

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 | 12/03/2019 08:23 |
| Date Of Accident | 04/03/2019 14:10 |
| Exact Location Of Accident | CHANGI AIRPORT AIRSIDE TERMINAL 3 GATE B8 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SKK7014B |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 200710651D |
| Email Address | HONGWEI.TAN@AIRBUS.COM |
| Mobile Phone No | (LOCAL) +65-88698220 |
| Alternative Phone No | OFFICE-88698220 |

Vehicle Particulars

| | |
|--|---|
| Manufacturer | MAZDA |
| Model | 5 |
| Exact Purpose for which vehicle was being used at time of accident | HEADING OVER TO AIRLINE HOUSE FOR MEETING |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994316 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | TAN HONG WEI |
| NRIC No | S8563275B |
| Date Of Birth | 12/03/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/11/2017 |
| Driving Experience | 1 YEAR AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-88698220 |
| Fax Number | |
| Contact Number | OTHERS-88698220 |
| Email Address | HONGWEI.TAN@AIRBUS.COM |

| | |
|---|-------------------------------------|
| Address | 2 TANAH MERAH KECHIL LINK #07-02 |
| Postcode | 465417 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| 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? | NO |
| 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) | 3 |
| Passenger 1 | NAME: : SHERIDAN THOMAS GENDER: : MALE |
| Passenger 2 | NAME: : KARL RUSH GENDER: : MALE |

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

PLEASE REFER TO SKETCH PLAN AND 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 | WC9311E |
| Vehicle Make/Model/Colour | TOYOTA |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SARMIENTO NELSON JR RIVERA |
| NRIC/Passport Number | G3166141U |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SHERIDAN THOMAS
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SKK7014B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KARL RUSH
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SKK7014B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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 Management Centre established by the General Insurance Association Of Singapore (GIA) for archiving and the copies of this report will be a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.

II. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 insurer's lawyer/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.



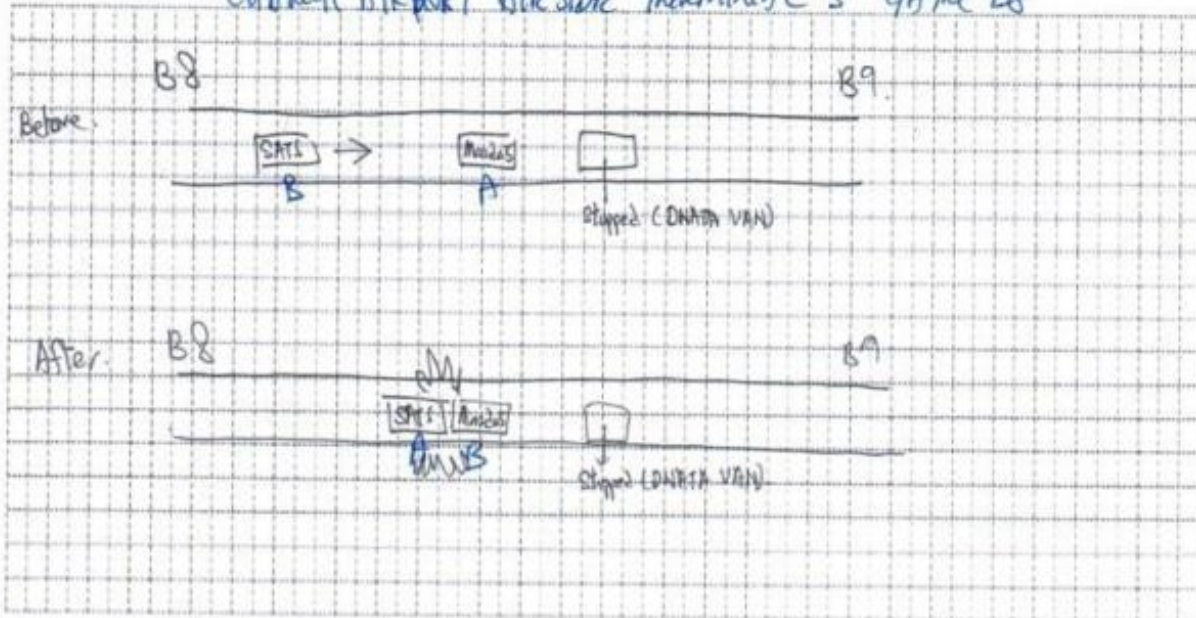
Policyholder / Date & Address

phay 6th March 2019
Driver's Signature (if driver is not the Policyholder) Date & Time

[Signature] 12/03/2019
Witnessed by Reporting Centre Personnel

Sketch Plan

CHONGI AIRPORT AIRSIDE TERMINAL 3 GARAGE B8



A) SKK 7014E

B) WC 9311E

Accident Sketch Plan

Describe Circumstance of the Accident

On 4th March, at around 14:10, the accident happened in between Gate B8 and B9. We were heading from ATASC (Gate A10) to airline house for a meeting. Our car, Mazda 5, came to stop due to a vehicle stopping in front and make a U-turn. We were struck by a tug from behind, upon turning around we witnessed the driver with a piece of paper in hand.

Declaration

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



Police Station / Date & Stamp

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

Witnessed by Reporting Centre Personnel



Airside Operations SOP – Volume 2 Airside Management Centre, AMC – SOP – 23 Rev. 04

ACCIDENT / INCIDENT REPORT

Appendix 2

* Delete where applicable

| | |
|--|---|
| Section I – INFORMANT'S PARTICULARS (Person filling this report) | |
| Name: <u>Tan Hong Wei</u> | Company Section: <u>Airbus TSP Operations</u> |
| Designation: <u>Ops. Support</u> | Contact No.: <u>8869 8220</u> |
| Section II – ACCIDENT / INCIDENT DETAILS | |
| Date of Accident: <u>4 March 2019</u> | Time of Accident: <u>14:10</u> |
| Location of Accident: <u>B8 gate (airside)</u> | *12 |
| Section III – DRIVER'S AND VEHICLE'S PARTICULARS | |
| Name: <u>Tan Hong Wei</u> | Vehicle's Registration No.: <u>9UK70148</u> |
| Company / Section: <u>Airbus TSP</u> | Type of Vehicle: <u>MAZDA 5</u> |
| ADP Customer ID: <u>63241686T</u> | AVP Vehicle ID: <u>V16851</u> |
| Expiry Date: <u>05/07/2019</u> | Expiry Date: <u>13/11/2019</u> |
| Gender: <u>Male</u> / Female | Telephone No.: <u>88698220</u> |
| Police Report made? * YES (NO) (IF YES, STATION: <u>LO</u>) | |
| Section IV – DETAILED DESCRIPTION OF ACCIDENT / INCIDENT | |
| <p>I was driving from airside from B8 to B9. I slow down the car and stop to not allow a DATA van to make a U-turn. Out of sudden, I hear a "bang" sound and the car was hit by another car from the back. From the back mirror, I saw the driver holding a paper in hand.</p> | |
| Section V – DETAILED DESCRIPTION OF INJURY OR DAMAGE TO PROPERTY/ EQUIPMENT | |
| Refer to pictures. | |

ATTACHMENT

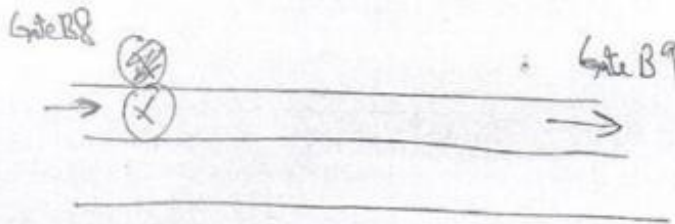


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Section VI – SKETCH PLAN

(To show clearly the path of vehicle before and after the accident)

Before



After

Tan Hong Wai
Name of Driver/Personnel

Signature / Date
4/3/19

Note: The driver / personnel shall submit this report within 24 hours to CAG Airside Operations

Section VII – FOR CAG OFFICIAL USE ONLY (To be filled up by receiving officer)

| | |
|------------------------|------------------|
| Date report submitted: | Name of Officer: |
| Time report submitted: | Designation: |
| Remarks | Signature: |



Airside Operations SOP – Volume 2 Airside Management Centre AMC – SOP – 23 Rev. 04

Appendix 2

ACCIDENT / INCIDENT REPORT

* Delete where applicable

| | |
|--|------------------------------------|
| Section I – INFORMANT'S PARTICULARS (Person filling this report) | |
| Name: <u>SHERIDAN THOMAS</u> | Company Section: <u>AIRBUS TSP</u> |
| Designation: <u>HEAD OF OPERATIONS</u> | Contact No.: <u>98630312</u> |
| Section II – ACCIDENT / INCIDENT DETAILS | |
| Date of Accident: <u>4th MARCH</u> | Time of Accident: <u>14:10 HRS</u> |
| Location of Accident: <u>B8</u> | |
| Section III – DRIVER'S AND VEHICLE'S PARTICULARS | |
| Name: | Vehicle's Registration No.: |
| Company / Section: | Type of Vehicle: |
| ADP Customer ID: | AVP Vehicle ID: |
| Expiry Date: | Expiry Date: |
| Gender: * Male / Female | Telephone No.: |
| Police Report made? * YES / NO (IF YES, STATION: <u>LO</u>) | |
| Section IV – DETAILED DESCRIPTION OF ACCIDENT / INCIDENT | |
| <p>I WAS A PASSENGER IN OUR AIRBUS VEHICLE PROCEEDING TO AIRLINE HOUSE, IN BETWEEN GATE #B8 AND B9 WE CAME TO A STOP DUE TO A VEHICLE STOPPING IN FRONT, WHEREUPON WE WERE STRUCK FROM BEHIND BY A TUG AT SPEED, UPON TURNING AROUND WE WITNESSED THE DRIVER WITH A PIECE OF PAPER IN HAND</p> | |
| Section V – DETAILED DESCRIPTION OF INJURY OR DAMAGE TO PROPERTY/ EQUIPMENT | |
| <p>DAMAGE TO REAR OF VEHICLE AND PAIN IN NECK AND SHOULDER.</p> | |
| | |
| | |
| | |

ATTACHMENT



Airside Operations SOP – Volume 2 Airside Management Centre AMC – SOP – 23 Rev. 04

| | |
|--|------------------|
| Section VI – SKETCH PLAN (To show clearly the path of vehicle before and after the accident) | |
| <p><u>Before</u></p> <div style="text-align: center; margin-top: 20px;"> <p style="margin-top: 10px;"> SATS TUG OUR VEHICLE STOPPED </p> </div> | |
| <p><u>After</u></p> <div style="text-align: center; margin-top: 20px;"> <p style="margin-top: 10px;"> SATS TUG OUR VEHICLE </p> </div> | |
| SHERIDAN THOMAS | |
| Name of Driver / Personnel | Signature / Date |
| Note: The driver / personnel shall submit this report within 24 hours to CAG Airside Operations | |
| Section VII – FOR CAG OFFICIAL USE ONLY (To be filled up by receiving officer) | |
| Date report submitted: | Name of Officer: |
| Time report submitted: | Designation: |
| Remarks | Signature: |
| | |

ATTACHMENT



Airside Operations SOP – Volume 2 Airside Management Centre AMC – SOP – 23 Rev. 04

Appendix 2

ACCIDENT / INCIDENT REPORT

* Delete where applicable

Section I – INFORMANT'S PARTICULARS (Person filling this report)

| | |
|------------------------|------------------------------|
| Name: <u>KARL RUSH</u> | Company Section: |
| Designation: | Contact No.: <u>87255405</u> |

Section II – ACCIDENT / INCIDENT DETAILS

| | |
|---------------------------------|--------------------------------|
| Date of Accident: <u>4/3/19</u> | Time of Accident: <u>14:10</u> |
| Location of Accident: <u>B8</u> | |

Section III – DRIVER'S AND VEHICLE'S PARTICULARS

| | |
|--|-----------------------------|
| Name: | Vehicle's Registration No.: |
| Company / Section: | Type of Vehicle: |
| ADP Customer ID: | AVP Vehicle ID: |
| Expiry Date: | Expiry Date: |
| Gender: * Male / Female | Telephone No.: |
| Police Report made? * YES / NO (IF YES, STATION: <u>LO</u>) | |

Section IV – DETAILED DESCRIPTION OF ACCIDENT / INCIDENT

I WAS PASSENGER OF OUR AIRBUS VEHICLE, PASSENGER SIDE IN THE BACK SEAT. LOCATION B8. OUR VEHICLE CAME TO A HALT DUE TO A VEHICLE IN FRONT - STATIONARY A TUC A SPEED HIT THE BACK OF OUR CAR AT SPEED - ON IMPACT THE CAR JOLTED FORWARD. AS I TURNED TO SEE WHAT HIT US - THE DRIVER WAS READING A SHEET OF PAPER WITH A LOOK OF SHOCK - I INSTANTLY FELT PAIN IN MY NECK.

Section V – DETAILED DESCRIPTION OF INJURY OR DAMAGE TO PROPERTY/ EQUIPMENT

DAMAGE TO REAR OF CAR.
PAIN IN NECK.

ATTACHMENT

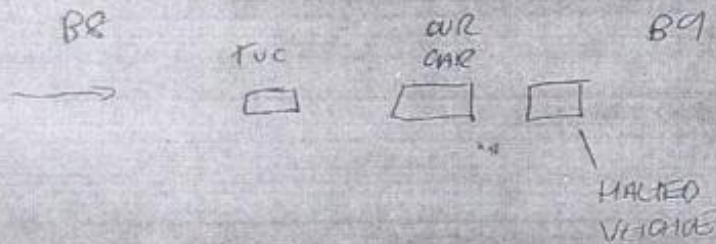


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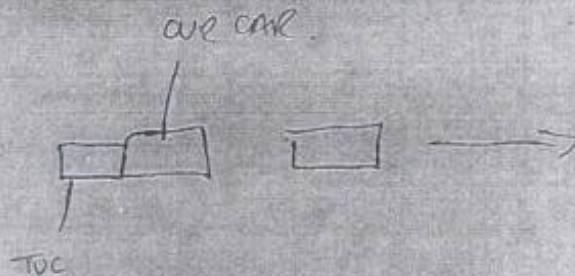
Section VI – SKETCH PLAN

(To show clearly the path of vehicle before and after the accident)

Before



After



Name of Driver / Personnel

Signature / Date

[Signature] 4/3/19

Note: The driver / personnel shall submit this report within 24 hours to CAG Airside Operations.

Section VII – FOR CAG OFFICIAL USE ONLY (To be filled up by receiving officer)

Date report submitted:

Name of Officer:

Time report submitted:

Designation:

Remarks

Signature:

ATTACHMENT

1

FACT FINDING FORM

| | | | |
|--|--|-------------|-----------------------------------|
| Date/Time of Interview | : 06 Mar 2019 / 1425H | | |
| Interviewer | : Mohd Zaid | | |
| Investigation report on: | Accident with injury involving SATS tractor (WC9311E/GWL 41) rear ended an Airbus car (SKK7014B) | | |
| At | Stand B8/B9 | along / at | Roadway R1S on 04 Mar 2019/ 1410H |
| Name | : Tan Hong Wei S8563275B | Contact No. | : 88698220 |
| Vehicle Number | : Skk7014b | Company: | : Airbus |
| <p>Accident/Incident details:</p> <p>I was traveling from ATOSC (Gate A10) to Airline House. We were traveling through roadway R1S, to be specific from Gate B8 to Gate B9. The DNATA van in front of me stopped and made a U-turn. Hence, I slow down the car and came to a stop. We were struck by a tractor from behind, upon turning around we witnessed the driver with a piece of paper in hand. The three of us were injured by the impact.</p> | | | |

Ref AMC SOP # 23 (Form template amended 16 May 2014)

ATTACHMENT

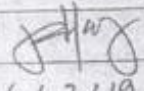
3

Declarant

Full Name: Tan Hong Wei
S8563275B

Interviewer

Full Name: Mohd Zaid

Signature: 

Signature: _____

Date: 6/3/19

Date: _____

PHOTO



PHOTO



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 8 5 6 3 2 7 5 B**

Name: **TAN HONG WEI**

Birth Date: **12 Mar 1985**

Issue Date: **23 Nov 2017**

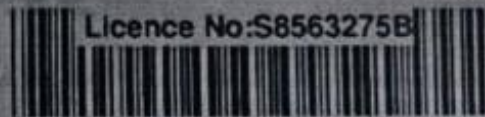


 002746899C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**EFFECTIVE DATE**

Class 3 **Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg** **23 Nov 2017**

NP 428A



Licence No: S8563275B

WARNING

No pass is issued in pursuance to Section 5 of the Restricted Areas and Restricted Passes Act, Cap 294.

No holder of this pass is allowed to enter restricted areas for the performance of OFFICIAL DUTIES or BUSINESS ONLY.

Any unauthorized possession, use, retention, alteration, destruction or transfer to another person of this pass are PENAL OFFENCES.

For Visitor Pass

Pass must be returned to the issuing Pass Office IMMEDIATELY on completion of visit or assignment.

Holder of RESTRICTED Visitor Pass must be accompanied by a Security Pass holder AT ALL TIMES.

Restricted Areas

The holder is allowed access to the restricted areas indicated by the colour-coded zones and photo background shown on the Pass.

| | |
|-----------|---|
| Red | (1) Access with Sensitive Security Area access |
| Red/White | (2) Access with no Sensitive Security Area access |
| Blue | (3) Access with no Sensitive Security Area access |
| Green | (4) Changi Airfreight Centre |
| Yellow | (5) Departure Transit |
| Pink | (6) Control Tower |
| Brown | (7) AP Complex |

If Found

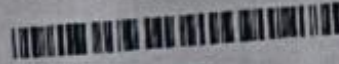
If found, please hand this pass to any police establishment

YOU ARE LICENSED TO DRIVE THE FOLLOWING CLASS(ES)

Pass Date

19/06/2018

Class 3 Motor Cars up to 2000 kg with up to 7 passengers, exclusive of the driver, and Motor Tricycles and other Motor Vehicles up to 2000 kg



"3234 1881"

CHANGI



9435521

NRIC No. 585632758

Nationality

MALAYSIAN

Date of Issue

16-08-2017

2 TANAH MERAH KECIL LINK #07-02
SINGAPORE 485417

NRIC No. 585632758

Date: 05/02/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

