SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. **Complete and submit this Form for efiling**.
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 Rosenbauer Model Rosenbauer 39.750 6x6 A146
Type of Vehicle*	◯ Saloon ◯ MPV ◯ CRV ◯ Van ◯ Lorry ◯ Bus ◯ M/cycle ☑ Others, Fire Vehicle
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?	◯ Yes ◯ No (**If No,Pls select**: ◯ **Third Party** ◯ **Reporting**)
Vehicle Category*	◯ Private ◯ Commercial ◯ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	
Type of Policy	◯ Comphensive ◯ Third Party Fire & Theft ◯ TP Only
Fleet Policy	◯ Yes ◯ No
Policy Number	
Motor CI	

DRIVER

◯ **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	◯ Indoor ☑ Outdoor
Gender	☑ Male ◯ 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?	☑ Yes ○ No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	☑ Yes ○ 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 collison, Head-On collision,Side Swipe, Front to Rear)	
Weather Conditions	☑ Clear ○ Raining ○ Others,_____
Road Surface	☑ Dry ○ Wet ○ Others,_____

OTHER INFORMATION

a. Was anybody injured in the accident?	○ Yes ☑ No
b. Was any other vehicle or property damaged? (Including Witness)	☑ Yes ○ No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	○ Yes ☑ 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?	○ Yes ○ 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.samat@changiairport.com

Details of Injured Person 1	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

Details of Injured Person 2	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

Details of Injured Person 3	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

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

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Mangement Centre estabilised 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)**

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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

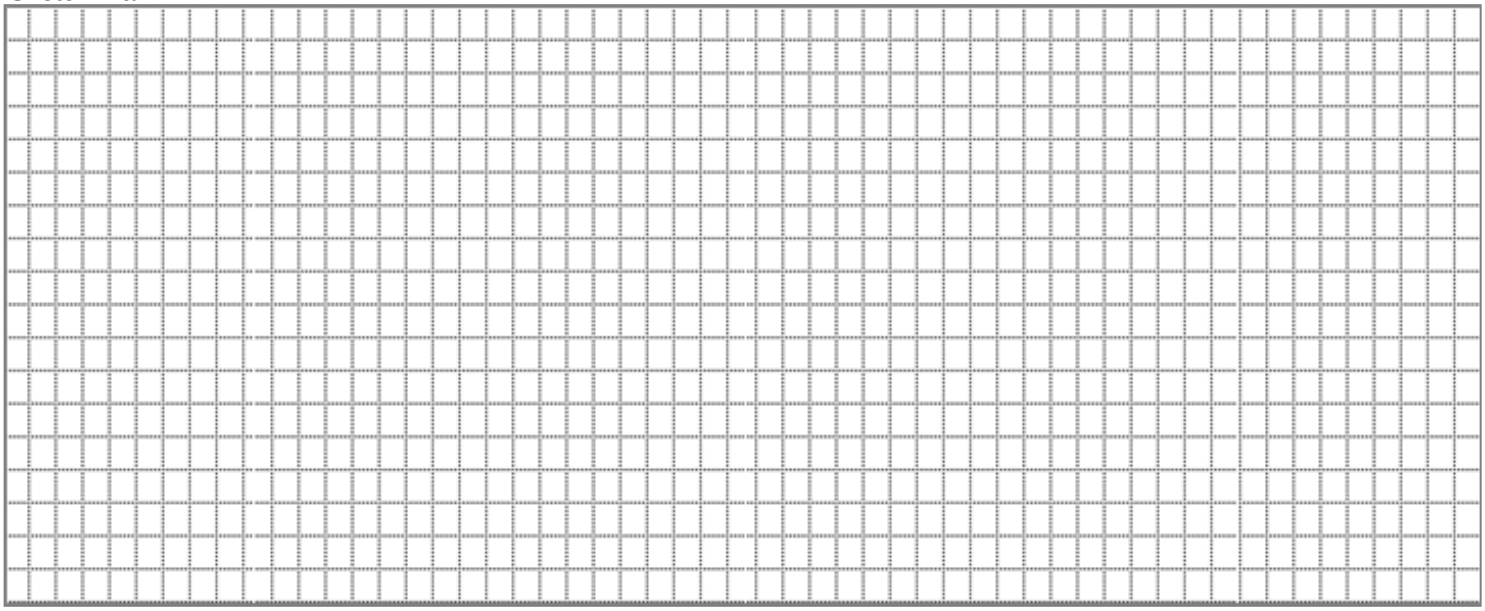
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

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



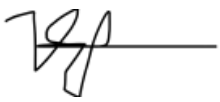
Describe Circumstance of the Accident

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 depcited in the photographs.

I am unable to disclose futher 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

DETAILS OF OTHER VEHICLE / PROPERTY 2	
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)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
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)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
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)	
Name of Insurance Company	

Details of Injured Person 4	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

Details of Injured Person 5	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

Details of Injured Person 6	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

Details of Injured Person 7	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No

Details of Injured Person 8	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	◯ Yes ◯ No
Was injured conveyed to hospital by ambulance?	◯ Yes ◯ No