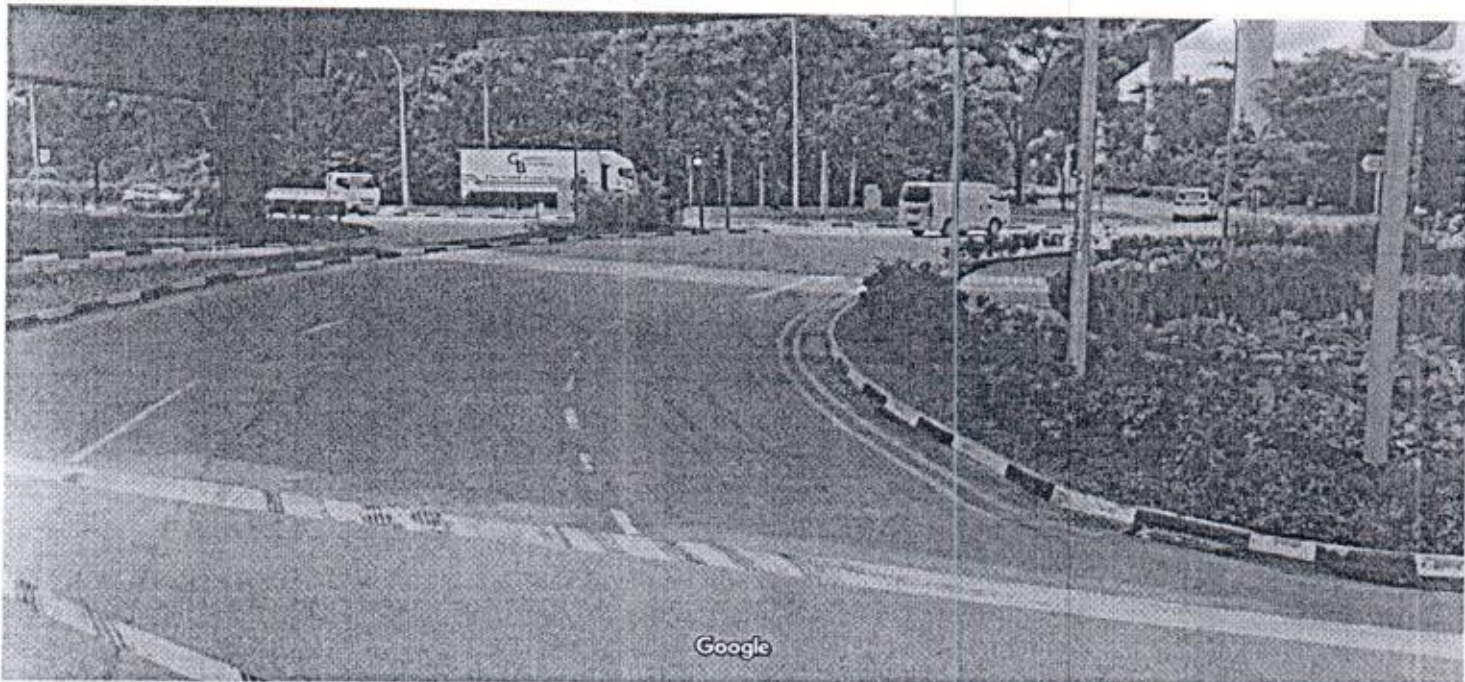


Image capture: May 2022 © 2022 Google

Google

Street View - May 2022



See 19/09/2022

Describe Circumstance of the Accident

travelling

While I was at the roundabout (Tuas Road and Jalan Ahmad Ibrahim Junction), within my lane, exiting Tuas Road exit towards PIE, a lorry hit the back of driver side and caused my car skidded 90 degree. The lorry driver cut into my lane causing the accident.

Declaration

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

Policyholder's Signature / Date & Time

16/09/2022

14.00pm

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

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

19/09/2022

ACCIDENT STATEMENT

ACCIDENT DATE: 16/09/2022 (DD/MM/YYYY) TIME: 11:21 (HH:MM)

LOCATION: Roundabout Tuaras Rd Below Tuaras Flyover

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ31A
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: DMPCSNW00108792101
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Lexus 250 AUTO / MANUAL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Chong Chee Leong, Derek (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S72078171 CONTACT: 97777797
 c) ADDRESS: Blk 16, Clementi Ave 1 #22-01
SP012 12996

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 06/03/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11/02/1993

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YL2624C MODEL: _____
 b) DRIVER'S NAME: CAIN HAO
 c) NRIC/FIN/PASSPORT: S7267048E CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = derek @ bridge works . sg

fax =

video = yes with workshop



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

R SN

AN0101A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No

DMPCSNW00122362202

Engine No: 2ARF048288

Cha. No. JTHBJ1GG002082099

1. Index Mark and Registration
Number of Vehicle

SGJ31A

AUTOSAFE

2. Name of Policy Holder

CHONG CHINEE NGONG BERKAT

3. Effective date of the Commencement of
insurance for the purposes of the Regulations,
Ordinance or Enactment

23/06/2022
(00:00:00)

Named Drivers Ex Sect. I

S\$1,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

4. Date of Expiry of Insurance

22/06/2023

5. Persons or Classes of Persons entitled to drive

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6. Limitations as to use *

Use for social, domestic and pleasure purposes and for the Policyholder's business

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

Authorised Workshops for each Policy Year

HIRE PURCHASE CO.: HONG LEONG FINANCE LTD AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify

that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Please see reverse

ITRUST PTE LTD
212 HOUGANG ST21
#02-349

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ITRUST PTE LTD

Authorised Officer

SINGAPORE 530212

TEL: 6438 0883 FAX: 6286 0295

EMAIL:itrust@singnet.com.sg

杨亚美

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Keep
in
Car