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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to
- 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.
- 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.

三型用用控制上现的 。	ACCIDENT STATEMENT	
Date Of Report	09/10/2020 12:33	
Date Of Accident	08/10/2020 08:40	
Exact Location Of Accident	COMMONWEALTH AVE WEST BEFORE CLEMENTI AVE 6	
Country/State of Loss	SINGAPORE	
化指出型的可能的	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMT2817M	
Insured/Policyholder		
Name Of Registered Owner	U MYINT MAUNG	
NRIC No	SXXXX720E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93385804	
Alternative Phone No	OTHERS-93385804	
Vehicle Particulars		
Manufacturer	HONDA	
Model		

VEZEL-1.5 X CVT (A)

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category

NO

THIRD PARTY

PRIVATE CAR

Insurance Company

Name of Insurance Company

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

DMPCSNW00048902000

Cover Note Number

Driver

Name of Driver MAUNG YE WIN AUNG

NRIC No SXXXX939F Date Of Birth 15/12/1993 Occupation INDOOR Date Of Driving Pass 05/02/2020

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-93385804

Fax Number

Contact Number OTHERS-93385804

EMail Address NOEMAIL Address

BLK 101 JURONG EAST STREET 13

#05-170

Postcode

600101

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

2

NAME:

: YIN MYAT THUZAR WIN

GENDER:

: FEMALE

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

COMMERCIAL VEHICLE

Vehicle Registration Number

YN5887E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBC8630P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YIN MYAT THUZAR WIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMT2817M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

MAUNG YE WIN AUNG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMT2817M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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.
- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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.

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.:

SKETCH PLAN COMMONWHOLH AVA WAST BIF CARMAKET! AVA 6

A: 3m7 ze!11 M

B: YN 5867 E

C: GBC 8630 P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1	Was -	travelling o	along Com	munweat	h Ave W	rest befor	re Clement	i Ave 6
I was -	# driving	g on the m	ost right l	ane of	b Lanes.	The ver	nicle infr	ont
of me 3	lowed d	own and	stopped. A	voticing -	that, 1	follow s	ruit and	stopped
my vehicle	e- Out o	f a suddi	m, I felt	c great	impact	from m	y rear +	that
caused i	ny Vehi	cle to m	nove forma	ard and	left	to colli	d anto	vehicle
C. La	lighted	and reali	sed vehic	le B co	uld not	stup	in time,	the
driver jo	ammed b	rakes and	skid and	Collida	d onto	my v	ethicle.	
						rs .		
	= 1							

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:

Reporting Centre Personnel's Signature
Name:

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

CCIDENT DATE: 8th OCTOBER 2020 TI	IME: 9:40 (hh:mm) 24 hrs Format
OCATION COMMONWEALTH AVE WEST BEFORE	CLEMENT AV6
EHICLE NUMBER SMT 2817M	
ISURED NAME U MYINT MAUNG	
RIC/FIN 32730720E	CONTACT:
TAKE HONDE MODEL VE	2EL 1.5X CVT
re you claiming under your own insurance policy for rep	pair to your vehicle?
) Yes, If No, Pls Select : (🗸) Third Party () Reporting Only
ISURANCE COMPANY China Taiping	A constant the same of
YPE OF POLICY (V) COMPREHENSIVE ()	THIRD PARTY () TPFT
OLICY NUMBER: DMPCSNW00048902000	
OLIC I NOMBER: MI-IPCS-VW 000 IN 10 2200	
AME DRIVER : MAUNG YE WIN AUNG	() SAME AS INSURED
AME DRIVER. PHUNG TO WIN HONG	
DIC / EIN 0 0177010 F	CONTACT: 93385804
RIC / FIN S 9373939 F	
ATE OF BIRTH: 15/12/1993 PRIVING PASS DATE: 05/02/2020	
	IOOR
ecoration. () juice of	
LINDLK.	(V) NO EMAIL
MAIL ADDRESS:	
DDRESS OF DRIVER: 101 JURONG FAST 31	13 403-(10 s(G00/0/)
	044-546-4
Number Of Passenger Include Driver: DRIVER	VHSSENGER
YIN MYAT II	HUZAR WIN (FEMALE)
	1 110
Was driver an employee of the Insured's Company? (YES (V)NO
f No, Relationship Of The Driver With The Insured	Lower Control of National
) Owner () Spouse () Friend () Relativ	re (\(\) Children () Sibling () Others
	(✓) NO
f Yes, Vehicle Registration Number Of Driver's Own V	ehicle:
nsurance Company Of Driver's Own Vehicle	
Weather Conditions: () Clear (✓) Raining	() Drizzling () Others
Road Surface : () Dry () Wet	() Others
Was Any Foreign Vehicle Involved In This Accident	? () YES (/) NO
Was Anybody Injured In The Accident? (/)	YES () NO
If YES, Injured details: (1) Maung Ye Win A	lang .
(2) Yin Myat Thuzar	
- 1 NI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Convey By Ambulance: () YES (√) NO	, , , , , , , , , , , , , , , , , , , ,
Was There Any Video Capture By Car Camera? ()YES (√)NO
Was There Accident Reported To The Police? (YES (/) NO If Yes Attach Police Report
Police Report Number (if any)	
	No.of Paxs (incl'driver) Contact
Details Civilian Civi	()/Not Sure ()
Veh B YN 5887 E	()/Not Sure ()
Veh C GBC 8630 P	()/Not Sure ()
Veh D	()/Not Sure ()
Veh E	()/Not Sure ()
Veh F	
Veh G	()/Not Sure ()



Motor Private Car

MXXIF

N SN

AN0687A

Cov. Type:C

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.

DMPCSNW00048902000

Engine No.: L1584037509

Cha. No.: RU11117502

1. Index Mark and Registration

SM12817M

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

4. Date of Expiry of Insurance

U MYINT MAUNG

Named Drivers Ex Sect. 1

5\$500.00

Effective date of the Commencement of Insurance for the purposes of the Regulations. Ordinance or Enactment

09/05/2020

Additional Ex Other than Named Drivers:

24/07/2021

Ex Sect. 1 - Age <= 25 Ex Sect. 1 - Age >= 26

\$\$3,000.00 \$\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

5\$100.00

5. Persons or Classes of Persons entitled to clive?

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the floeneing 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

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward hallon driving test noting pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Walver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.; UNITED OVERSEAS BANK LIMITED AS HP OWNER

Limitations rendered incperative by Section 8 of the Motor Vehicles (Thirti-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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CREDENCEL INSURANCE AGENCY

Authorised Officer

Authorised Signatory

Transaction ref 20200513174337870679

Please check that the owner and vehicle details are correct;

1.	Name	: U MYINT MAUNG
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: SXXXX720E
4.	Country/Region	<u> </u>
5.	Vehicle Registration No.	: SMT2817M
6.	Previous Vehicle Registration No.	1.*
7.	Effective Date of Ownership	: 13 May 2020
8.	Original Registration Date	: 25 Jul 2016
9.	First Registration Date	: 25 Jul 2016
10.	Vehicle Type	: P11 - Passenger Station Wagon/Jeep/Land Rover
11.	Vehicle Scheme	: Normal
12.	Attachment 1	; No Attachment
13.	Attachment 2	2.÷
14.	Attachment 3	:-
15.	Vehicle Make	: HONDA
16.	Vehicle Model	: VEZEL 1.5X CVT
17.	Year of Manufacture	: 2016
18.	Primary Colour	: Blue
19.	Secondary Colour	1.
20.	Passenger Capacity	; 4
21.	Chassis/Trailer Chassis No.	: RU11117502 / -
22.	Propellant	: Petrol
23.	Engine No/Motor No.	: L15B4037509 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 1496 / -
25.	Maximum Power Output(kW/bhp)	: 96.0 / 128
26.	Unladen Weight(kg)	: 1190
27.	Maximum Laden Weight(kg)	: 1465
28.	Open Market Value	: \$20,193.00
29.	PARF Eligibility	: Yes
30.	PARF Eligibility Expiry Date	: 24 Jul 2026
31.	Minimum PARF Benefit	: \$5,135.00

: 1

32. No. of Transfers