

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 Actual 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 06/06/2023 18:22 (SGT)
Reported by Actual Driver
Date of Accident 03/06/2023 16:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information FS3 DIESEL KIOSK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE3755A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CHANGI AIRPORT GROUP (SINGAPORE) PTE LTD
Company Reg No 2XXXXX817N
Email Address salihin.cag@gmail.com
Mobile Phone No (Phone) +65-64245676
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Scania
Model P360CB6X4HHZ
Variant -
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? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 12742

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D-23100815MFVS/5

DRIVER

Name of Driver AHMAD SALIHIN BIN SAHAD
NRIC No SXXXX287D
Date Of Birth 15/08/1981
Occupation Outdoor

Date Of Driving Pass	30/06/2008
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-96586747
Alt. Phone Number	-
Email Address	salihin.cag@gmail.com
Address	APT BLK 765 PASIR RIS STREET 71
Address complement	# 15-108
Postcode	510765
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CEILING
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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

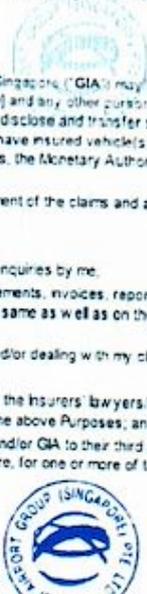
WITNESS 1

Name RUSDI RUZAINI BIN JUNADI
Phone (Phone) +65-97667014
Email -

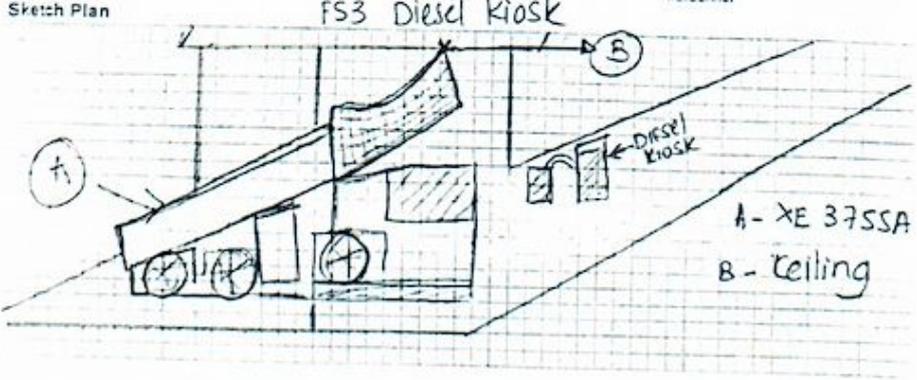
SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)
 - (i) I understand, acknowledge, agree and consent that:
 - (a) the Insurers, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 purposes(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim;
 - (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 be 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 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's Signature / Date & Time _____ 6/6/23 _____
 Driver's Signature (if driver is not the policyholder) / Date & Time _____ 6/6/23 _____
 Witnessed by Reporting Centre Personnel _____ 06/06/2023 _____



Describe Circumstance of the Accident

Please Refer to the attached statement

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

Policyholder's Signature / Date & Time: *[Signature]* 6/6/23

Actual Driver's Signature (if driver is not the policyholder) / Date & Time: *[Signature]*

Witnessed by Reporting Centre Personnel (Name as in NRUCAD card): *[Signature]* 06/06/2023



ON THE ABOVE STATED DATE AND TIME, I WAS AT FS3 DIESEL KIOSK TO REFILL DIESEL FOR MY VEHICLE. UPON COMPLETION OF THE REFUELLING, I WAS SLOWLY REVERSING TO EXIT THE KIOSK. WHILE DOING SO, SUDDENLY THE FOAM TUBE AT THE CEILING STUCKED TO THE NETTING OF MY VEHICLE AND THE FOAM TUBE HAS SNAPPED OFF FROM THE CEILING. THE CEILING WAS SLIGHTLY DAMAGED DUE TO THIS.

A – XE 3755A

B - CEILING

D.O.A: 03/06/2023

PLACE OF ACCIDENT: FS3 DIESEL KIOSK











