

NATIONAL Assessment Centre Services (wef 1 Jan 2003) **MAA18134474**

Date In: 16/10/2008 15:41	Job description	Date & Time Completed	Done by
Ref No: NAB/LIP/8018774/4	SAS e-filing		
Veh No: S1113CD	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/2008 12:41	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: CYCL187 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-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:- (INC hotline: 6788 6616)

Remarks:-	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1806708

Claimant's Particulars:-	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
Date 1:	For claiming against INC Only (wef 10 Jan 2003)			
Date 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N11 INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice dated	Fee Charged		
	Invoice dated	Fee 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 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
Insured/Policyholder	
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	11/07/2011
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	2
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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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)

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.

X

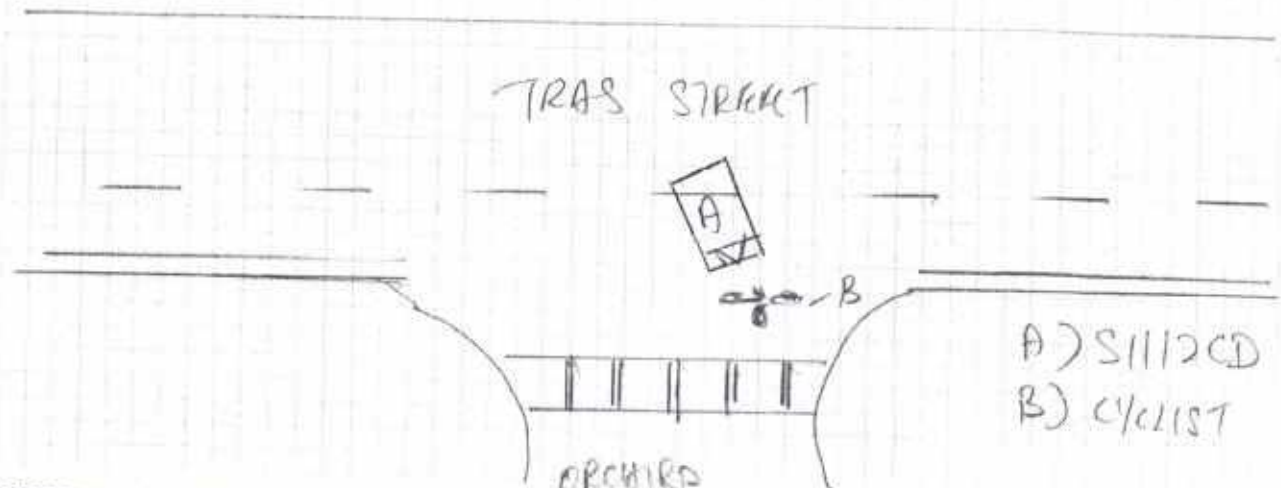
Policyholder
Date & Time:



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

18/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the form: PUS Refer to police report 7/2018/15/2135

DECLARATION

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



Policyholder's Signature
Date & Time:

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

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



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.:	
Informant's Particulars					
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



**SINGAPORE
POLICE FORCE**



T/20181015/2135

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

2 of 3

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 SOFITE 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 IN FRONT 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.



**SINGAPORE
POLICE FORCE**



T/20181015/2135

3 of 3

Report No. T/20181015/2135

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

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

Signature Of Informant:

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

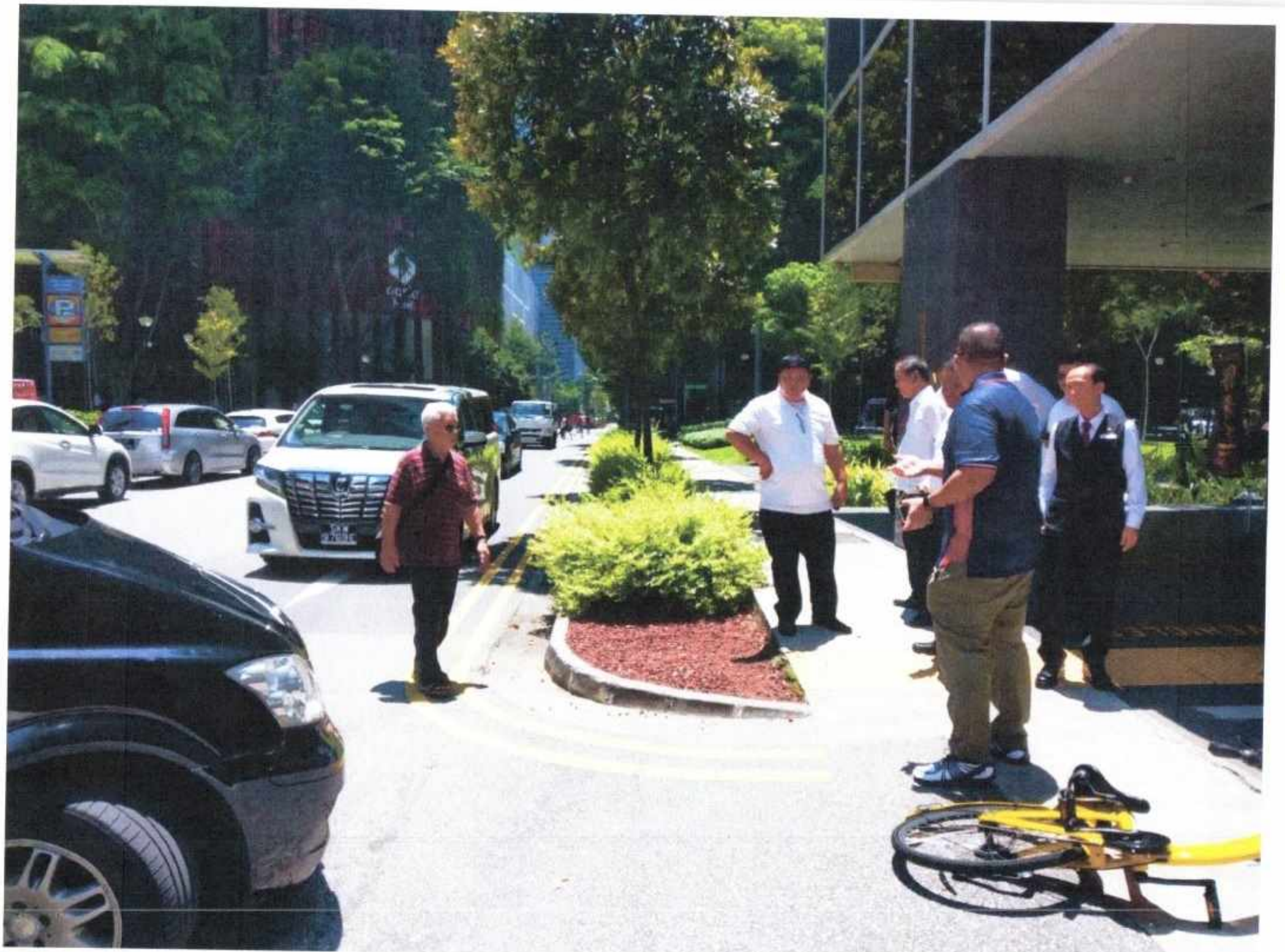
Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature:













ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 10 / 2018 (DD/MM/YYYY), TIME: 12 : 45 (HH:MM)

LOCATION: Along Road 1 TRAS STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S 1112 CD
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: S112V07580/VB11R06
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: EMBASSY OF THE UNION OF MYANMAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AUNG KO LATT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 9185264736 CONTACT: 81127091
 c) ADDRESS: 15 St Martin's Drive, Singapore
257996

*d) DATE OF BIRTH: 02 / 01 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 July 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: CY41UET MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

EMAIL = aungkolattphoto@gmail.com

VIDEO =

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
EMBASSY OF THE UNION OF MYANMAR

Sector: **SERVICE**

Name:
AUNG KO LATT

Occupation:
ASSISTANT OPERATIONS MANAGER

S Pass No.:
G 92227960

Date of Application:
08-01-2018

Date of Issue:
26-01-2018

Date of Expiry:
27-11-2020

L8606315



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G8326473Q**

AUNG KO LATT

Birth Date: **02 Jan 1977**

Issue Date: **02 Jul 2016**

Valid Till: **10/07/2021**

002584066A



VISIT PASS
Immigration Regulations

Name:
AUNG KO LATT

Date of Birth: **02-01-1977** Sex: **M** Nationality: **MYANMAR**

FIN: **G8326473Q** Date of Issue: **26-01-2018** Date of Expiry: **27-11-2020**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	11 Jul 2011
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	28 Nov 2015

NP 428A



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 SI18V07580 /VBS /R06

Form MZ603A

Date of Issue: 08-Jun-2018

1. Index Mark and Registration No. of Vehicle: S1112CD

2. Chassis number of Vehicle: WDF63981523722047

3. Name of Policyholder: EMBASSY OF THE UNION OF MYANMAR

4. Effective date of Commencement of Insurance
for the purpose of the Act: 13-JUN-2018 00:00

5. Date of Expiry of Insurance: 12-JUN-2019 23:59

6. Persons or Classes of Persons
entitled to drive*:

Any person provided he is in the Policyholder's employ and is driving on their order or with their 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to use*:

A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.

B) Use only in the Republic of Singapore.

8. Policy does not cover:

A) Use for racing, pace-making, reliability trials or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



Authorised Signature

For information only:

COVERAGE: Comprehensive, Unlimited Windscreen, Flood and Special Perils

SUM INSURED (\$\$): MARKET VALUE AT THE TIME OF LOSS

EXCESS (\$\$): Section I \$2,000.00, Additional Excess - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$150.00

FINANCE COMPANY:

PRODUCER NAME: E TAY TRADING COMPANY