

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	28/12/2022 14:34 (SGT)
Reported by	Both
Date of Accident	27/12/2022 19:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HG15 KOVAN CENTRE (CAR PARK) HOUGANG STREET 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH2487U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOUTH ISLAND AQUARIUM PTE LTD
Company Reg No	1XXXXX052N
Email Address	CHAILUAN@SOUTHISLANDAQUARIUM.COM
Mobile Phone No	(Phone) +65-96216612
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2493

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	CN014664

DRIVER

Name of Driver	SOUTH ISLAND AQUARIUM PTE LTD
Company Reg No	1XXXXX052N
Date Of Birth	18/05/1977
Occupation	Indoor

Date Of Driving Pass	10/09/1996
Driving experience	26 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96216612
Alt. Phone Number	-
Email Address	CHAILUAN@SOUTHISLANDQQUARIUM.COM
Address	2 HOW SUN CLOSE
Address complement	-
Postcode	538630
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF5335X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GUAY KIM HEE

NRIC No	SXXXX904J
Contact Number	(Phone) +65-98162224
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

E-tiq
Vehicle: SMH 2487U
28/12/2022

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 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.

Sketch Plan

SOUTH ISLAND AQUARIUM PTE LTD
6 Chencharu Ck, Singapore 768044
Tel: +65 6483 0619, 6483 0628
Fax: +65 6483 2033
Email: info@southislandaquarium.com
Business Reg: 199208052 N

SHING MOTOR CO.

Policyholder's Signature / Date & Time: *[Signature]* 28/12/2022 1040am

Driver's Signature (if driver is not the policyholder) / Date & Time: *[Signature]* 28/12/2022 1040am

Witnessed by Reporting Centre Personnel: *[Signature]* 28/12/2022

(HGR 15)

Date of accident: 27/12/2022 Time: 750pm Location: Hougang St 21 Carpark park
 My Vehicle A: SMH248FU Vehicle B: GBF 5335X Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

On 27/12/2022, @ 750pm, my car (SMH248FU) was parked stationary in parking lot. ~~GBF 5335X~~ GBF 5335X was reversing into the opposite side parking lot. The driver reversed into my vehicle.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

6 Chuanhuan Rd, Singapore 446819
 We declare the above information to be true in every respect.
 Tel: +65 6483 0619, 6483 0629
 Fax: +65 6483 2053
 Email: info@ahlimmotor.com
 Business Reg: 196706052 N

Policyholder's Signature / Date & Time

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

Witnessed By Reporting Centre Personnel



28/12/2022

AH LIM MOTOR COMPANY



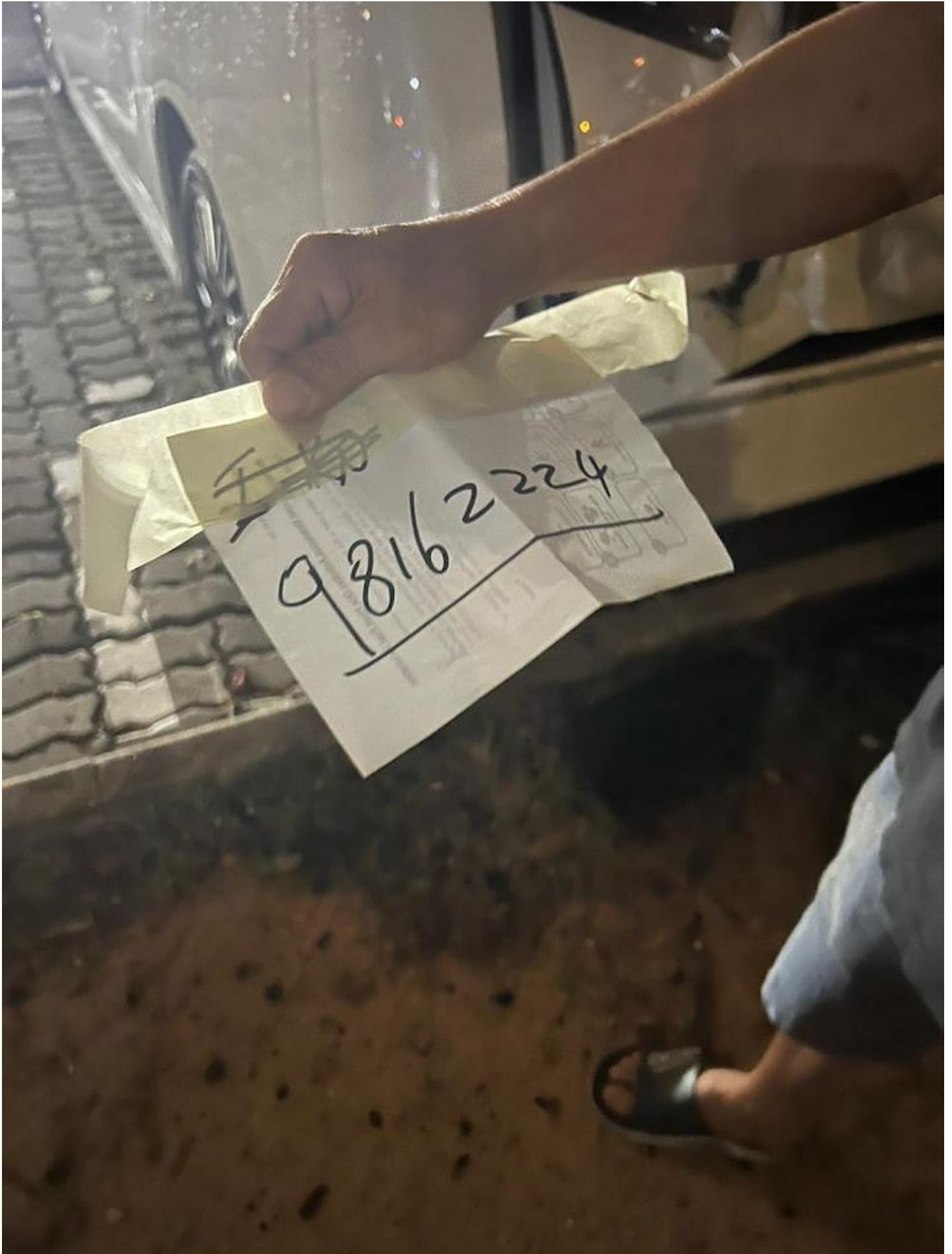




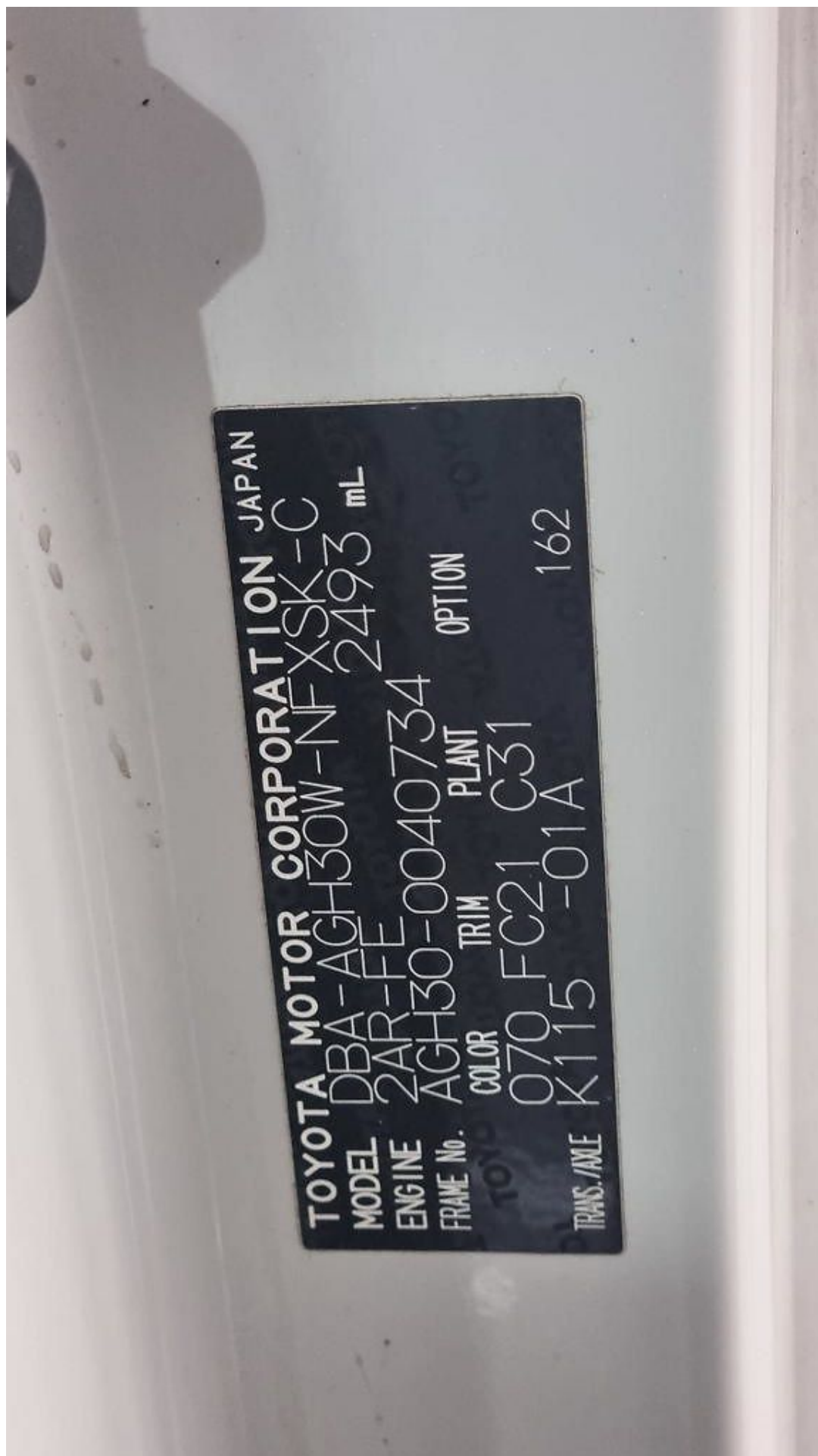


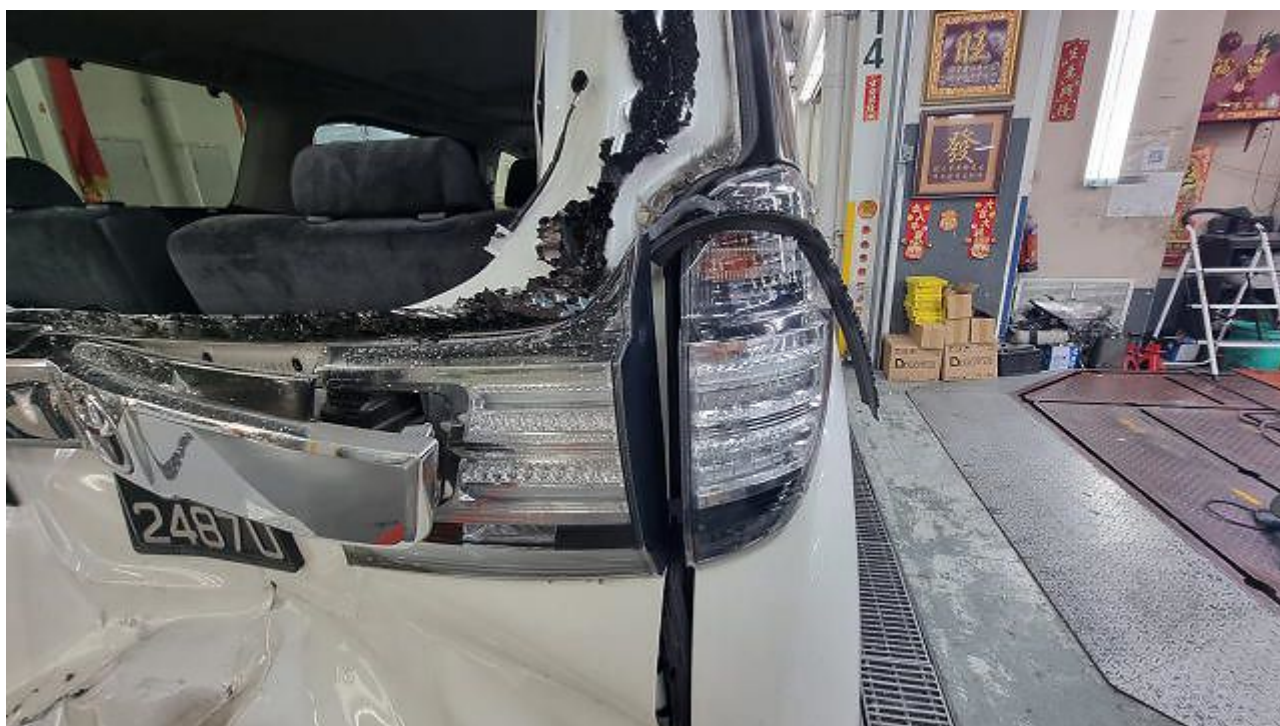
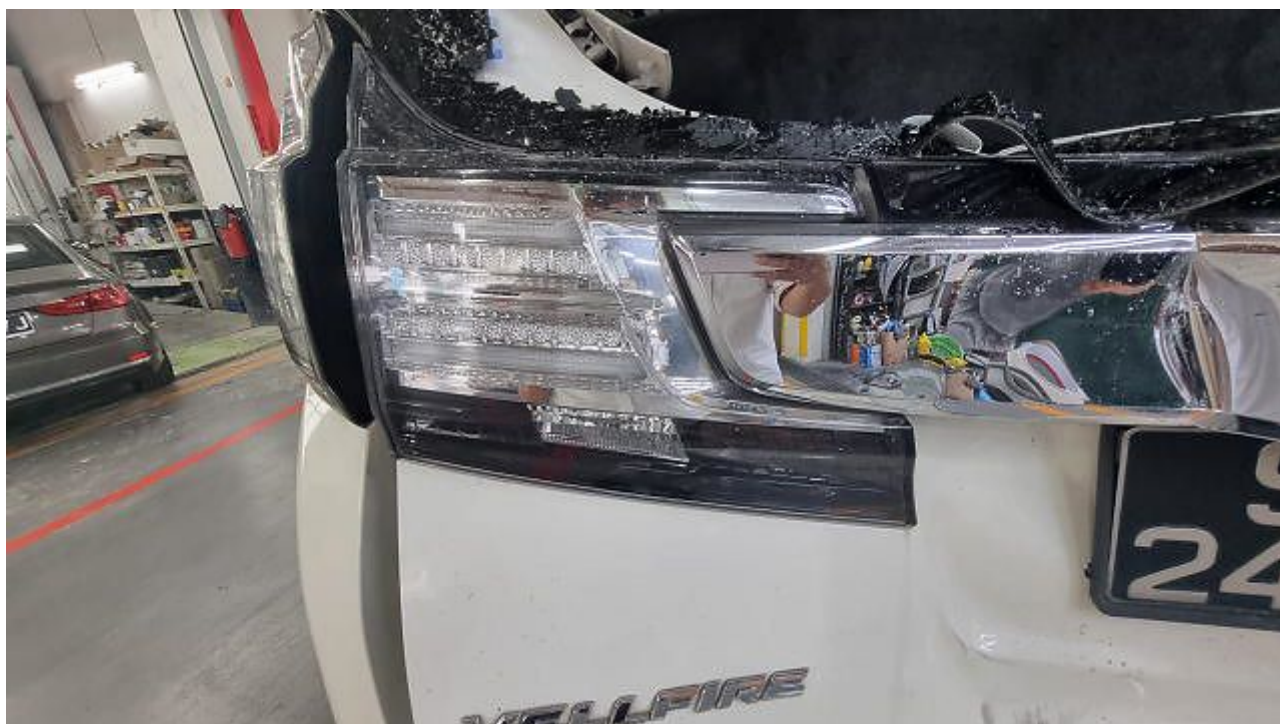






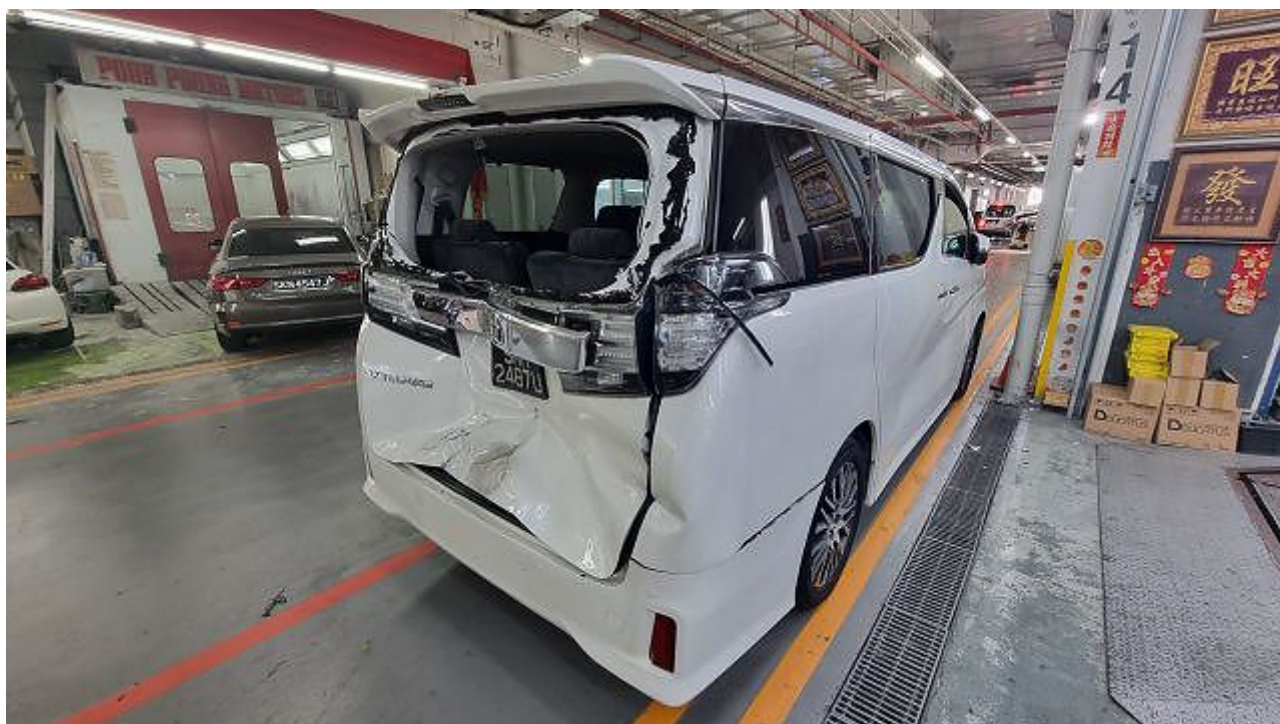




















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66SS00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1B22CS0002 Vehicle Registration No: SMH 2487U
South Island aquarium Pte Ltd
 Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : 199206052N
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 6 Chencharu Link Singapore (788044)
 Contact (Tel) : _____ Mobile No.: 9621-6612
 Email Address : _____
 Date of Accident : 27/12/2022 Time of Accident : 7-50 pm
 Place of Accident : H615 (Kovan Centre Car-park) Hougang st 21
 Insurance Company : Etiga Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To reattach the accident statement, sketch plan, interview form with the company stamp.

SOUTH ISLAND AQUARIUM PTE LTD
6 Chencharu Link, Singapore 768044
 Policyholder / Officer's Signature: _____
 Date: _____ Fax: +65 6493 3103
 Email: info@southislandaquarium.com
 Business Reg: 199206052N



28/12/2022
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : Lim Chai Luan

Policy No : Cover note : CN014664

Vehicle No : SMH 2487U

Place of Accident : HG 15, Monngang St 21 (Kovan Car Park)

Insured Driver's relationship with Insured : Company Director

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : 0

Injury to Insured and/or Insured driver, please indicate which hospital:

—

Third Party Vehicle No (if any) : GBF 5335X

No of passenger(s) in Third Party Vehicle : 1

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

NA

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

Rear damage to SMH2487U

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

—

Traffic Police report (enclosed) : Yes / (No)

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

SOUTH ISLAND AQUARIUM PTE LTD

6 Chenchu Link, Singapore 768044

Tel: +65 63360477 / +65 63360477

Fax: +65 63360477

Endorsed by (Name & Signature) / Date
Lim Chai Luan 28/12/2022
 I, Lim Chai Luan, affirm that the information is given to my best knowledge

Attended by (Name & Signature) / Date
[Signature]

Workshop Name: AH LIM MO TOE COMPANY

eTiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

T +65 63360477
 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 20133909K

A Member of  Maybank Group

**MOTOR COVER NOTE**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Date: 30/11/2022

Cover Note No.: CN014664

The Insured having proposed for insurance in respect of the vehicle described below, it is hereby Held Covered according to the Company's usual policy form applicable and other terms which may be specifically agreed. This cover may be terminated by the Company in writing in which case the Company shall be entitled to charge a sum in proportion to the annual premium for the time on risk.

SCHEDULE

Insured Name	: SOUTH ISLAND AQUARIUM PTE LTD	Registration No.	: SMH2487U
Make & Model	: Toyota Vellfire 2.5 (A) MPV	Engine Capacity	: 2493
Engine No.	: 2AR1371310	Year of Registration	: 2016
Chassis No.	: AGH300040734		
Coverage	: Comprehensive		
Period of Insurance	: From 13/12/2022 to 12/12/2023		
Finance / Hire Purchase	: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD		
Remarks	:		

I/WE HEREBY CERTIFY that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Etika Insurance Pte. Ltd.

Note: This Cover Note is only valid for 30 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

Authorised Signature

IMPORTANT NOTICE**PREMIUM PAYMENT FRAMEWORK****i. For Individual Policyholders**

In accordance with the GIA's Code of Practice For Premium Payment, which comes into effect 1st May 2005, this Motor Cover Note issued to **Individual Policyholders** shall not be in force unless premium is paid in full to the Company or intermediary **on or before** the date of inception of this insurance, be it new or renewal.

ii. For Corporate Policyholders

This Motor Cover Note carries a Premium Payment Warranty for **Corporate Policyholders**, which requires the premium to be paid in full **within 60 days** from the date of inception of this insurance, be it new or renewal.

If this condition is not complied with then this insurance is automatically terminated immediately after the expiry of the said 60-days period and the Company shall be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.00 + GST.

Policy Owners' Protection Scheme

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC websites (www.gia.org.sg or www.sdic.org.sg).

PERSONAL DATA USE

Any information collected or held by us whether contained in your application or otherwise obtained may be used and / or disclosed to our associated individuals / companies or any independent third parties (within or outside Singapore) for any matters relating to your application, any policy issued and to provide advice or information concerning products and services which we believe may be of interest to you and to communicate with you for any purpose. Your data may also be used for audit, business analysis and reinsurance purposes.

Etika Insurance Pte. Ltd. (Company Reg. No. 201331905K)
 One Raffles Quay #22-01 North Tower Singapore 048583
 T: +65 6336 0477 F: +65 6339 2109 www.etika.com.sg