

VEHICLE NO: 93L8304J

MAKE & MODEL: Toyota niala

AUTO / MANUAL

DATE OF ACCIDENT	<u>06 / 04 / 2023</u>	<u>1800</u> *C.C.
TIME OF ACCIDENT	<u>1205</u>	AM / <input checked="" type="radio"/> PM
LOCATION OF ACCIDENT	<u>JUNCTION of RING PIN ROAD and Tiong Bahru Road towards</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE <u>Zim R...</u>	
NAME OF OWNER	<u>DOMS SHENH SUPPLIES PTE LTD</u>	
EMAIL: <u>Zhonghao1995@hotmail.com</u>	Office:	MOBILE: <u>94871253</u>
NRIC	<u>UEN</u>	
CLAIM TYPE	OD / <input checked="" type="radio"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / <input checked="" type="radio"/> NO ?	
INSURANCE CO.	<u>NTUC Income</u>	
TYPE OF COVERAGE	Comprehensive / <input checked="" type="radio"/> Third Party / Third Party Fire & Theft	
POLICY NO.	<u>5127331225</u>	
NAME OF DRIVER	AS ABOVE / IF NO: <u>Kang Zhong Hao</u>	
NRIC	<u>S95234022</u>	
DATE OF BIRTH	<u>13 / 06 / 1995</u>	
ANY PASSENGER	YES / <input checked="" type="radio"/> NO:	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	<u>04 / 08 / 2021</u>	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	Mobile: <u>8687 2300</u>	Office:
EMAIL:		
ADDRESS	<u>BK 896B Woodlands Drive 50 #09-110 S (731896)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="radio"/> NO / If yes: Reg No:	INSURER:
RELATIONSHIP	<input checked="" type="radio"/> Employee / If No:	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other:	
ANY INJURIES	No / If yes: <u>Who? BACK 2 NECK</u>	
CONVEYED BY AMBULANCE	<input checked="" type="radio"/> No / If yes: <u>Who?</u>	
POLICE REPORT	<input checked="" type="radio"/> No / If yes: <u>Where?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	<u>SNB7235S</u>	Any Passenger:
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="radio"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="radio"/> NO	
Who is Reporting	<input checked="" type="radio"/> Driver / <input type="radio"/> Owner / <input type="radio"/> Both	
Original Language Used	<input checked="" type="radio"/> English / <input type="radio"/> Mandarin / <input type="radio"/> Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="radio"/> NO	

SKETCH PLAN

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 Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



DONG SHENG SUPPLIES PTE LTD

Signature:

Date:

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

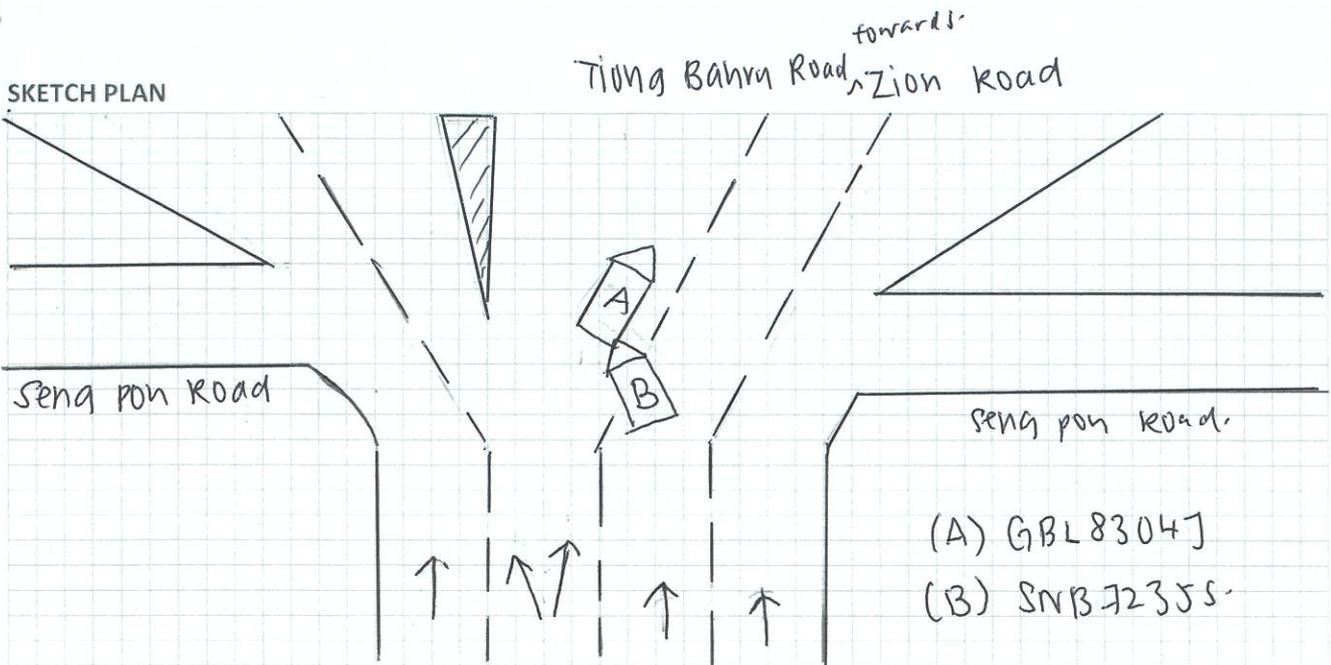
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop _____ via email / fax
Signature: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/04/2023 at about 1205hr at junction of Seng Poh Road and Tiong Bahru Road towards Zion Road. I was travelling along lane 3 at the above mentioned road and suddenly, a vehicle (B) on my right veered into my lane without cautious and checking his blindspot and hit onto the rear right portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to see a doctor and was given 03 days mc for my injury.

(A) GBL8304J

(B) SNB72355

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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



DONG SHENG SUPPLIES PTE LTD

Policyholder's Signature:

Date & Time:

Date:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5127331225

Cover : Preferred Workshop Plan

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBL8304J |
| Chassis Number | : TRH2000351556 |
| 2. Name of Policyholder | : DONG SHENG SUPPLIES PTE. LTD. |
| 3. Effective Date of Insurance | : 10 May 2022 |
| 4. Expiry Date of Insurance | : 09 May 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/her 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# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : SGML PTE. LTD. (00000573854)
 Date of Issue : 10 May 2022 12:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

DRIVER
GBL 8304J

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9523402Z**
Name: **KANG ZHONG HAO**
Birth Date: **13 Jun 1995**
Issue Date: **04 Aug 2021**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3 Ambulances / Motor cars \leq 3000kg with \leq 7 passengers, exclusive of the driver / motor tractors or vehicles \leq 2500kg	04 Aug 2021

NP 428A



DRIVER

GBL 8304J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9523402Z



Name
KANG ZHONG HAO

江 忠 浩

Race
CHINESE

Date of birth
13-06-1995

Sex
M

Country of birth
SINGAPORE

4599344

S9523402Z



4599344

NRIC No. S9523402Z



Date of issue
06-07-2010

Address
APT BLK 896B WOODLANDS DRIVE 50
#09-110
SINGAPORE 731896