

[illegible]





## 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 Actual 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 Submission	30/03/2023 17:53 (SGT)
Reported by	Actual Driver
Date of Accident	29/03/2023 18:00 (SGT)
Exact Location of Accident	Clementi, Singapore
Additional Location Information	SLIP ROAD TOWARDS COMMONWEALTH AVENUE WEST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4074Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	AUNG SOE MOE
NRIC No	SXXXX648Z
Email Address	leoangsoemoe@gmail.com
Mobile Phone No	(Phone) +65-96220119
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01020437

### DRIVER

Name of Driver	AYE MYAT THIRI AUNG
NRIC No	SXXXX471Z
Date Of Birth	15/12/1985
Occupation	Outdoor



Date Of Driving Pass .....	20/10/2021
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93382301
Alt. Phone Number .....	-
Email Address .....	leoangsoemoe@gmail.com
Address .....	BLK 6 HOLLAND CLOSE #08-08
Address complement .....	-
Postcode .....	271006
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	FZ3765Z
Insurance Company of Other Vehicle Owned by Driver .....	Income Insurance Limited

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SDW6644J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ADDY LOTIK
NRIC No .....	SXXXX985Z

Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
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 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.

### **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.

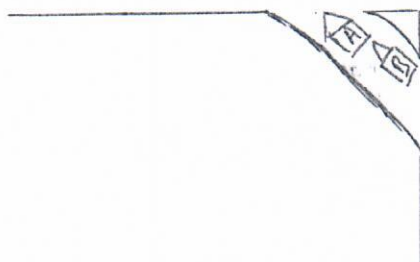
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
30/03/2023

### **Sketch Plan**

COMMONWEALTH AVE W  
←



↑  
CLEMENTI RD

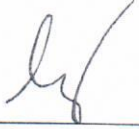
VEH A = SJR 4074 Y  
B = SDW 6644 I


Describe Circumstance of the Accident

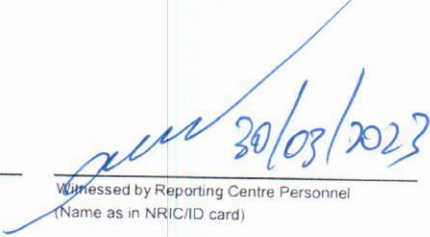
ON 29<sup>th</sup> MARCH 2023 AT ABOUT 6PM, I WAS DRIVING  
ALONG CEMENT RD (SHIP ROAD) TOWARDS COMMONWEALTH  
AVE WEST TOGETHER WITH MY SON (HTET ANNA SHINE,  
614497626) WHEN SUDDENLY THE VEHICLE BEHIND ME  
(SON 66443) BANGED ON MY CAR ON THE REAR RIGHT.

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**ACCIDENT STATEMENT**

Date	29 MARCH 2023.
Time	6pm
Location	CLEMENT ROAD TWOS COMMONWEALTH AVE W
<b>VEHICLE (A)</b>	SJR 4074 Y Make & Model: HONDA FREDO
Name of owner	ANNA SOE MOE
NRIC / Company Registration No.	S7568648Z
Email	leoanngsoemoe@gmail.com
Contact	HP: 9632 0119 Tel: Fax:
Type of claim	Own Damaged / Third Party <u>Reporting Only</u>
Purpose of use	<u>Private</u> / Commercial / Hire & Reward
<b>Insurance Company</b>	Sompo
Type of Policy	<u>Comprehensive</u> / Third Party, Fire&Theft / Third Party Only
Policy number	
Name of driver	As above / If No: AYE MYA THI ANNA
NRIC no	S8579471Z Any Passenger: 01
Date of birth	15/12/1985
Occupation	MANAGER Indoor / <u>Outdoor</u>
Gender	Male / <u>Female</u>
Contact	9338 2301
Address	BLK 6 HOLLAND CLOSE #08-08, SINGAPORE 271006
Driving Passed date	20 OCT 21
Email	
Relationship with the Insured	Owner / Children / <u>Spouse</u> / Employee / Others:
Does the driver own any other vehicle	<u>No</u> If <u>Yes</u> : Vehicle no: F2 3765Z Ins. Co: NTUC
<b>Type of Collision</b>	
Weather conditions / Road surface	<u>Clear</u> / Raining - Dry / <u>Wet</u> / Others:
Any Police Report lodged	<u>No</u> / Yes: Where?
Notice of Intended Prosecution Given?	<u>No</u> / Yes: Against who?
Anybody injured in the accident?	<u>No</u> / Yes: Who / Vehicle no?
Any other material or property damaged?	<u>No</u> / Yes
Any foreign vehicle involved?	<u>No</u> / Yes: Vehicle no:
Any video captured by car camera?	No / <u>Yes</u>
<b>VEHICLE (B) - THIRD PARTY</b>	
Name of driver	SOW 6644 J
NRIC / FIN no. / Passport number	ADDY LO TIK
Contact	S6876985Z
Insurance Company	AI G
<b>Details of Witness</b>	HP:
<b>Other Vehicles</b>	(C) Any Passenger:
	(D) Any Passenger:
	(E) Any Passenger:

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

EFFECTIVE DATE

Class 2B Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW 04 Jul 2007  
Class 3 Ambulances / Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles ≤ 2500kg 04 Jul 2007



NP 428A

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

EFFECTIVE DATE

Class 3A Ambulances / Motor cars without clutch pedals 20 Oct 2021  
≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles without clutch pedals ≤ 2500kg



NP 428A

9011328



NRIC No. S7568648Z



Nationality  
MYANMAR  
Date of Issue  
06-03-2009

APT BLK 6 HOLLAND CLOSE #08-08  
SINGAPORE 271006  
NRIC No: S7568648Z

Date: 02/04/2013

No: 7280872

9114455



NRIC No. S8579471Z



Nationality  
MYANMAR  
Date of Issue  
15-12-2010

APT BLK 6 HOLLAND CLOSE #08-08  
SINGAPORE 271006

NRIC No: S8579471Z

Date: 02/04/2013

No: 7280872




**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Licence Number: **S7568648Z**  
Name: **AUNG SOE MOE**

Birth Date: 16 Feb 1975  
Issue Date: 20 Oct 2021

003195822F



**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Licence Number: **S8579471Z**  
Name: **AYE MYAT THIRI AUNG**

Birth Date: 15 Dec 1985  
Issue Date: 20 Oct 2021

003195848F





**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7568648Z**

Name: **AUNG SOE MOE**

Race: **BURMESE**  
Date of birth: **16-02-1975**  
Country of birth: **MYANMAR**

Sex: **M**

**S7568648Z**





**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S8579471Z**

Name: **AYE MYAT THIRI AUNG**

Race: **BURMESE**  
Date of birth: **15-12-1985**  
Country of birth: **MYANMAR**

Sex: **F**

**S8579471Z**



**CERTIFICATE OF INSURANCE**

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D22MTPV01020437  
Insured : AUNG SOE MOE  
Vehicle Registration No. : SJR4074Y  
Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP PLAN  
Policy Commencement Date : 23 DECEMBER 2022 00:00  
Policy Expiry Date : 22 DECEMBER 2023 23:59  
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD  
Excess\* : S\$600 - SECTION I  
Voluntary Excess\* : N.A  
Waiver of Excess : NOT COVERED  
Windscreen Excess\* : S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
  - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
  - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

**Limitations As To Use**

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

**Accident Reporting**

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Centre with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For the list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: ~~(65) 6226 3323~~ (65) 8498 1618

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.31

**Sompo Insurance Singapore Pte. Ltd.**



**Authorised Signatory**

Date/Time of Issue : 06 DECEMBER 2022 11:33

**SOMPO ASSIST HOTLINE : ~~(65) 6226 3323~~ (65) 8498 1618**

In the event of road accident, please call our Sompo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : META AGENCY PTE. LTD. / 11M16010 CI Code: 22A D8D5OV2\_JBYMVKAH