

## 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 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. 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 Report	16/10/2018 15:41
Date Of Accident	15/10/2018 12:45
Exact Location Of Accident	TRAS ST TURN INTO ORCHID HOTEL CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	S1112CD
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMBASSY OF THE UNION OF MYANMAR
Co Reg No	-
Email Address	AUNGKOLATTPHOTO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81127091
Alternative Phone No	OFFICE-81127091

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VIANO-2.2 D CDI (W639) (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V07580/VBS/R06
Cover Note Number	

### Driver

Name of Driver	AUNG KO LATT
Passport No/FIN	G8326473Q
Date Of Birth	02/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81127091
Fax Number	
Contact Number	OTHERS-81127091
Email Address	AUNGKOLATTPHOTO@GMAIL.COM

Address	15 ST.MARTIN'S DRIVE
Postcode	257996
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181015/2135

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BICYCLIST
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN


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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.

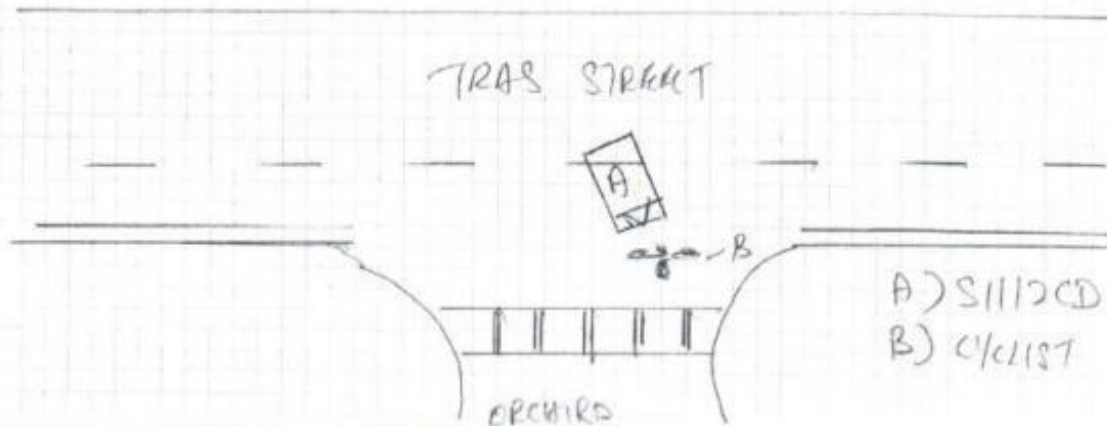
X   
Policyholder  
Date & Time:

  
16.10.2018  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
16/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ERCHARD ROAD  
CARPARK

*Handwritten note across the section:*  
 PUS REFER TO POLICE REPORT  
 7/2018/1015/2135

## DECLARATION

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



Policyholder's Signature  
 Date & Time:

*Handwritten signature*  
 16.10.2018  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*Handwritten signature*  
 16/10/2018  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181015/2135

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20181015/2135

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2018 16:55		Vide Report No.: A/20181015/0058		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AUNG KO LATT			Address: 15 ST. MARTIN'S DRIVE SINGAPORE 257996		
ID Type / ID No.: FIN NO / G8326473Q			Contact No.: Home/Office: Mobile: 81127091		
Nationality: MYANMAR			Email:		
Sex: Male	Age: 41	Date of Birth: 02/01/1977	Type of Informant: Driver		
Race: Burmese			Language: English		Institution / School Name:
Occupation: ASSISTANT OPERATIONS MANAGER			Driving Licence Information: Class: 3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2018 12:45	Type of Location: Straight Road
Location: Along Road 1 TRAS STREET ORCHID HOTEL CARPARK ENTRANCE.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: MOVING VEHICLE AGAINST CYCLIST			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
S1112CD	Car	MERCEDES BENZ	VIANO CDI2.2 EL	Black		0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# POLICE REPORT



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POLICE FORCE**



T/20181015/2135

Police Station Of Origin:  
Traffic Police Division HQ  
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Tel No: 65470000

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Report No. T/20181015/2135

## CONTINUATION OF REPORT

Driver				
Name	AUNG KO LATT		ID No.	G8326473Q
Related Vehicle	NIL		Contact No.	81127091
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

### Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS GOING TO SOFITEL HOTEL TO PICK UP MY OFFICERS. THERE WAS NO SPACE TO PARK ON THE ROAD SO I DECIDED TO PARK IN THE ORCHID HOTEL CARPARK. I HAD CHECKED CLEAR FOR VEHICLES AND PEDESTRIANS BEFORE SLOWLY MAKING A RIGHT TURN INTO THE CARPARK ENTRANCE. JUST AS I STARTED TURNING INTO THE CARPARK ENTRANCE, A CYCLIST RIDING AN "OFO" BIKE FROM THE OASIS HOTEL DIRECTION, SUDDENLY DASHED OUT INFRONT OF MY CAR. I COULD NOT REACT IN TIME AND COLLIDED ONTO THE LEFT SIDE OF THE BICYCLE. AS A RESULT OF THE INCIDENT, THE FRONT RIGHT HEADLAMP OF MY VEHICLE WAS BROKEN.

AFTER THE COLLISION, I CAME OUT AND CHECKED ON THE CYCLIST. THERE WERE NO VISIBLE INJURIES ON THE CYCLIST EXCEPT FOR A BIT OF REDNESS ON HIS LEGS. THE POLICE CAME ON SCENE AWHILE LATER AND MY PARTICULARS WERE TAKEN DOWN BY THE TRAFFIC POLICE AS WELL AS THE STAFF OF ORCHID HOTEL. I WAS ALLOWED TO LEAVE AFTER THE POLICE WERE DONE TAKING DOWN PARTICULARS BUT WAS TOLD TO MEET IO ABDILLAH AT TRAFFIC POLICE. THE AMBULANCE ALSO CAME DURING THE INCIDENT BUT THE CYCLIST WAS NOT CONVEYED TO THE HOSPITAL AS HE DID NOT HAVE ANY INJURIES.

I WISH TO SSTATE THAT I HAD IN-CAR CAMERA FOOTAGE OF THE INCIDENT AND THAT I HAVE PROVIDED THE FOOTAGE TO IO ABDILLAH. I AM ALSO LODGING THIS REPORT ON INSTRUCTIONS OF IO ABDILLAH.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181015/2135

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Traffic Police Division HQ  
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Tel No: 65470000

3 of 3

Report No. T/20181015/2135

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /  
ZENG ZI CONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
15/10/2018 16:55

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:



## ACCIDENT SCENE



## ACCIDENT SCENE



## ACCIDENT SCENE





## ACCIDENT SCENE



# ACCIDENT SCENE





**ACCIDENT SCENE**



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118134474 Vehicle Registration No: 8112 CD

Name (as shown in NRIC) : BUNNY KO LATT NRIC/FIN/Passport No : G8326473D

(☒ Vehicle Driver) (☐ Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No.: 81127091

Email Address : \_\_\_\_\_

Date of Accident : 15/10/2008 Time of Accident : 12:45

Place of Accident : TRANS ST TURN INTO ORCHID HOTEL CARPARK FANRANECK

Insurance Company: LIBERTY

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF BIRTH to 02/01/1977

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

Resli Wajah  
01/11/2008