

# NATIONAL Assessment Centre Services

(wef 1 Jan 03)

NA20036914

Date In: 26/03/2020 14:35	Job description	Date & Time Completed	Done by
Ref No: NA20004544/4	SAS e-filing		
Veh No: S1114CD	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/03/2020 11:00	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:

SMQ 4506

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)

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

NA2002517

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) 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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
Auditors' Comments:-	Invoice date:	Fee Charged	

Det 1:

Det 2 / 3:

## 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 GJA 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	26/03/2020 14:35
Date Of Accident	17/03/2020 11:00
Exact Location Of Accident	BIDEFORD ROAD TURNING RIGHT TO CAIRNHILL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	S1114CD
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR
Co Reg No	-
Email Address	ANBASSADOR@MYANMAREMBASSY.SG
Mobile Phone No	(LOCAL) +65-91495585
Alternative Phone No	OFFICE-91495585

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0003079
Cover Note Number	

### Driver

Name of Driver	MOHAMAD HUSSIN BIN ABDUL RAHMAN
NRIC No	SXXXX903G
Date Of Birth	04/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1982
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91495585
Fax Number	
Contact Number	OTHERS-91495585
Email Address	ANBASSADOR@MYANMAREMBASSY.SG



Address	BLK 231 ANG MO KIO AVENUE 3 #06-1228
Postcode	560231
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : MR NAI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ4506P
Vehicle Make/Model/Colour	TOYOTA C-HR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

A) S1114CD

B) SMQ 4566P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17/03/2020 AT ABOUT 11:00HRS I WAS TRAVELLING ALONG BIDEFORD ROAD AND WANTED TO MAKE A U-TURN TO CAIRNHILL ROAD. THERE WAS A CAR SMQ4566P IN FRONT OF JAM HIS BRAKE & I COULD NOT BRAKE ON TIME AND BUMP ON TO THE REAR OF THE SAID CAR AND VISIBLY DAMAGE HIS CAR & MINE

DECLARATION

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



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/3/2020

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

26/03/2020

Redi WAAAB3

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/03/2020) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: BIDEFORD ROAD TURNING RIGHT TO AIRFIELD RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 31114 RD  
 b) INSURANCE COMPANY: Indan  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Toyota Proace  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKER  
 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 REPUBLIC OF MYANMAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 91495585  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Mohammed (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 91495585  
 c) ADDRESS:

\* d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMQ 4566P MODEL: Toyota C-HR  
 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:

MR NAI (M)

No of passenger  
 (including driver)  
 (2)

No of passenger  
 (including driver)  
 ( )

No of passenger  
 (including driver)  
 ( )

email = ambassador@myanmarembassy.sg  
 VIDEO



**INDIA INTERNATIONAL INSURANCE PTE LTD**

(INCORPORATED IN SINGAPORE) CO. REG. NO. 19370572K

64 CECIL STREET #04/#05 JOB BUILDING SINGAPORE 049711

TEL: 6347 6100 FAX: 6224 4174 • 6225 7743

POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

**ORIGINAL****Motor Dept: 5th Level**

This cover note is valid for  
Singapore Registered Vehicles only.

**Cover Note No. 102567**

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)

**RENEWAL D18MPC0003079**

Cover note not valid if issued on or after

Date: 26.11. 19 20

**EMBASSY OF THE REPUBLIC OF THE UNION OF MYANMAR**

..... having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of **COMPREHENSIVE** Policy applicable thereto for the period from ..... 0001 ..... a.m. ~~4 p.m.~~ 02/12/2019 ..... to midnight on 01/12/2020 ..... unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk and provided that an insurance covering the aforesaid liability has not been effected with other authorised insurers.

**SCHEDULE**

Make and Type of Body	Year of Manufacturer	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	Petrol/Diesel Eng.
TOYOTA PREVIA MPV	2007	2362cc	MARKET VALUE	Private Car	
				<del>Commercial Vehicle</del>	Registration No.
	Engine No: =====		<del>Motor Cycle</del>	S 1114 CD	
	Chassis No: =====				
Use  PRIVATE		Authorised Driver  STAFFS & EMPLOYEES OF THE EMBASSY			Excess  \$1000 SECT I

**CERTIFICATE OF INSURANCE**

I/WE HEREBY CERTIFY that this cover note 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).

Hire Purchase:

Approved Insurers

for INDIA INTERNATIONAL INSURANCE PTE LTD



Authorised Signatory

**IMPORTANT NOTE:**

Please note that this Cover Note should be replaced by a Certificate of Insurance