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 <u>truthful and accurate</u> 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.
- 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

By the loagement of this report to the insurers, you nereby con- aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	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

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		

2	
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

!)

Was any body injured in the Accident?

2 NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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:

- 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)
 - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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.

Swan Kin

- (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

Driver's Signature

(If driver is not the policyholder)

Reporting Co htre Personnel's Signature Name:

NRIC/FIN No

Sketch Plan Pg. 2

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8/3/19 Date & Time: 8 3/19 NRIC/FIN No.:	olicyholder's Signature			e Personnel's Signature
	8/3/19	- 1 1	()	

Sketch Plan Pg. 3

AXA	redefining / insurance
Date: _	08.03.19.
To: Owr	ner of Vehicle Number: SCJ 1243 X .
The foll staff,	owing has been advised to you via your workshop, through their Jonathan
Please t	ick the applicable box if you had been advice on the content as seen below:
S	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.
5	You had been advised by the workshop on the liability and merits of the case accordingly.
S	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.
S	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 <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.
y/	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.
J/1	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:
	Gnor
Name a	and signature of policyholder/authorised driver
0	ALLER
XM	
Name	d signature of workshop personnel including company stamp







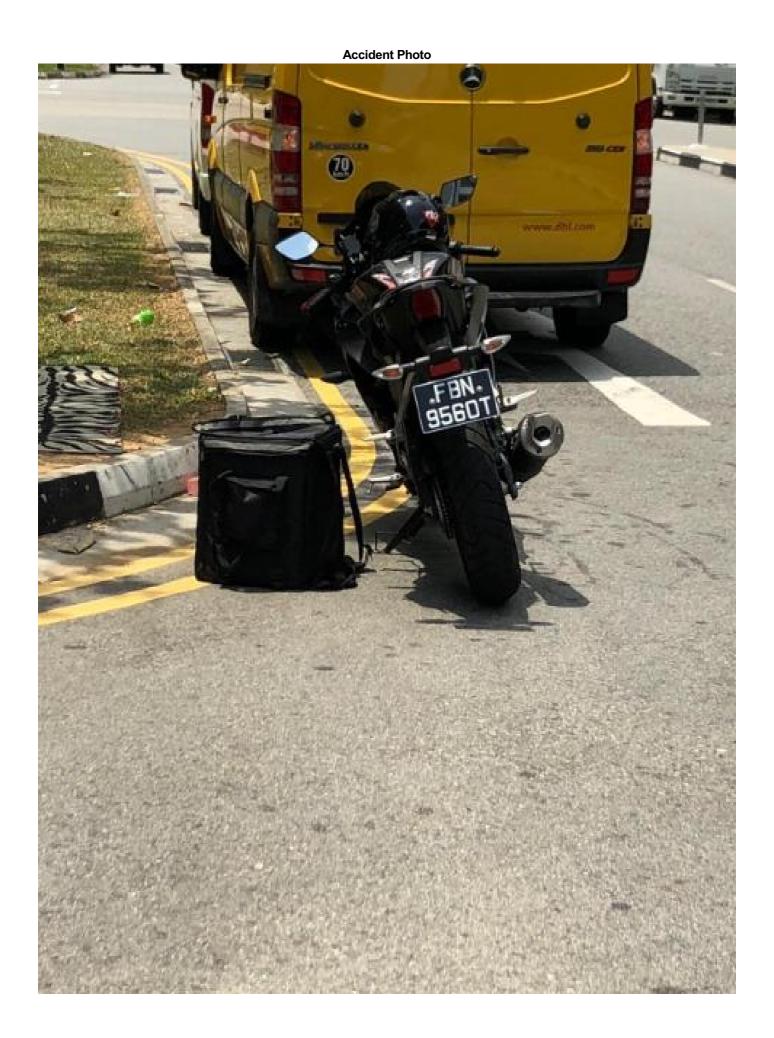




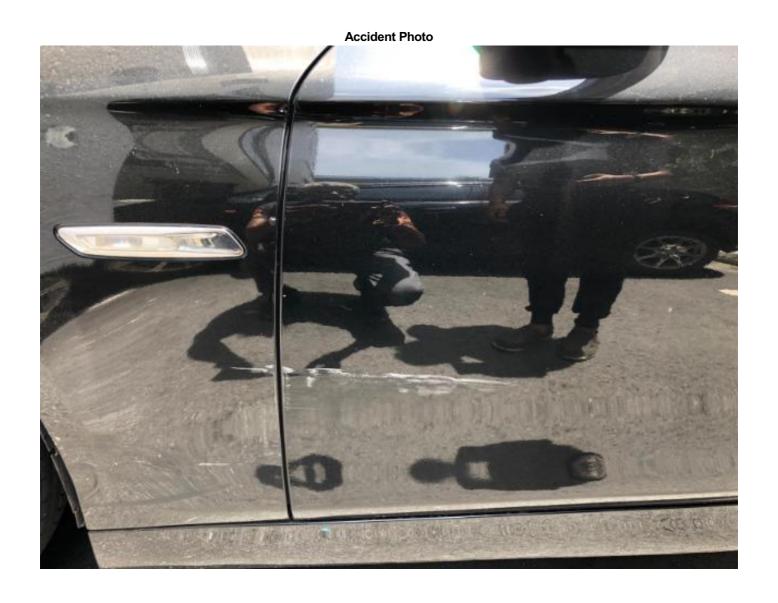










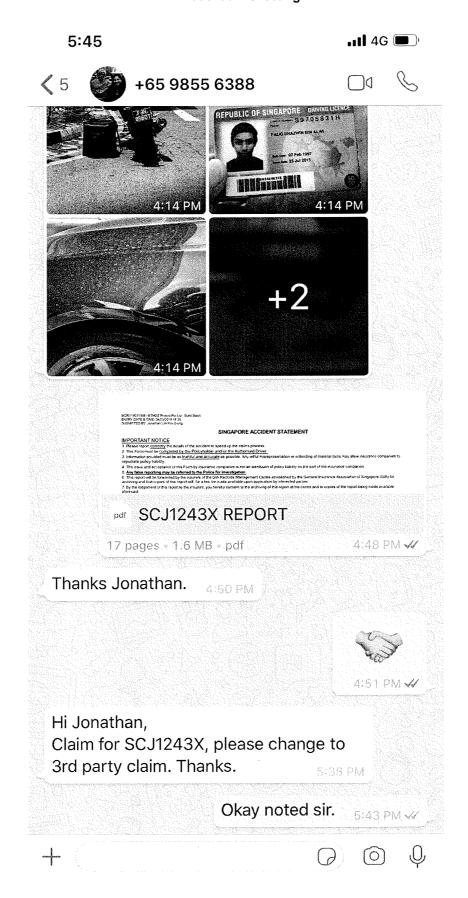


GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

(0)		NDUM	
(A)	PARTICULARS OF PERSON MA	AKING THE AMENDMENTS:	
Original Report No :	MOR119031568	Vehicle Registration No:	SCJ1243X
Name(as shown in NRIC):	SENAKA VIJITHA TIRANA		
NRIC/Passport No :	(*Vehicle Driver / Vehicle O NRIC No S2628732D	wner) (*) Please delete as ap	propriate
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		
have made a report on the he following amendments:			itional information or
have made a report on the	e above mentioned accident a		itional information or
have made a report on the he following amendments:	e above mentioned accident a		itional information or
have made a report on the he following amendments:	e above mentioned accident a		itional information or
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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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

(A)	ADDLI	MDUM	
	PARTICULARS OF PERSON MA	AKING THE AMENDMENTS:	
Original Report No :	MOR119031568-01	Vehicle Registration No:	SCJ1243X
Name(as shown in NRIC):	SENAKA VIJITHA TIRANA		
NRIC/Passport No:	(*Vehicle Driver / Vehicle O S2628732D	wner) (*) Please delete as ap	propriate
Address :			
Contact (Tel) :		(H/P):	98556388
(Email) :			
Date of Accident :	07/03/2019	Time of Accident :	98556388
Place of Accident :	GREENWITCH DRIVE	111111111111111111111111111111111111111	
Insurance Company:	AXA INSURANCE PTE LTD		
AMEND CLAIM TO OWN POL	.ICY		
Junton			

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

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