

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 First Submission	18/11/2024 17:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/11/2024 13:04 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5855G
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAOLINI BUILDING MATERIALS PTE LTD
Company Reg No	201537787K
Email Address	ACCOUNTS@AALTO.COM.SG
Mobile Phone No	(Phone) +65-97735858
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ24-004177

DRIVER

Name of Driver	SEKAR VENKATESH
Passport No/FIN	G6239657T
Date Of Birth	07/03/1985
Occupation	Outdoor
Driving Pass Date	28/07/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81317181
Alt. Phone Number	-
Email Address	ACCOUNTS@AALTO.COM.SG
Address	-
Address complement	-
Postcode	-
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 - Change/cross lane
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

VAN A STOPPED TO GIVE WAY TO THE BUS. TRUCK B CAME AND HIT THE REAR OF VAN A.

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	GBK3327G
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMLI BIN SARATIMAN
NRIC No	S2155166Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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 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 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' 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 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.

PAOLINI BUILDING MATERIALS PTE LTD

Co Reg No : 201537787K

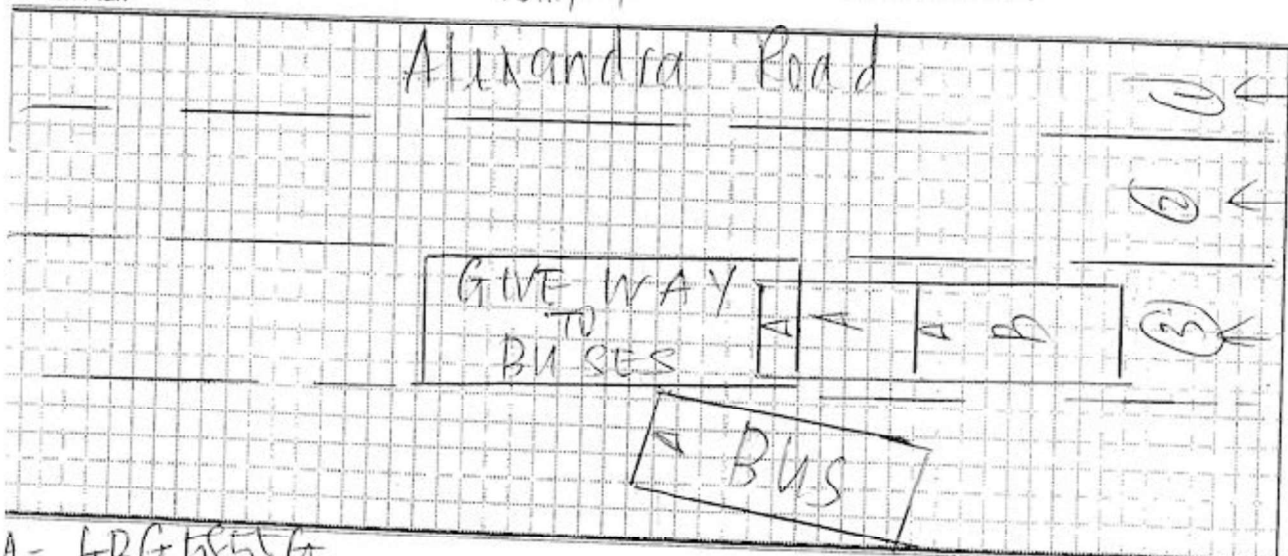
GST No : 201537787K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A - GBG 5855 G
B - GBK 3327 G

BUS STOP

1

Describe Circumstance of the Accident

Van A stopped to give way to the bus
TRUCK B came and hit the rear of Van A.

Declaration

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

PAOLINI BUILDING MATERIALS PTE LTD

Co Reg No : 201537787K

GST No : 201537787K

Policyholder's Signature / Date & Time

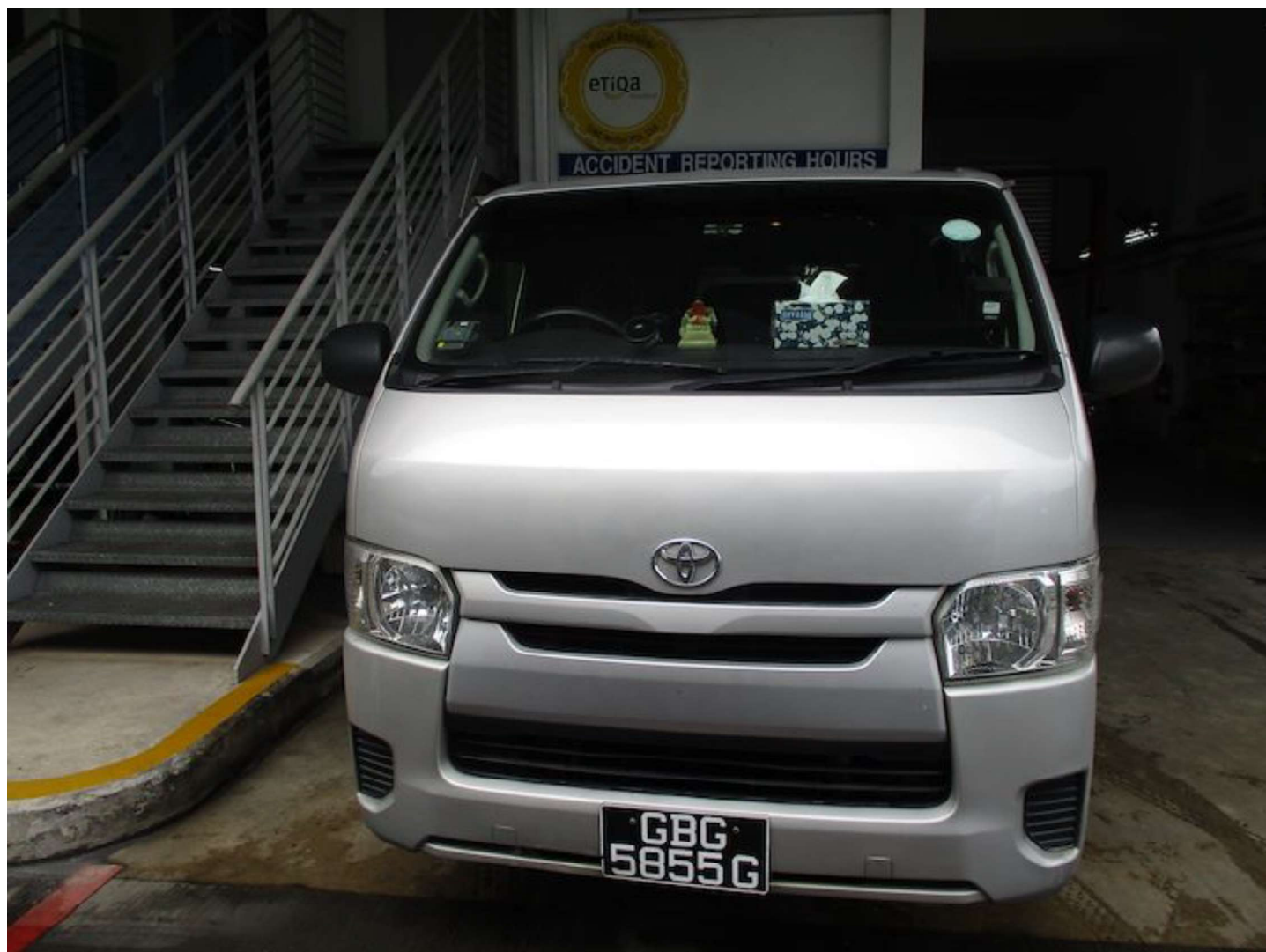
18/11/20

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

18/11/20

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

















EQ Insurance Company Limited

77 Robinson Road #12-01 Robinson 77 Singapore 068896
tel (65) 6223 9433 | www.eqinsurance.com.sg
reg no. 1978-00490-N



You've Got a Friend



TAX INVOICE

Debit Note

Page 1 of 1

GST Reg.No. M2-0029383-5

Number HO/MN1207975
Transaction/Due date 02/09/2024

PAOLINI BUILDING MATERIALS PTE. LTD.
BLK/HOUSE NO. 5 #07-02
PEREIRA ROAD
SINGAPORE 368025



Scan to pay by Credit Card

Type of Policy	COMMERCIAL VEHICLE PRIVATE (SCH I)
Policy Number	DMCPHQ24-004177
Period of Cover	from 08/09/2024 to 07/09/2025
Vehicle Registration no.	GBG5855G
Insured's Name & Address	PAOLINI BUILDING MATERIALS PTE. LTD. BLK/HOUSE NO. 5 #07-02 PEREIRA ROAD SINGAPORE 368025
Branch/Territory	Singapore/Singapore
Account/Agency	A000546/A000546 Tan Xing Hua

	Singapore Dollar
Premium	SGD1,887.09
STANDARD RATED GST 9.00%	SGD169.84
	SGD2,056.93
Total Due	SGD2,056.93

This is a computer-generated document and it does not require a signature.

EQI CUSTOMER PORTAL

Register Now! at www.eqinsurance.com.sg (Under Login).

It provides the individual policyholder a quick, easy and secure access 24/7 to view all your contract-related documents, invoices, make a premium settlement, submit a claim and much more.

HO/I-AXINGHUA/MN1207975/03-09-2024/15:20:52



A Member of Citystate