# **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 witholding of material facts may allow insurance companies to repudiate

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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	02/06/2021 18:10 (SGT)
Date of Accident	01/06/2021 17:00 (SGT)
Exact Location of Accident	Sin Ming Ln, Singapore
Additional Location Information	Midview City Exit
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SMZ108H	

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Seema Bhagwandas Sakhrani
NRIC No	S7382499J
Email Address	pia@buxanigroup.com
Mobile Phone No	(Phone) +65-90227691
Alternative Phone No	+65-90227691

# VEHICLE PARTICULARS

Manufacturer Model Variant	Mercedes S320
Exact purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	No - Reporting only
Vehicle Category Transmission	Private car Auto
CC	2987

### **INSURANCE COMPANY**

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00026712100
Cover Note Number	-

#### DRIVER

Name of Driver	Seema Bhagwandas Sakhrani
NRIC No	S7382499J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	09/01/1973 Indoor 10/05/2003 18 YEARS AND 1 MONTH Female (Phone) +65-90227691 +65-90227691 pia@buxanigroup.com 3 Nassim Road #04-07
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 3
PASSENGER 1	
Name Gender PASSENGER 2	Rohan Buxani Male
Name Gender	Rishaan Buxani Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
Please refer to sketch plan	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1

PC7233T

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Wibowo Boediono
NRIC No	S8679426H
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
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 Formmust 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.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date-&
Time 0 2 JUN 2021

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

Personnel

Angie Soh

Witnessed by Reporting Centre

Sketch Plan

SMZIOSH PO1233T



Describe Circumstances of the Accident	Ş
Location - Midview City, 20 Sin Ming Lane Cou	mark Exit
I was leaving the building existing exiting the was a school van next to me Exiting too.  The gantry did not open so I had to reverse a for the sensor to read my IU. I reversed very low speed, and the han was protuding out I box and, my can scrape of the side of his ca	
Angie Soh	
	34

Declaration

I/We declare the foregoing particulars are true in every respect.

0 2 JUN 2021

Witnessed by Reporting Centre

Personnel

Angie Soh

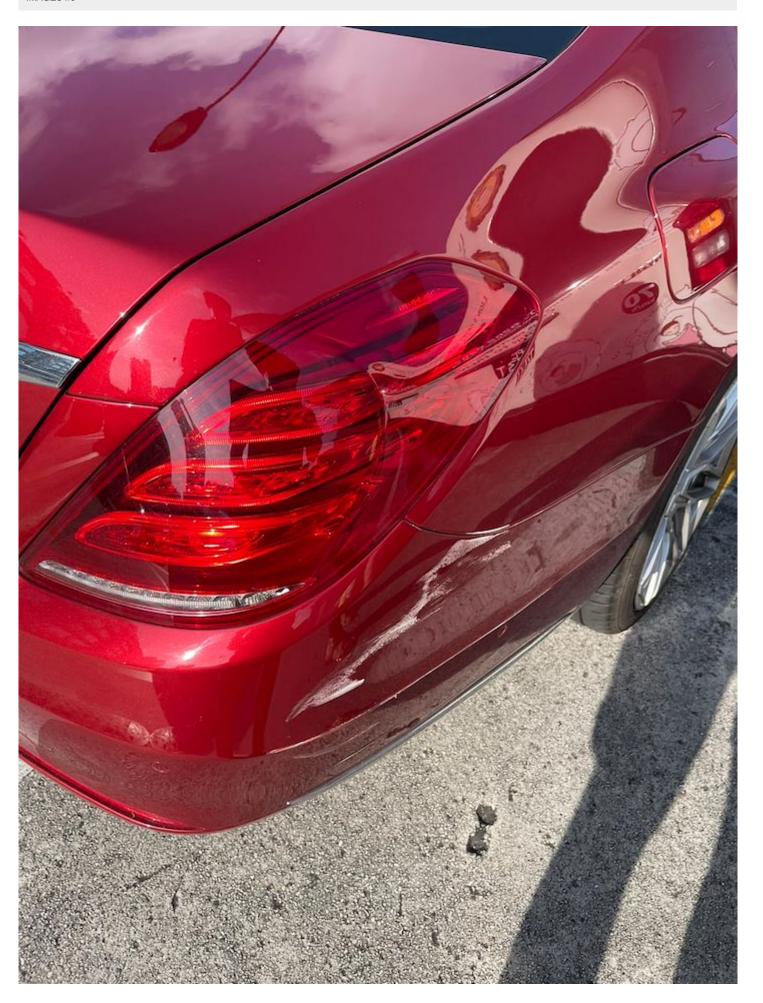


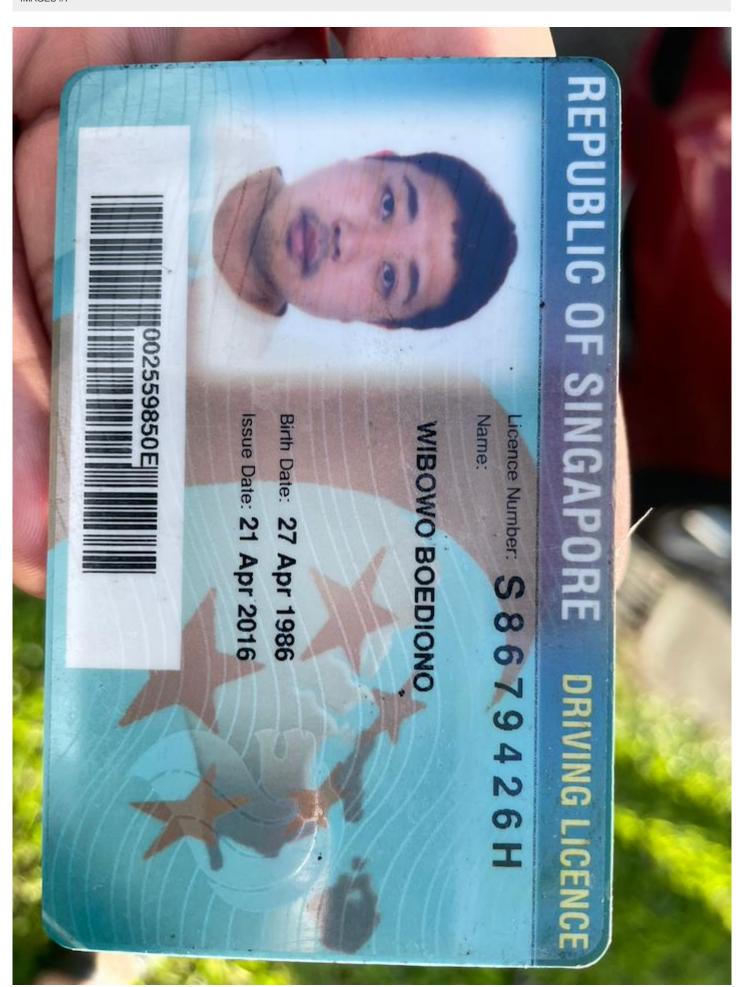


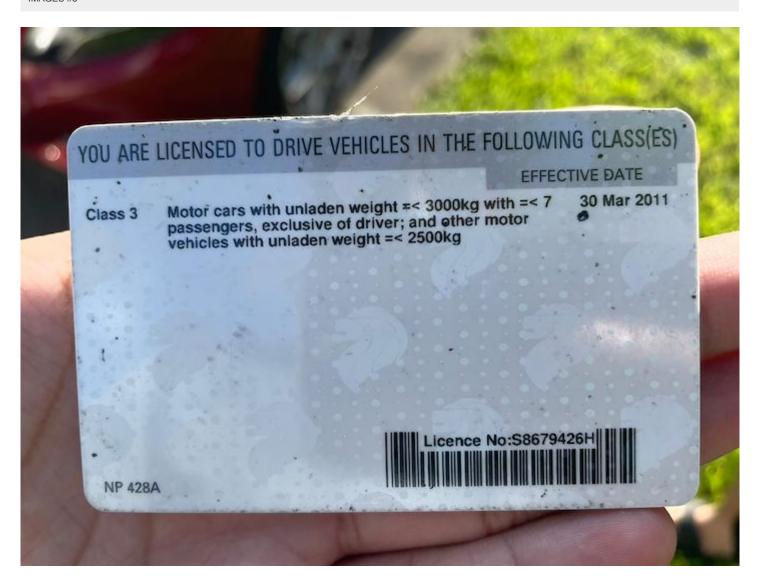


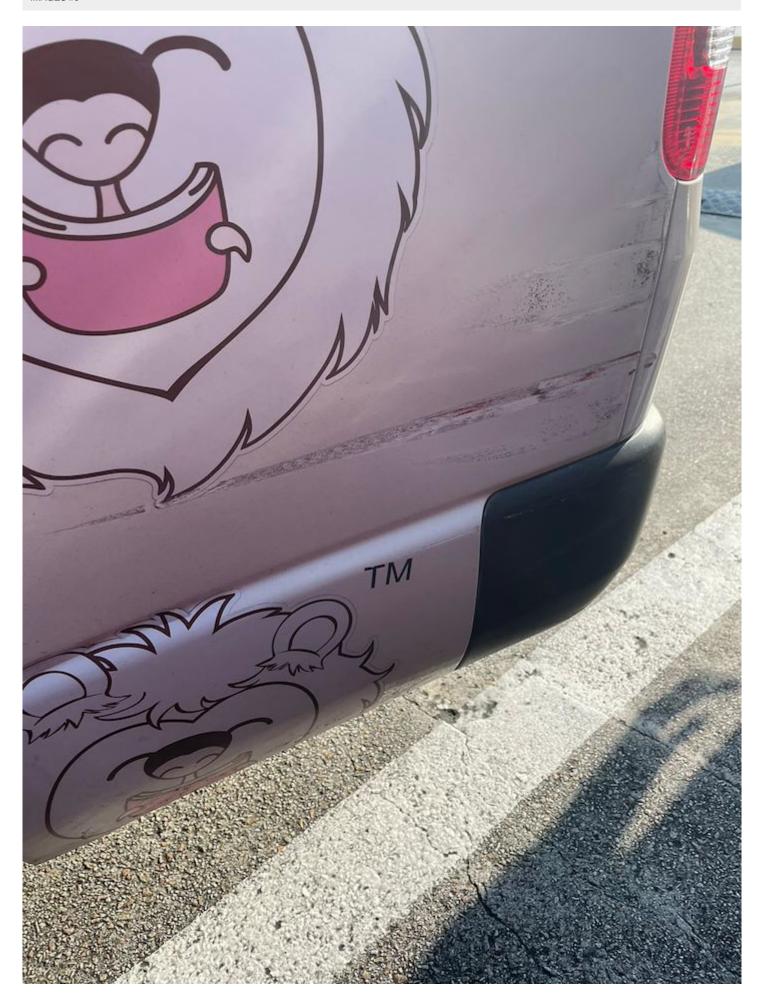








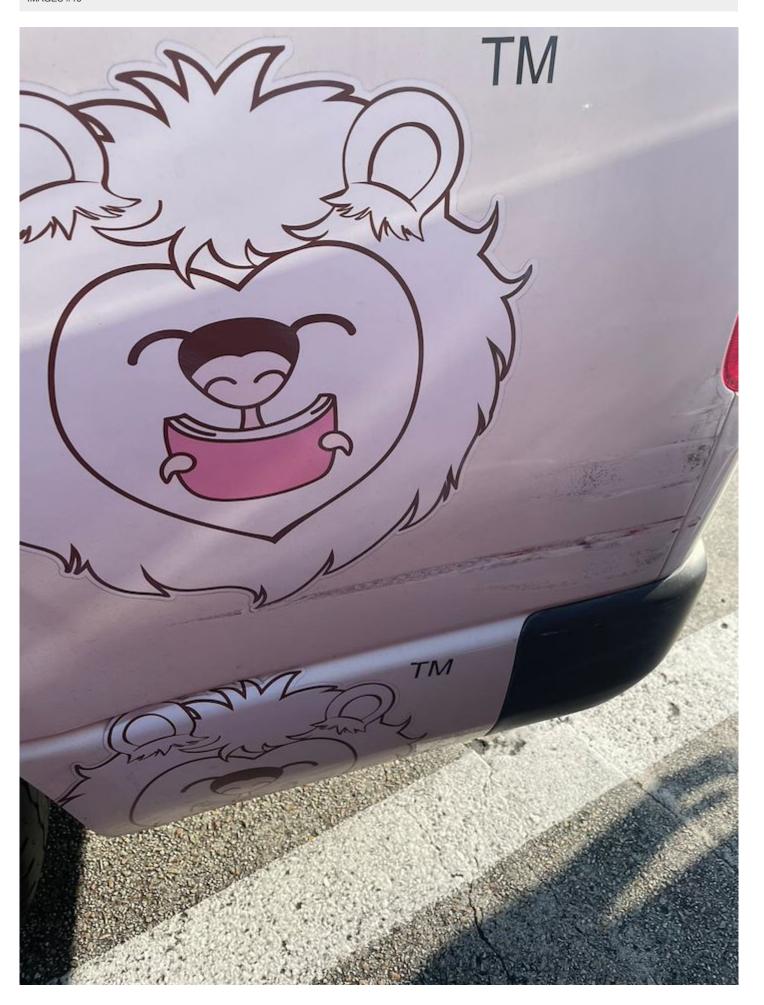














# 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1E

SN

CERTIFICATE OF INSURANCE

AN0006A

Motor Vehicles (Third-Perty Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Cov. Type:C

CERTIFICATE No.

DMPCSNW00026712100

Engine No.: 64286141768653 Cha. No.:WDD2221322A247092

1. Index Mark and Registration

SMZ108H

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

SEEMA BHAGWANDAS SAKHRANI @PIA KISHORE KUMAR BUXANI

Effective date of the Commencement of Insurance for the purposes of the Regulations, (00:00:00) Ordinance or Enactment

Named Drivers Ex Sect. I

\$\$1,500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

\$\$3,000.00

4. Date of Expiry of Insurance 29/01/2022

Ex Sect. I - Age >= 26

\$\$500.00

\* Age as at date of accident EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive\*

(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 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

6. Limitations as to use:\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test 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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first \$\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

\* 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.

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: Teo Kai Qin Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ★3 Anson Road #16-00 Springleaf Tower Singapore 079909

Q 6389 6111

**6**222 1033

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