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### 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 misropresentation 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.
- 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.

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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

Insured/Policyholder

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 WORKING PURPOSES

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

DEDOCTIVO ON V

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

3

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

NO

ambulance?

ren en

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	
	ANBN
A) SIIIY	CD C
B) SMQ YG	CAIRM
	1 A PI BIDREFORD ROAD
DESCRIBE CIRCUMST	TANCES OF THE ACCIDENT
ON 17/03/	2020 AT ABOUT 11:00 HES I WAR TRAVELLIALE
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	O HIS CARC & MINIR
DECLARATION	
I/We declare the foregoing	porticulars are true in every respect.
5/NCAFON	26/03/2020
Policyholder's Signature Date & Time:	Driver's Signature
a une	(If driver is not the policyholder)  Date & Time: 13   20 - 0   Name:  NRIC/FIN No.:

## ACCIDENT STATEMENT

LOCATION: BUPEFORD ROAD TURNING RIGHT TO COMPANY  LOCATION: BUPEFORD ROAD TURNING RIGHT TO COMPANY  I. DETAILS OF VEHICLE  OJVEHICLE NUMBER:  OJPOLICY HOLDER  OJNAME: MANAWE: MANAWE:  OJNAME: MONAWE:  OJNAME: MANAWE:  OJNAME:  OJNAME: MANAWE:  OJNAME:  OJNAME: MANAWE:  OJNAME:  OJNAME: MANAWE:  OJNAME:
DIVERICLE NUMBER:  DINSURANCE COMPANY:  DIPOLICY NUMBER:  DIPOLICY NUMBER:  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  DIMENTAL & MODEL:  DITYPE: (SALOON / COUPE / MPV/V AN / LORRY / MOTORCYCLE / OTHERS)  DIVERICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  TIPURPOSE OF USING AT ACCIDENT TIME:  DIPOLOPING OF A TACCIDENT TIME:  DIPOLOPING OF THE LAW REPORTING ONLY)  LINSURED / POLICY HOLDER  A)NAME: EMARSO OF THE LAW REPORTING ONLY)  DINRIC/FIN/PASSPORT:  CONTACT:  DINRIC/
DJINSURANCE COMPANY:  CJPOLICY NUMBER:  dJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL:  DJYPE: (SALOON / COUPE MPY) / VAN / LORRY / MOTORCYCLE / OTHERS)  g] VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME:  DJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: MARSY OF THE MARKUE (6 MALE / FEMALE)  DJNRIC/FIN/PASSPORT:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  CINCLICATION OF THE DRIVER OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  DJROAD SURFACE: (DRY / WET / OTHERS)  DJROAD SURFACE: (DRY / WET / OTHERS)  1. OJREPORTED TO POLICE (YES / NO)  7. OJREPORTED TO POLICE (YES / NO)  TOWN AND THE MINING / OTHERS)
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DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  e) MAKE & MODEL: (A)
JITYPE: (SALOON / COUPE (MPY)/VAN / LORRY / MOTORCYCLE / OTHERS)  g VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h PURPOSE OF USING AT ACCIDENT TIME  JIARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: MARKY OF THE CONTACT:  C ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  D NRIC/FIN/PASSPORT:  CONTACT:  C ADDRESS:  CONTACT:  D NAME: MOMMERMAN  (MALE / FEMALE)  D NRIC/FIN/PASSPORT:  CONTACT:  Q DATE OF BIRTH:
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DIPERPOSE OF USING AT ACCIDENT TIME: UNITED AND TORCYCLE)  IN ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES ALO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  INSURED / POLICY HOLDER  A) NAME: EMBASS OF THE CONTACT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: MONTH AMAND: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: MONTH AMAND: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 9/1/95585  C) ADDRESS:  C) ADDRESS ADDRES
DIPERPOSE OF USING AT ACCIDENT TIME: UNITED AND TORCYCLE)  IN ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES ALO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  INSURED / POLICY HOLDER  A) NAME: EMBASS OF THE CONTACT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: MONTH AMAND: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT:  C) ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  C) NAME: MONTH AMAND: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 9/1/95585  C) ADDRESS:  C) ADDRESS ADDRES
I ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: MARKY OF THE CHARGE (6 1th CMALE / FEMALE)  D)NRIC/FIN/PASSPORT: CONTACT:  C)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  A)NAME: MARMANAMANAMANAMANAMANAMANAMANAMANAMANAM
2. INSURED / POLICY HOLDER A)NAME: MARCH OF THE CONTACT:  C)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DINRIC/FIN/PASSPORT:  CONTACT:  C)ADDRESS:  CONTACT:  CONTACT:  C)ADDRESS:  CONTACT:  CONTACT:  C)ADDRESS:  CONTACT:  CONTACT:  C)ADDRESS:  CONTACT:  CONTACT:  C)ADDRESS:  CONTACT:  CONT
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b)NRIC/FIN/PASSPORT:
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(D) (D) (MALE / FEMALE) b) NRIC/FIN/PASSPORT:
CONTACT: 9/49585  c)ADDRESS: CONTACT: 9/49585  d)DATE OF BIRTH: (/
*d)DATE OF BIRTH: (/
## OCCUPATION: (INDOOR / OUTDOOR)  ## OF THE DRIVING PASS  ## WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  ## OUTPON OF THE DRIVER WITH INSURED:  ## OUTPON OUTPO
e)OCCUPATION: (INDOOR / OUTDOOR)  I)DAYE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. G)REPORTED TO POUCE (YES / NO)
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS bIROAD SURFACE: DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES / NO)
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)
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7. a) REPORTED TO POLICE (YES / NO)
/. GIREPORTED TO POLICE (YES / NO)
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IF YES, PLEASE STATE WHICH POLICE STATION:
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Children die Der Der Der Der Der Der Der Der Der De
- CANCE ) OF DRIVER S NAME:
() c) NRIC/FIN/PASSPORT:CONTACT:
9. THIRD PARTY VEHICLE  WHO IN DESCRIPTION OF VEHICLE NUMBER:
MODEL.
Changing driver) H Marchanta Associa
CONTACT:
577

email = ambassador@myanmarembassy.sg

## India International Insurance Pte Ltd

64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711 TEL: 6347-6100 FAX: 6224-4174 • 6225-7743 POSTAL ADDRESS, POEINSON ROAD P. O. BOX NO. 738 SINGAPORE 201435. ORIGINAL

Motor Dept: 5th Level

This cover note is valid for

Singapora Pagistered Venicles only.

Cover note not valid if issued on or after

Cover Note No. 102567

MOTTER SET USES THE COMPARTY RIGHTS AND COMPENSATION, ACT ICHAPTER 1661
MOTTER SET USES THIRD PARTY RIGHTS AND COMPENSATION, FILLES, 1960
MOTTER SET USES THIRD PARTY RIGHTS, RULES, 1959 (MALAYSIA) RENEWAL D18MPC0003079

# 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.4p.m.02/12/2019....... to midnight on Q1/12/2020...... 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 Menufacturer	Gubic Capacity/ Carrying Capacity/ Tonriage	Proposer's estimate of present value including accessories	TYPE	Petro/Dissell Eng
TOYOTA PREVIA 2007 MPV  Engine No.		2362cc MARKET VALUE		Private Car	Registration No.
				MotogCycle	1114 CD
Chassa No: =======			(50)		
PRIVATE ST		-1keVes	Authorised Driver		Excess
		STAFFS & EMPLOYEES OF THE EMBASSY			\$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 insutance