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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 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

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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

RITY 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

Date Of Driving Pass

INDOOR

Deluina Evnorianca

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

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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

ambulance?

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

TAXI

Vehicle Category 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)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 Signatu

Name:

NRIC/FIN No.:

SKETCH PLAN	UWC SAI	a sottool	, 1207	Dovler	ROAD	
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DECLARATION  I/We declare the f	foregoing particul	ars are true in every r	respect.		en de lula	oll
Policyholder's Sign Date & Time:		Driver's Signature (If driver is not the Date & Time:		Name	ting Centre Personnel's Sig : FIN No.:	nature Wardang

### rsbm

From:

Sent:

Dheeraj Bharwani <dheeraj@bharwani.org> 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 <<u>dheeraj@bharwani.org</u>>

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.

Pres

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Can 26/11/2018
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# ACCIDENT STATEMENT

ACCIDENT DATE: [23./11 /2018 )(DD/MM/YYY), TIME: ( 16:30 )(HH:MM)
LOCATION: UWCSEA School 1207 DOVER Rd, 5 (137 654)
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: 5 KM 3933 R  b) INSURANCE COMPANY: MS G  c) POLICY NUMBER: B 2 905 64 C2 R  d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e) MAKE & MODEL: RM W X3  f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SCO  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h) PURPOSE OF USING AT ACCIDENT TIME: Foreign Kinds
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: RITU CHANDY (MALE / FEMALE)  b) NRIC/FIN/PASSPORT: #4035262 CONTACT: 9/546604  C) ADDRESS: II NATHAN NO #18-02
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  DRIVER  (Including driver)  ONAME: PUTA DISHA BHARWANI (MALE FEMALE)  DINRIC/FIN/PASSPORT: 578 78232 Z CONTACT: 93832205  CJADDRESS: 15 NATHAN RD #01-09
# d)DATE OF BIRTH: (19/05/1978 )(DD/MM/YYYY)  e)OCCUPATION: (NDOOR + OUTDOOR)  f)DATE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IE NO. RELATIONSHIP OF THE DRIVER WITH MISHIPP.
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 10 10 10 10 10 10 10 10 10 10 10 10 10
7. a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  Who of passenger a) VEHICLE NUMBER: SH 8086 H MODEL:
(Induding driver) b) DRIVER'S NAME: LAI LEE KWANG  (Induding driver) b) DRIVER'S NAME: LAI LEE KWANG  (I) PARTY VEHICLE  ON THIRD PARTY VEHICLE
(Including driver) f) VEHICLE NUMBER:MODEL:  (Including driver) f) NRIC/FIN/PASSPORT:CONTACT:

email = dheerajb@gmail com

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7878332Z





PUJA DISHA BHARWANI

INDIAN Date of birth 19-05-1978 F Country of birth INDONESIA







MIC No. S7878332Z

INDIAN

11-07-2006

15 NATHAN ROAD #01-04 SINGAPORE 248741

NRIC No: \$7878332Z Date: 21/10/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! FASS DATE Class 3 Motor Cars and Motor Tractors the weight of which unladen does not access 2500 kilograms NP 428A



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

# Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership MOTOR MAX PLUS Comprehensive

Certificate No. B 29056452 QMY

Excess: SGD1,500

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SKH3933R

Name of Policyholder Ritu Chandy

- Effective Date of the Commencement of Insurance for the purposes of the Act 04/12/2017
- Date of Expiry of Insurance 02/12/2018
- Persons or Classes of Persons entitled to drive\*

Ritu Chandy Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

- Provided that the person driving is permitted in accordance with the licensing or other laws or 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.
- 6. Limitations as to use"

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing 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.

 Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer