

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	26/11/2018 18:10
Date Of Accident	23/11/2018 16:30
Exact Location Of Accident	UWCSEA SCHOOL 1207 DOVER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH3933R
Insured/Policyholder	
Name Of Registered Owner	RITU CHANDY
Passport No/FIN	E4035262
Email Address	DHEERAJH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91546604
Alternative Phone No	OTHERS-93832205

Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	FETCHING KIDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29056452 QMY
Cover Note Number	

Driver

Name of Driver	PUJA DISHA BHARWANI
Passport No/FIN	S7878332Z
Date Of Birth	19/05/1978
Occupation	INDOOR
Date Of Driving Pass	04/07/1998
Driving Experience	20 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91546604
Fax Number	
Contact Number	OTHERS-93832205
Email Address	DHEERAJH@GMAIL.COM

Address	15 NATHAN ROAD #01-04
Postcode	248741
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : SON FRIEND 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 AND ATTACHMENT

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	SH8086H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAI LEE KWANG
NRIC/Passport Number	S0131115H
Contact Number	97651890
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

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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.

Policyholder's Signature
Date & Time:



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



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

Accident Sketch Plan

SKETCH PLAN

UWCSEA SCHOOL, 1207 DOVER ROAD

SCHOOL

B A

STATIONARY

A) SKH 3933R

B) SKH 8086H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFUSED TO ATTEND MEETING

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:

NRIC/FIN No.:

UWCSEA Form 100 (Rev. 01)

ATTACHMENT

rsbm

From: Dheeraj Bharwani <dheeraj@bharwani.org>
Sent: Monday, 26 November, 2018 4:44 PM
To: rsbm@lkkauto.com
Subject: Fwd: Accident on Friday, November 23. SKH 3933 R

----- Forwarded message -----

From: Puja Disha Bharwani <disha@bharwani.org>
Date: Mon, 26 Nov 2018 at 16:39
Subject: Accident on Friday, November 23
To: Dheeraj Bharwani <dheeraj@bharwani.org>

I was parked along side UWCSEA Dover's infant school area on Friday, November 24. I was picking up my 9-year-old son and his friend from school. I helped him and his friend get into the car at 4:30pm, closed the door and got in to the driver's seat to start the my stationary car to leave. Suddenly, we heard and felt a major impact to the car from the back. We also heard a loud bang. We were all shocked. I turned around to see a taxi had hit my car from the rear. I spoke to the driver Lai Lee Kwang, holder of Singapore IC S0131115H and he said he didn't know how his car lost control. He apologised and then reversed the car so we could assess the damage. The photographs show the extent of the damage.



ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7878332Z**



Name
PUJA DISHA BHARWANI

Race
INDIAN

Date of birth
19-05-1978

Sex
F

Country of birth
INDONESIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S7878332Z**

Name
VASWANI PUJA

Exp. Date **19 May 1978**

Issue Date **14 Jul 2003**



NRIC No. **S7878332Z**



Nationality
INDIAN

Date of issue
11-07-2008

**15 NATHAN ROAD #01-04
SINGAPORE 248741**

NRIC No. **S7878332Z** Date: **21/10/2018**

NP 4284

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

Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

PASS DATE
04 Jul 1998

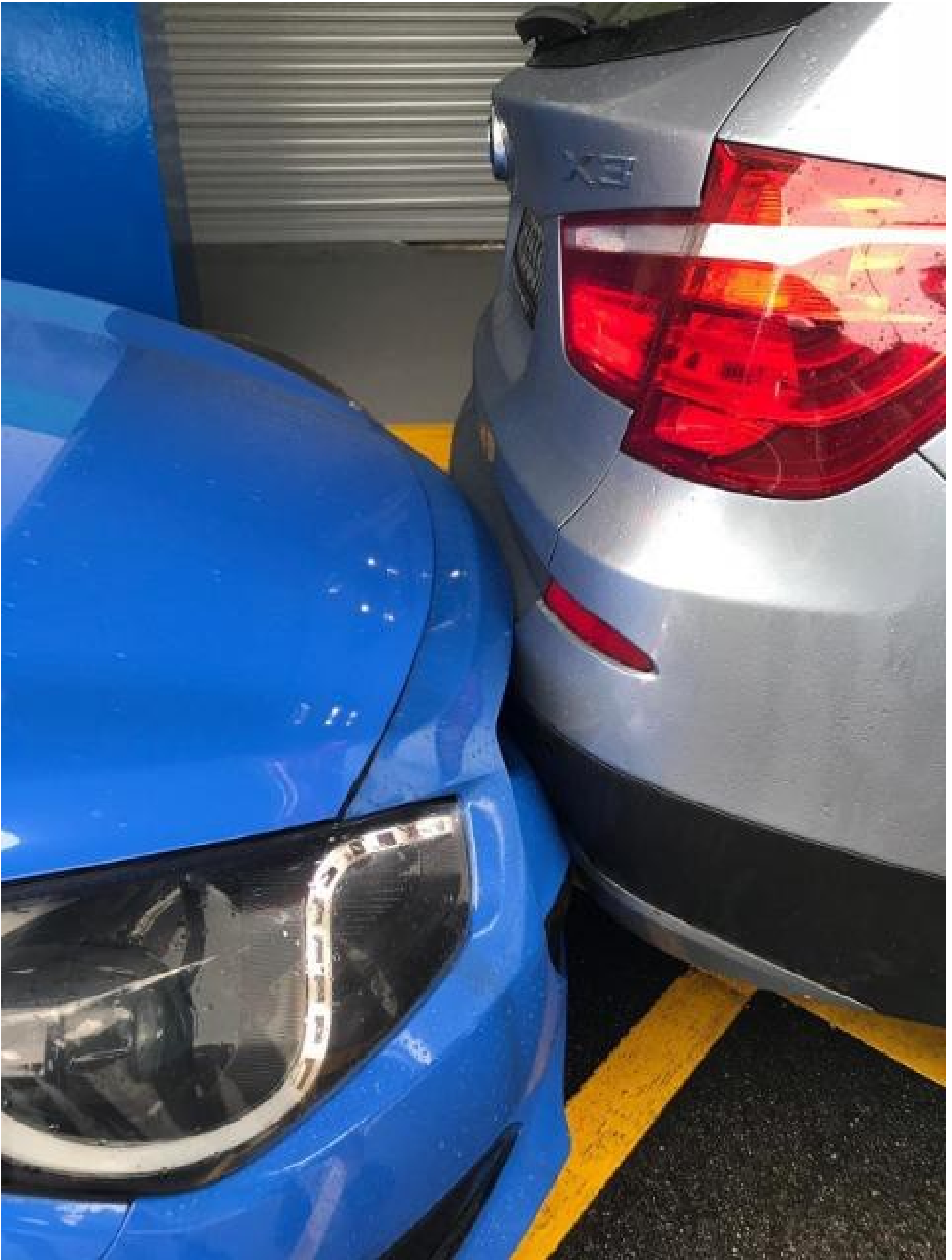


License No. **S7878332Z**

Accident Photo



Accident Photo



Accident Photo





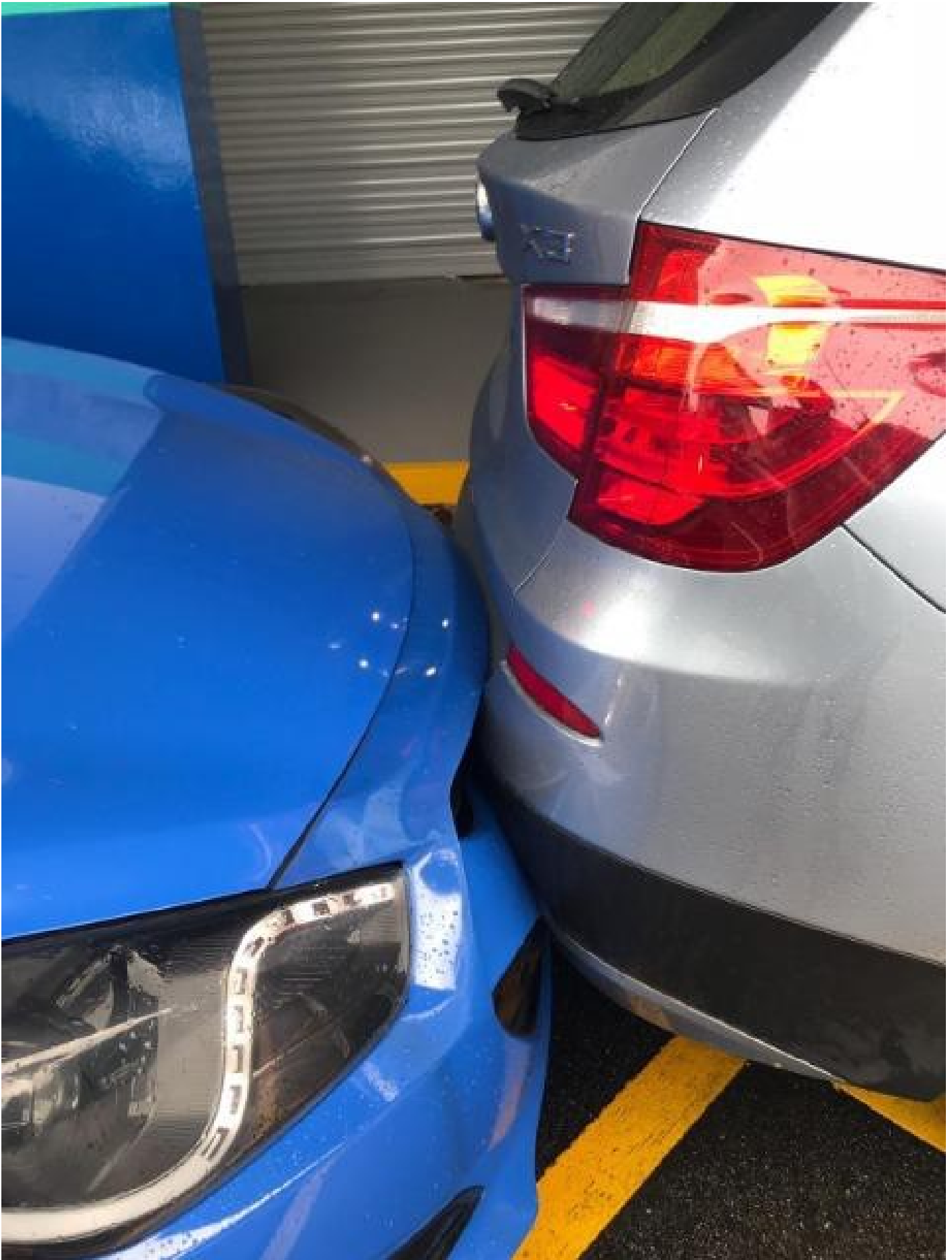
Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA4418159351 Vehicle Registration No: SKH 3933R
Name (as shown in NRIC) : PUJA DSHA PTHARWANI NRIC/FIN/Passport No : 57878332Z
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 93832205
Email Address : _____
Date of Accident : 23/4/2018 Time of Accident : 16:30
Place of Accident : UNIVERSITY SCHOOL 1207 DOVER ROAD
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME TO RITHY CHANDY

Policyholder / Driver's Signature
Date:

05/12/2018
Reporting Centre Personnel's Signature
Name: Rishi Chandy
NRIC/FIN No.:
Date: