		CU12333180	004	
ATIONAL Assessment Centre		Date &Time Comple	teul Der	ne by
Date In: 27/1/23 [7:17]	Volt describition	15/10/01/11		
Rel No: NBA/CTI 23000814/4.	SAS e-lifting	• .1		
Vali No: SGT. 31A	E-moll (within there, AIC?		1,,,	
D.O.A: 21/01/23: "71:76	1-Motor Claim Form	A AMERICAN PROPERTY AND PROPERTY OF THE PERSON OF THE PERS		
A STATE OF THE PARTY OF THE PAR	1-Motor W/O (White:	D Inn, I'r thre)		- · · · · · · · · · · · · · · · · · · ·
OD : (FP) Repening Only	1-Phete Uplouded		-	
and the same of th	Assessment/Survey Re			
TP insurer:	Ass't Report by Fax!	fand to Owner/Whap		1
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
re Penticulars Veh No. 683	5.25512	MC() / Mon-INC() ;	
Owner / Driver: (Tel:		3
Policy No: () Per	icd: (·) Cover Type: (
Confirmed by : '(Date Caro	N: 0-2014, P: 21-79%.	F: 80-190W	
The state of the s	Warrenty: YES ()/8			
1 CD. D1 175 CA 14 CA 14 CA 17		-		
A DOMESTIC AND THE PARTY OF THE			Salaton S.	
Control Remarkant () Walk-in Customers info	remailed elitery Confides	lal & Stright NO rator of te	Statement of the later of the l	
() Walk-in Customar i Costorier s inju	AT LID CENTLY	The state of the s	W DOM: No. of St. office of An Administration	
A second); Towing Co: ()
	The second of the second secon	NET CHAID LEATING YOR		Done by
Remarks and Alling horlings, 6783, 6616)	Contrash Cat ().		0.7.73, 0.19	
The state of the s	Courses Car()	The state of the s		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo (Repair Cost > 9	30001 ()	1		
3) Opioes resource, those firebase				
Injury:	CONTRACTOR OF THE PARTY OF THE	- Lawrence		344.1 3
One Tuel Actions	att factories		Statistics and a service	
0 × 4 × 4			,	7
			1949297	
4557				
				1 (5) (1) Ab-1 (2)
110,200,000	in	voice Preparation Chrok	Jist A. Brasill	在EMPTAN BIN
MA251107-10	THE SECTION OF SECTION	The Accident Reserving (530))	INC (354)	-
geim jufge garticafficet.	61.000	FT Towing Fig	\$19/\$43\ \$130\	
ziver/Owner:		PT : FelloweThrough Survey (Base FT : PolloweThrough Survey (Base	10241 336	
ontact No:	· ·	Tar hedding or	373	
enniged Fortion: "".	77	NTHE A DAY SMET SHIPEY	- 5160	
	4	CDI	35	
C Checked by (Engr-In-Charge):		NS: Courtery Carl Tot Alleways	\$10	
The second section of the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the section is the second section in the section is the second section in the section is the section in the section in the section is the section in the section		Printed Papels Isspession	notion \$1	
nu tore Commences	2008 EV 2006 A 34 CAMP	Tarkell 1) : TP (North 1800) Contra	7186 326	
	Age bis and a second se	15 141211110 Mobile	Fie Charged	THE PERSON
12/3		russerna dered	Sine Charmen	
				T

.e. * y



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 witholding 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.

ACCIDEN	T STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	27/01/2023 12:19 (SGT) Both 21/01/2023 21:26 (SGT) Singapore HAVELOCK ROAD TOWARDS LOWER DELTA ROAD Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SGJ31A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No CHONG CHEE KEONG DEREK SXXXX817I DEREK@BRIDGEWERKX.SG (Phone) +65-97777797
VEHICLE PARTICULARS	
Manufacturer Model Variant 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? Vehicle Category Transmission CC	Lexus Es250 - Private use Yes Private car Auto 2487
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00122362202
DRIVER	
Name of Driver NRIC No Date Of Birth Occupation	CHONG CHEE KEONG DEREK SXXXX817I 06/03/1972 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/02/1993 29 YEARS AND 11 MONTHS Male (Phone) +65-97777797 - DEREK@BRIDGEWERKX.SG 16 CLEMENTI AVE 1 #22-01 - 129960 Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
REFER TO REPORT		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH WORKSHOP	
DETAILS OF OTHE	R VEHICLE PROPERTY 1	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	GBJ2551L Commercial vehicle	
Name of Driver	-	

Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of proporty domaged in a self-	-
No. Of Passenger (Including Driver)	-
tion of according to (including Dilver)	1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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:

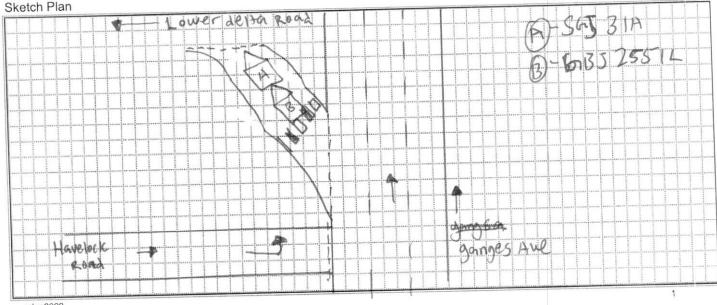
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

27/01/23 11-45am

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)



vJun2022

Describe Circumstance of the Accident	h-/1-
pescribe Circumstance of the Accident Was Irving along HAVELOCK hand turning to Le Ad. HS was (hecking for clear traffic at give was line feet felt a Impact from the bo	gwerde Ha
Ad. HS I was thecking for clear traffice at	the
give wan line I feet felt a Impact from the b	ack
I went down and see that vehicle (GBJ 2551L)	Rear
ended in me.	
Visconia	
	19

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

AGGIDENT'STATEMENT

ACCIDENT SIXIEMS	
ACCIDENT DATE: (21.01, 23)(DD/MM/YYY)	TIME: (21. , 26) (HH:MM).
LOCATION: have NEIL Food 40 wards Lo	wer delta ad
LOCATION: have 10 (12 1 cas) Howards 25	,
I. DETAILS OF VEHICLE	r r x
alvehicle NUMBERI SGJ 3117	
BIINSURANCE COMPANY!	
CIPOLICY NUMBER:	Y/THIRD PARTY FIRE &THEFT)
dipolicy type: (COMPREHENSIVE / TIMES / A	1280 .635250
BIMAKE & MOUELILL	INOTORCYCLE! OTHERVI
FITYPE: (SACOON / COUPE / MPY / VAN / LORRY G) VEHICLE CATEGORY: (PRIVATE / COMMERCIA G) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	AL/MOTORCYCLES
DIVEHICLE CATEGORY: (PRIVATE / COMMENCE) h) PURPOSE OF USING AT ACCIDENT TIME: 1 h) PURPOSE OF USING AT ACCIDENT TIME: 1	ANCE (YES/NO)
h)PURPOSE OF USING AT ACCIDENT TIME! I) ARE YOU CLAIMING UNDER YOUP OWN INSUI IF HO, PLEASE STATE (THIRD PARTY CLAIM / RE	PORTING ONLY)
IF NO, PLEASE STATE TIMES I	Δ
2. INSURED / POLICY HOLDER Keong Dere	CONTACT Q777 7797
CILIDIO VEINIPASSICIRI: DI COLLEGIO	
O)ADDRESS: 16 CIEMENTI AVE	22-01 5(129960)
* CONTINUE TO 3.d IF DRIVER ALSO POUCY HE	DLDER
	· (MALE / FEMALE)
WHO of passanger DRIVER diNAME:	MACETICATION
(Including driver.) DINRIC/FIN/PASSPORYI	CONTACTI
140005551	
*d) DATE OF DIRTH: (06/3/1970)(DD	1, 16 (AAAAW)
e)OCCUPATION: [INDOOR / OUTDOOR]	A 1993 .
The same of the sa	THE MANAGENTY?
1) DATE OF DRIVING PASS 1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSU 1F NO, RELATIONSHIP OF THE DRIVER W 1F NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: NAME
IN NO THE THE PROPERTY OF AR / RAINING	OFFICIO
5, GIWEATHER CONDITION, COLOR OTHERS DIROAD SURFACE! (DRY / WET / OTHERS	
· · · · · · · · · · · · · · · · · · ·	
7. DIREPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE	ONL
IN UPO PIEACH STAIR WITHOUT YOU	LODEL L
8. THIRD PARTY VEHICLE BBJ 25514	WODEL
BI DRIVER'S NAME	CONTACT
C Inclinding Street CI HRIC/FIN/PASSPORT	
9. THIRO, PARTY VEHICLE a) VEHICLE NUMBER!	MODELI
d) VEHICLE NOMBER	The state of the s
Who of passanger of DRIVER'S NAME	CONTACTIL
(Induding debver) NRIC/FIN/PASSPORT!	CONTACTIL
(Industing deliver) NRIC/FIN/PASSPORT!	CONTACTIL
(Industing, debrew) DRIVER'S HAME: (Industing, debrew) NRIC/FIM/PASSPORT:	CONTACTIL

email. = Derek@Bridgewerkz. 59 VIDED yes, with work Shop.



Motor Private Car

MX1E

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

Index Mark and Registration

SGJ31A

AUTOSAFE -----

Number of Venicle

2 Name of Policy Horde

4. Date of Expiry of Insurance

CHONG CHIEF KEONG DEREK

Effective date of the Commencement of Insurance for the purposes of the Regulations Ordinance or Enactment

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

22/06/2023

Named Drivers Ex Sect. I

\$\$1,000.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 Ex Sect. I - Age >= 26 \$\$3,000.00 \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN

S\$100.00

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

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

I TRUST PTE LTD

Authorised Officer

SINGAPORE 530212

TEL: 6488 0883 FAX: 6286 0295 EMAIL: itrust@singnet.com.sg

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