



AXA Insurance Pte Ltd
8 Shenton Way
#27-01
Singapore 068811
Attention: Motor Claims

"Without Prejudice"

Your Ref :

Our Ref :

Date: 28 Aug 2019

Subject: **ACCIDENT INVOLVING VEHICLES SBN7541L & FBP1342Z ON 04.06.2019**

Dear Sirs

We refer to the above matter.

The accident was caused solely by the negligence on the part of your insured. As a result of the said accident, our client has suffered losses which are set out hereunder as follows:-

Cost of Repair	:	S\$	9622.72
Loss of use	:	S\$	600.00 (S\$120.00 x 5 days)
GIA search fee	:	S\$	2.00
Total	:	S\$	10224.72

A copy of each of the following supporting documents is enclosed:

1. Copy of Accident Report
2. Copy of Final Repair bill & GIA search slip
3. Copy of Certificate of Insurance
4. Copy of Identification Card & Driving License
5. Copy of Letter of Authorisation & Discharge Voucher

Please note that you or your insured should send us an acknowledgement of receipt of this letter within fourteen (14) days from the date of this letter, failing which our client will have no alternative but to commence legal proceedings against you without any further notice to you or your insured.

Should you have a counterclaim against our client arising out of the accident, you are also required to send a letter giving full particulars of the counterclaim together with all relevant supporting documents within eight (8) weeks of your receipt of this letter.

For any correspondence, please contact Ms Caroline Tan at 6319-0174 / Fax. 6479-4601 or email to pml-pbsp@simedarby.com.sg.

Yours sincerely

Cresendo Lagman
Customer Service Manager, Body & Paint

Performance Motors
Limited
1800-Call-BMW
(1800-2255-269)

www.pml.com.sg

303 Alexandra Road
Sime Darby
Performance Centre
Singapore 159941
Tel Sales 6319 0100
Tel Aftersales:
6319 0111
Fax 6474 7770

315 Alexandra Road
#01-01
Sime Darby
Business Centre
Singapore 159944
Tel Sales 6319 0511
Tel Aftersales:
6319 0527
Fax 6479 6624

280
Kampong Arang Rd
East Coast Centre
Singapore 438180
Tel Aftersales:
6319 0888
Fax 6344 1332

Registered office
305 Alexandra Road
#02-01
Vantage
Automotive Centre
Singapore 159942

Co. Reg. No:
197401559W

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	04/06/2019 14:18
Date Of Accident	04/06/2019 06:40
Exact Location Of Accident	TAMPINES AVE 5 / SIMEI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBN7541L
Insured/Policyholder	
Name Of Registered Owner	ROOPAK SEKHRI
NRIC No	S1778262B
Email Address	ROOPAKSEKHRI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98521897
Alternative Phone No	OTHERS-98521897

Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1595247
Cover Note Number	

Driver

Name of Driver	ROOPAK SEKHRI
NRIC No	S1778262B
Date Of Birth	04/05/1966
Occupation	INDOOR
Date Of Driving Pass	01/03/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98521897
Fax Number	
Contact Number	OTHERS-98521897
Email Address	ROOPAKSEKHRI@YAHOO.COM.SG

Address	50 SIMS DRIVE #06-148
Postcode	380050
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	COLLISION - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH.

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	FBP1342Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NUR AMIRUL BIN SALIM
NRIC/Passport Number	S9610794C
Contact Number	
Address	525 BEDOK NORTH STREET 3 #04-430
Postcode	460525
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

Approximate Age

23

Injuries Sustain

LEFT HAND & LEG

Injured person in which vehicle?

FBP1342Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

525 BEDOK NORTH STREET 3 #04-430

Postcode

460525

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 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: 04/06/19
1331 HRS

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


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

The image shows two hand-drawn sketches on a grid background. The left sketch depicts a car on a road, with arrows indicating its direction of travel. The right sketch shows a similar road layout with arrows indicating direction.

ON 4TH JUNE 2019 ~~AT~~ OR ABOUT 0640 HRS, A MOTORCYCLIST KNOCKED THE REAR END OF MY VEHICLE (SBN7541L), AT THE TIME OF THE INCIDENT, THE SAID VEHICLE WAS STATIONERY AS IT WAS ON A 'GIVE WAY' ROAD.

I WAS COMING FROM THE SLIP ROAD TO JOIN TO THE MAIN ROAD. AS THERE WAS ONCOMING TRAFFIC, I STOPPED AND THE MOTORCYCLIST DID NOT STOP IN TIME AND HIT THE RIGHT SIDE OF THE CAR.

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

1340 HRS

GIARMC SketchPlanForm V3

Driver's Signature
(If driver is not the policyholder)

NRIC/FIN No.:

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 : MPML19072892 Vehicle Registration No: SDN 7541 L
Name (as shown in NRIC) : ROOPAK SEKHRI NRIC/FIN/Passport No : S1778262 B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 04/06/2019 Time of Accident : 06:40
Place of Accident : TAMPINES AVE 5 / SIMEI ROAD
Insurance Company: AXA

(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:

To attach police report


Policyholder / Driver's Signature
Date:

 17/6/2019
Reporting Centre Personnel's Signature
Name: E 9226
NRIC/FIN No.:
Date: