

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	08/03/2019 16:35
Date Of Accident	07/03/2019 12:30
Exact Location Of Accident	GREENWITCH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ1243X
Insured/Policyholder	
Name Of Registered Owner	SENAKA VIJITHA TIRANAGAMA
NRIC No	S2628732D
Email Address	SENAKAVT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98556388
Alternative Phone No	OFFICE-98556388

Vehicle Particulars

Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AGA210908/1
Cover Note Number	22/06/2018-21/06/2019

Driver

Name of Driver	SENAKA VIJITHA TIRANAGAMA
NRIC No	S2628732D
Date Of Birth	21/12/1960
Occupation	INDOOR
Date Of Driving Pass	19/06/1992
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98556388
Fax Number	
Contact Number	OFFICE-98556388
Email Address	SENAKAVT@GMAIL.COM

Address	59 HYTHE ROAD
Postcode	557540
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

REFER TO 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	FBN9560T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	FALIQ SHAZWIN BIN ALWI
NRIC/Passport Number	S9705831H
Contact Number	93886894
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

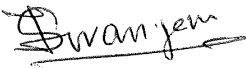
SKETCH PLAN

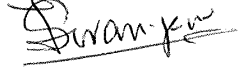
IMPORTANT NOTICE


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 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:
 - (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.

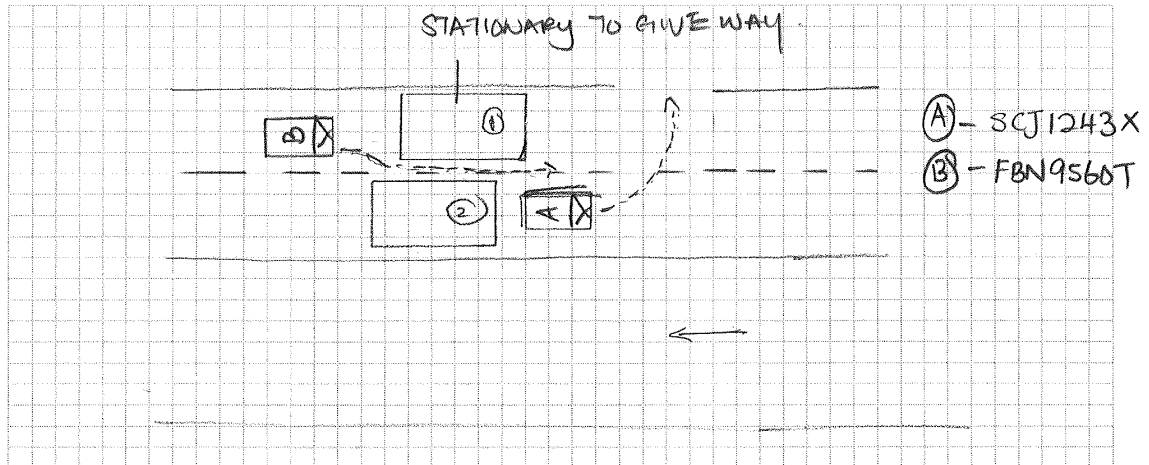

Policyholder's Signature
Date & Time: 8/3/19
@ 4:00 pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/3/19
@ 4:00 pm


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

Sketch Plan Pg. 2

SKETCH PLAN




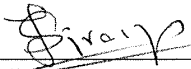
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>I was changing lanes as the other vehicles gave me way to change lane. (Truck 1). Truck 2 was stopped behind me.</p> <p>Motor cycle over took the Truck 1 and sliced my car.</p> <p>After the Accident the rider didn't fall or have any injuries.</p> <p>Motor cycle was lane splitting.</p>	
<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	
<p>Reporting Only</p>	<p>Claim OD</p>
<p>Claim TP</p>	<p>Claim OD / TP at other workshop</p>

DECLARATION

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


 Policyholder's Signature
 Date & Time: 8/3/19


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 8/3/19


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

Sketch Plan Pg. 3



redefining / insurance

Date: 08.03.19.

To: Owner of Vehicle Number: SCJ1243X.

The following has been advised to you via your workshop, Jonathan through their staff,



Please tick the applicable box if you had been advice on the content as seen below:

- ☒ () You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ () You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ () There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- () () The estimated waiting time for the spare parts to arrive is . The estimated arrival time does not include the repair period.
- () () You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ () For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ () You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ () For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- () () Others

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

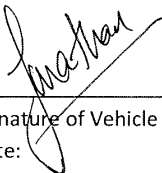
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MOR119031568 Vehicle Registration No : SCJ1243X
Name(as shown in NRIC): SENAKA VIJITHA TIRANAG
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : NRIC No S2628732D
Address :
Contact (Tel) : (H/P) : 98556388
(Email) :
Date of Accident : 07/03/2019 Time of Accident : 12:30
Place of Accident : GREENWITCH DRIVE
Insurance Company : AXA INSURANCE PTE LTD

(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:

A.MEND CLAIM TO 3RD PARTY

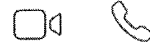

Signature of Vehicle Owner / Driver
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

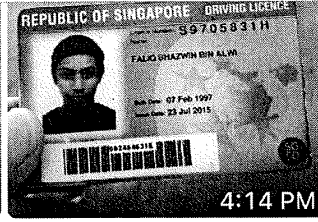
5:45

4G

< 5 +65 9855 6388



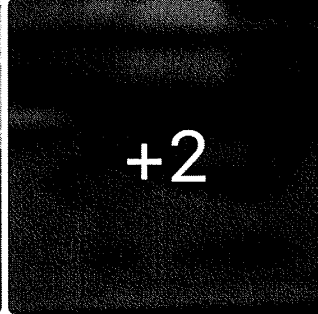
4:14 PM



4:14 PM



4:14 PM



SCJ11243X (ETAC) Photo (P. 1) - Suni Bala
ENTRY DATE & TIME: 06/05/2019 14:35
SUBMITTED BY: Jonathan Lim Khe Gung

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 GRI Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and true copies of the report will, for a fee, be made available upon application by interested parties.
7. By the submission 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 afterwards.

pdf SCJ1243X REPORT

17 pages • 1.6 MB • pdf

4:48 PM ✓✓

Thanks Jonathan.

4:50 PM



4:51 PM ✓✓

Hi Jonathan,
Claim for SCJ1243X, please change to
3rd party claim. Thanks.

5:38 PM

Okay noted sir.

5:43 PM ✓✓



Addendum Sheet Pg. 1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

ADDENDUM

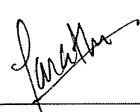
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MOR119031568-01 Vehicle Registration No : SCJ1243X
Name(as shown in NRIC): SENAKA VIJITHA TIRANAG
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S2628732D
Address :
Contact (Tel) : (H/P) : 98556388
(Email) :
Date of Accident : 07/03/2019 Time of Accident : 98556388
Place of Accident : GREENWITCH DRIVE
Insurance Company : AXA INSURANCE PTE LTD

(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:

AMEND CLAIM TO OWN POLICY

② 

Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

