

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 Submission 04/05/2022 16:30 (SGT)
Date of Accident 03/05/2022 08:33 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHANGI AIRPORT FIRE STATION 2 (AIRSIDE)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD5813H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHANGI AIRPORT GROUP (SINGAPORE) PTE LTD
Company Reg No 200910817N
Email Address andy.tan@changiairport.com
Mobile Phone No (Phone) +65-96962577
Alternative Phone No +65-96962577

VEHICLE PARTICULARS

Manufacturer PIERCE
Model SABER 90.A
Variant EMERGENCY - CRISIS MANAGEMENT
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Mobile equipment
Transmission Auto
CC 8849

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-22098973MFVS/2
Cover Note Number -

DRIVER

Name of Driver MOHAMED SOFIAN BIN OSMAN
NRIC No S8236396C

Date Of Birth	23/10/1982
Occupation	Outdoor
Date Of Driving Pass	04/07/2005
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86662192
Alt. Phone Number	-
Email Address	mohamed.sofian.osman@changiairport.com
Address	BLK 21 YISHIN CLOSE #05-42
Address complement	-
Postcode	768014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
Weather Conditions	CLOUDY
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN AND STATEMENT

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	BARRIER
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name MUHD NAZRULL BIN HALIFI
Phone (Phone) +65-88925719
Email -

SKETCH PLANIMPORTANT NOTICE

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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) of:

- processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- investigating the accident and/or my claims;
- carrying out and/or dealing with my instructions or responding to any enquiries by me;
- 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
- complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

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 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.

the information so collected under (d) above may be shared / disclosed:

- 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
- for complying with requirements under any regulations, laws or court orders.

ANDY TAN

[Signature]
F. CANIAES

[Signature]

[Signature]



Holder's Signature

Time:

1200LT
4/5/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time: 1200LT

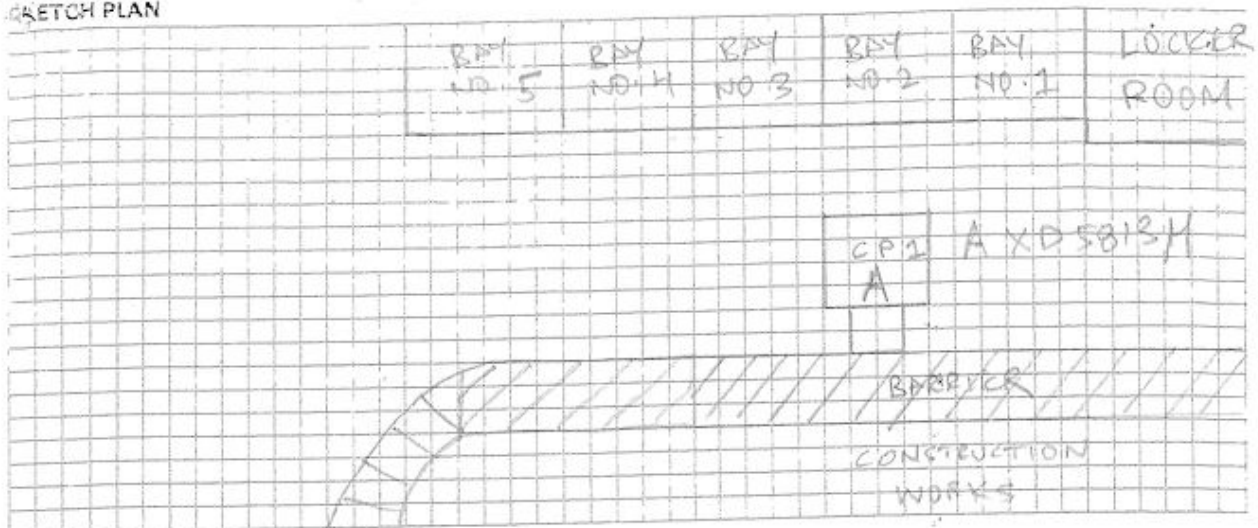
4/5/2022

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3 MAY 2022, at approximately 0834 LT, NAZRUL (DRIVER) who is driving AFF W121 and making a right turn into area in front of ifs2, CPI (XD5813H) in a stationary position in front of the vehicle bay. NAZRUL (DRIVER) presumed CPI was reversing into the vehicle bay, he then sounded his horn to alert the available crew to marshal the vehicle. SABIU heard the horn and went to vehicle bay to standby for marshalling.

NAZRUL waited for CPI to reverse however the vehicle was not moving. He then alighted from the vehicle to check on CPI. Upon further inspection, he observed CPI had hit the concrete barrier demarcating the construction site and no operator was in or near the vehicle with no engine running.

SABIU who was at the vehicle bay informed CPI OPERATOR SORIAN (driver) immediately. Sorian upon checking the CPI observed damages to the front LHS bumper and LHS blinker lights.


After checking the vehicle is safe to drive, Sorian (driver) boarded CPI and reversed the vehicle back into the vehicle bay. Sorian (driver) then reported the incident to Sorian (SUPERVISOR), HAZIG whom informed ANDY (R.O)

Remark: XD5813H sent to Indeco Engineering Pte Ltd Workshop on 4 May 2022 for damage assessment

DECLARATION

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


 Policyholder's Signature
 Date & Time: 4/5/2022
 1200LT


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 4/5/2022
 1200LT


 Reporting Centre Personnel's Signature
 Name: SORIAN
 NRIC/FIN No.: SPARK LOYANG CAR CARE