

NATIONAL Assessment Centre Services

[wef 1 Jan 05]

MH A17155704

Date In: 24/11/17-18:39	Job description	Date & Time Completed	Done by
Ref No: NA1A1702247/24	SAS e-filing		
Veh No: SLE9299C	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 6/11/17-08:30	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SF467499	INC () / Non-INC ()
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]	
Year of Registration: (	Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

- () Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
 () Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1707278

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
	4) FT : Follow-Through Survey \$120			
	5) FT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11) : TP (N-in INC) against INC \$20			
Ref 1:	9) N12: Idac Mobile 30			
Ref 2 / 3:	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

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 ability.
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 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	24/11/2017 18:39
Date Of Accident	06/11/2017 08:30
Exact Location Of Accident	ALONG JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9299C
Insured/Policyholder	
Name Of Registered Owner	CHONG WEI CHIANG
NRIC No	S1659224B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94557191
Alternative Phone No	OFFICE-94557191

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 (R18 BI)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100477959-01
Cover Note Number	

Driver

Name of Driver	CHONG WEI CHIANG
NRIC No	S1659224B
Date Of Birth	12/04/1964
Occupation	INDOOR
Date Of Driving Pass	19/11/1990
Driving Experience	26 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94557191
Fax Number	
Contact Number	OFFICE-94557191
EMail Address	NOEMAIL

Address	BLK 268 TAMPINES STREET 21 #03-245
Postcode	520268
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFIK ISKANDAR PUTERI
Police Station Address	ROAD: TRAFIK ISKANDAR PUTERI , POSTCODE: 00000 , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO 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	SFY6749G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TERENCE CHEE WEI KIT
NRIC/Passport Number	S8782075J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

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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 Police for investigation.
6. The 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 lodgment 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.
- (d) 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.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) 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
 - (ii) for complying with requirements under any regulations, laws or court orders.



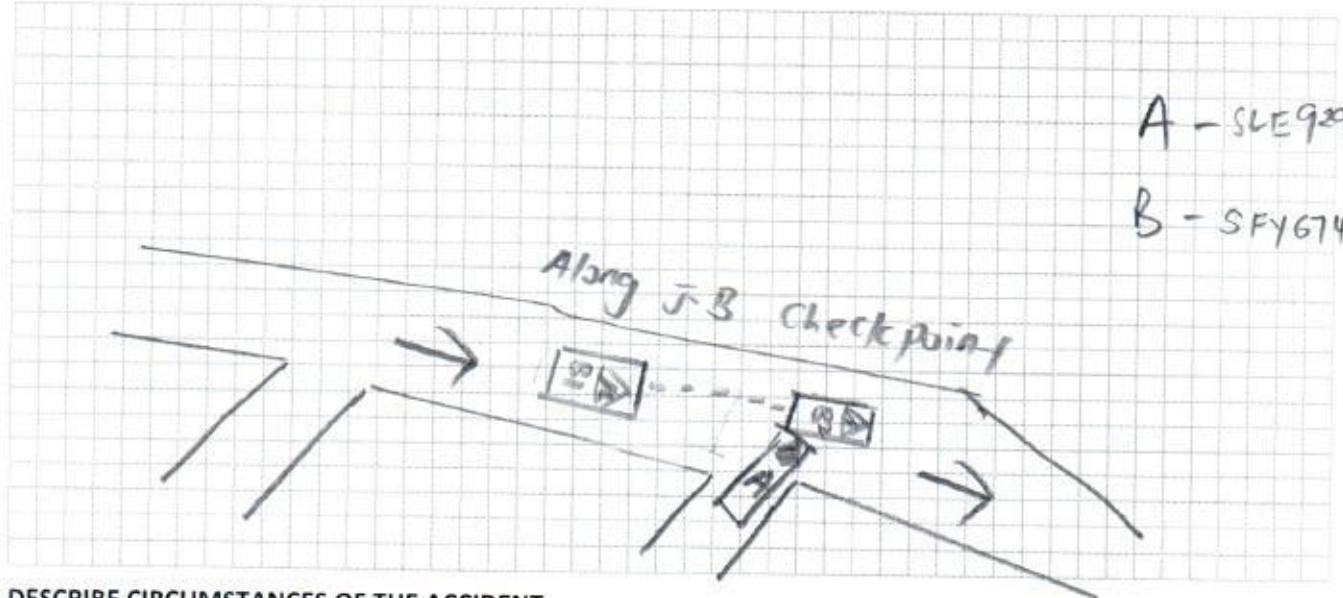
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement...

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ON 06/11/2017 AT ABT 0830HRS I DRIVE MY VEH FROM JB TWDS SINGAPORE.AFTER I PASSED THE JB IMMIGRATION,I INVOLVED AN ACCIDENT WITH VEH(B)PLATE NO SFY6749G.WE STOPPED AT THE SIDE AND VEH B DRIVER ASKED ME TO PAY HIM \$100 AS A COMPENSATE FOR THE DAMAGE OF HIS VEH.AFTER A WHILE THE DRIVER WIFE CAME OUT AND ASKED ME FOR \$200 THAT I WAS NOT AGREE,SO WE EXCHANGE PARTICULARS. AFTER I TOOK PHOTO OF THE DRIVER B PARTICULARS ,I RETURNED BACK TO HIM.SUDDENLY VEH B DRIVER WENT BACK TO HIS VEH AND DRIVE OFF WITHOUT RETURN BACK MY I/C.AFTER 1 WEEK I RECEIVED A CALL FROM SINGAPORE POLICE INFORMED ME THAT SOMEONE FOUND MY I/C.I MAKE A POLICE REPORT TO MAKE SURE THAT THE DRIVER OF VEH B DIDN'T MAKE USE OF MY I/C.

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 11 / 17) (DD/MM/YYYY), TIME: (08 : 30) (HH:MM)

LOCATION: Along J.B checkpoint

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE9299C
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Chong Wei Chiang (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1659324B CONTACT: 94557191
c) ADDRESS: Blk 268 Tampines Street 21 # 03-245 (520268)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER (Refer. as above)

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (12 / 4 / 1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) YES

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SF4 6749G MODEL: _____
b) DRIVER'S NAME: TERENCE CHEE WEI LEI
c) NRIC/FIN/PASSPORT: S8782075J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including d)
(1)

* No of passenger
(including d)
(2)

* No of passenger
(including d)
(-)

email =

fax =



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : BUKIT INDAH
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No Repot : BGN. SULTAN ISKANDAR/004992/17
Tarikh : 22/11/2017
Waktu : 1935 PM
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama : AMINUL SHAFIQ BIN ABDUL MURAD No Personel : R179372 Pangkat : L/KPL
Butir-butir Jurubahasa (Jika Ada)
Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---
No Paspot : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu

Nama : CHONG WEI CHIANG
No K/P (Baru) : --- No Polis/Tentera : --- No Paspot : S 1659224B
No Sijil Beranak : ---
Jantina : Lelaki Tarikh Lahir : 12/04/1964 Umur : 53 tahun 7 bulan
Keturunan : Cina Warganegara : Singapore
Pekerjaan : GURU DI SINGAPORE
Alamat Tempat Tinggal : NO 16 JALAN ANJUNG 7/3 HORIZON HILL 79100 JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : --- No Tel (Pejabat) : --- No Tel (HP) : 01111911226
Emel : ---

Pengadu Menyatakan:-

PADA 06/11/2017 JAM 0830HRS SEMASA SAYA MEMANDU M/KAR NO.SLE 9299C DARI BANGUNAN SULTAN ISKANDAR KE SINGAPURA APABILA MELEPASI PUSAT PEMERIKSAAN IMEGRESEN SAYA TELAH TERLIBAT KEMALANGAN DENGAN SEBUAH M/KAR NO SFY 6749G YANG DI PANDU OLEH 1(L)CINA .SETELAH ITU KAMI TELAH BERHENTI DAN LELAKI CINA TERSEBUT TELAH MEMINTA GANTI RUGI SEBANYAK SGD:100.00.SETELAH ITU ISTERI LELAKI CINA ITU TELAH KELUAR DAN MEMINTA SEBANYAK SGD:200.MENYEBABKAN SAYA TIDAK BERSETUJU .SETELAH ITU BELIAU TELAH MENYERAHKAN LESEN MEMANDU MILIKNYA KEPADA SAYA DAN SETELAH MENGAMBIL GAMBAR MELALUI TELEFON SAYA TELAH MENYERAHKAN LESEN MEMANDU BELIAU BERSAMA KAD PENGENALAN SINGAPURA MILIKHNYA.SAYA JUGA MENTERAHKAN KAD PENGENALAN MILIK SAYA KEPADALELAKI CINA ITU DAN TIBA- TIBA BELIAU TELAH MASUK KEDALAM KERETANYA SERTA MELARIKAN DIRI BERSAMA KAD PENGENALAN SAYA.L/KURANG SEMINGGU KEMUDIAN SAYA TELAH MENDAPAT PANGGILAN TELEFON DARI POLIS SINGAPURA MENGATAKAN KAD PENGENALAN SAYA TELAH JUMPAI OLEH ORANG AWAM DAN MENYERAHKAN KE BALAI POLIS.TUJUAN BUAT REPOT BIMBANG KAD PENGENALAN SAYA DI SALAHGUNAKAN OLEH LELAKI CINA YANG MELARIKAN KAD PENGENALAN SAYA.SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

Balai Polis Bukit Indah
79100 Iskandar Puteri
Johor

**POLIS DIRAJA MALAYSIA**
REPOT POLIS

Balai : BUKIT INDAH
Daerah : ISKANDAR PUTERI
Kontinjen : JOHOR
No Repot : TRAFIK JOHOR BAHRU(S)/027087/17
Tarikh : 22/11/2017
Waktu : 1835 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R112169

Butir-butir Penerima Repot

Nama : KARIM BIN MUHAMMAD
Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No Paspot : ---
Alamat : ---

No Personel : R120682
Pangkat : KPL
No K/P (Baru) : ---
Bahasa Asal : ---
No Polis/Tentera : ---

Butir-butir Pengadu

Nama : CHONG WEI CHIANG
No K/P (Baru) : ---
No Sijil Beranak : ---
Jantina : Lelaki
Keturunan : Cina
Pekerjaan : GURU DI SINGAPURA
Alamat Tempat Tinggal : NO 16 JALAN ANJUNG 7/3 TAMAN HORIZON HILLS, 79100, JOHOR
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
Emel : ---

No Polis/Tentera : ---
Tarikh Lahir : 12/04/1964
Warganegara : Singapore
Umur : 53 tahun 7 bulan
No Paspot : S 1659224B
No Tel (Pejabat) : ---
No Tel (HP) : 01111911226

Pengadu Menyatakan:-

PADA 06/11/2017 JAM L/KURANG 0830HRS SEMASA SAYA MEMANDU M/KAR NO SLE 9299 C JENIS MERCEDES CLA 180 DARI JOHOR KE SINGAPURA DAN APABILA MELEPASI PUSAT PEMERIKSAAN KASTAM DAN IMIGERESAN BANGUNAN SULTAN ISMAIL TIBA TIBA SEBUAH M/KAR NO SFY6749G JENIS TOYOTA ALTIS TELAH MEMOTONG SAYA DARI ARAH KIRIMENYEBABKAN SAYA TELAH TERGESEL M/KAR TERSEBUT. DALAM KEJADIAN INI M/KAR SAYA HANYA MENGALAMI KEROSAKAN CALAR DI BAHAGIAN BUMPER DEPAN MANAKALA SAYA TIDAK MENGALAMI SEBARANG KECEDERAAN. SEKIAN REPOT SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R120682 | 22/11/2017 07:05:38 PM

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1659224B



Name

CHONG WEI CHIANG

Race

CHINESE

Date of birth

12-04-1964

Sex

M

Country/Place of birth

SINGAPORE



5281200



NRIC No. S1659224B



Date of issue

28-02-2014

APT BLK 268 TAMPINES STREET 21 #03-245
SINGAPORE 520268

NRIC No. S1659224B

Date: 08/09/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1659224B**
Name: **CHONG WEI CHIANG**

Birth Date: **12 Apr 1964**
Issue Date: **06 Oct 2003**



 1000892329E

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Nov 1990

NP 426A

 Licence No: S1659224B



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Chong Wei Chiang
Period of Insurance : 05 Aug 2017 To 07 Aug 2018
Engine No. : 27061030818212
Chassis No. : WDD1173422ND42443

Vehicle No. : SLE9299C
Policy No. : 2100477859-01
Endorsement No. :
Issued Date : 12 Jul 2017

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Coupe
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAIF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDPE) if you are a Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use (15 days) 2000cc

* Limitations mentioned hereinafter by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0, Own Damage - \$800, Theft - \$0, Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Chong Wei Chiang - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408655 87412338

2. Pandan Lemp Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 188 Pandan Lemp Singapore 128378 67778365

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 4000. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) Part IV of the Road Transport Act, 1967 (Malaysia), and Motor Vehicles (Third Party Risks) Rules, 1956 (Malaysia).

0504386265

CYCLE & CARRIAGE - ANGELA
239 ALEXANDRA ROAD
SINGAPORE 156030

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

78, Shenton Way #07-16 AIG Building 5079120 | T: +65 6419 3000 | F: +65 6415 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.