

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. **Complete and submit this Form for e-filing.**
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. **Any false reporting may be referred to the Traffic Police Department for investigation.**

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------------|
| Date and Time of Accident | Date: 2 Sep 2024 Time: 1600 LT |
| Exact Location of Accident | Paya Lebar Airbase |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | XE5739J |
|-----------------------------|---------|

INSURED / POLICYHOLDER (OWN VEHICLE)

| | |
|---|--|
| Name of Registered Owner (See Insurance Cert.) | |
| Personal Identification - NRIC (Singaporean/PR) | |
| - FIN/Passport Number | |
| - Not Applicable | |

VEHICLE PARTICULARS (OWN VEHICLE)

| | |
|--|--|
| Vehicle Make / Model | Manufacturer <u>Rosenbauer</u> Model <u>Rosenbauer 39.750 6x6 A146</u> |
| Type of Vehicle* | <input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, <u>Fire Vehicle</u> |
| Exact Purpose for which vehicle was being used at time of accident | Fire Vehicle was part of water display |
| Are you claiming under your own insurance policy for repair to your vehicle? | <input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting) |
| Vehicle Category* | <input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle |

INSURANCE COMPANY (OWN VEHICLE)

| | |
|-----------------------------|--|
| Name of Insurance Company * | |
| Type of Policy | <input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only |
| Fleet Policy | <input type="radio"/> Yes <input type="radio"/> No |
| Policy Number | |
| Motor CI | |

DRIVER

| | |
|---|---|
| | <input type="radio"/> Same as Insured above |
| Name of Driver | Razali Bin Abdul Aziz |
| Personal Identification - NRIC (Singaporean/PR) | S****267Z |
| - FIN/Passport Number | |
| Date of Birth | 02 dd/ 01 mm/ 1966 /yy |
| Driving Date Pass | 19 dd/ 08 mm/ 1988 /yy |
| Year of Driving Experience | 36 Year(s) Month(s) |
| Occupation | <input type="radio"/> Indoor <input checked="" type="radio"/> Outdoor |
| Gender | <input checked="" type="radio"/> Male <input type="radio"/> Female |
| Contact Number / Mobile Phone / Fax No. | 8317 3144 |

| | |
|---|---|
| Address of Driver | Blk 37, #05-471, Bedok South Ave 2 |
| | Postcode (460037) |
| Email Address | razali.abdul.aziz@changiairport.com |
| Was driver an employee of the Insured's Company? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | SND1677D |
| Insurance Company of Driver's Own Vehicle (if applicable) | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | |
| Weather Conditions | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, _____ |
| Road Surface | <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, _____ |
| OTHER INFORMATION | |
| a. Was anybody injured in the accident? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Was any other vehicle or property damaged? (Including Witness) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| DETAILS OF POLICE ACTION | |
| Was the Accident reported to the Police? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, please state which Police Station.) |
| Police Station Name | |
| Police Station Address | |
| Police Station Contact | Tel No. _____ Fax No. _____ |
| Was notice of intended Prosecution given? | <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, against whom?) |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | |
| Vehicle Registration Number | |
| Vehicle Make/ Model/ Colour | |
| Details of Properties | |
| Name of Driver | |
| Personal Identification - NRIC (Singaporean/PR) | |
| - FIN/Passport Number | |
| Contact Number | |
| Address | |
| Name of Insurance Company | |
| No. of Passenger (Including Driver) | |
| (Note - Please use page 6 if you need to add more vehicles) | |

| Details of Witness 1 | |
|----------------------|--|
| Name | Mohamed Ismail Bin Mohamed Sidek |
| Phone | 9772 4777 |
| Email Address | mohamed.ismail.sidek@changiairport.com |

| Details of Witness 2 | |
|----------------------|---------------------------------|
| Name | Nordin Bin Samat |
| Phone | 8444 4347 |
| Email Address | nordin.sammat@changiairport.com |

| Details of Injured Person 1 | |
|--|--|
| Name | |
| Address | |
| Approximate Age | |
| Injuries Sustained | |
| If vehicle occupants, state in which vehicle? | |
| Were seat belts worn? | <input type="radio"/> Yes <input type="radio"/> No |
| Was injured conveyed to hospital by ambulance? | <input type="radio"/> Yes <input type="radio"/> No |

| Details of Injured Person 2 | |
|--|--|
| Name | |
| Address | |
| Approximate Age | |
| Injuries Sustained | |
| If vehicle occupants, state in which vehicle? | |
| Were seat belts worn? | <input type="radio"/> Yes <input type="radio"/> No |
| Was injured conveyed to hospital by ambulance? | <input type="radio"/> Yes <input type="radio"/> No |

| Details of Injured Person 3 | |
|--|--|
| Name | |
| Address | |
| Approximate Age | |
| Injuries Sustained | |
| If vehicle occupants, state in which vehicle? | |
| Were seat belts worn? | <input type="radio"/> Yes <input type="radio"/> No |
| Was injured conveyed to hospital by ambulance? | <input type="radio"/> Yes <input type="radio"/> No |

(Note - Please use page 7 if you need to add more injured person)

IMPORTANT NOTICE

- ## 8. Consent under the Personal Data Protection Act (PDPA)

(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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (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.

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6 Sep 2024

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light gray lines. There are no margins, text, or other markings on the page.

Describe Circumstance of the Accident

The fire engine was deployed within the Airbase, and was stationary with the engine off for approximately 20 minutes when an equipment impacted the fire engine from the rear. The damages to the fire engine are as depicted in the photographs.

I am unable to disclose further details of the accident.

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



6 Sep 2024

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel