

NATIONAL Assessment Centre Services

Date In: 23/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG18001333/13	SAS e-filing		
Veh No: SGR1655	E-mail (w/thin 3hrs, AIC 2hrs)		
D.O.A 22/01/18 0845	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	MoForSports	Tel:	Fax:
TP Particulars:	Veh No: SHB2457E	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%; F: 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1800499	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iFT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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 23/01/2018 09:18
 Date Of Accident 22/01/2018 08:45
 Exact Location Of Accident TAMPINES AVE 4 TWDS TAMPINES ST 41
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK165S
Insured/Policyholder
 Name Of Registered Owner TAN MEOW LI MAGDALENE(CHEN MIAOLI,MAGDALENE)
 NRIC No S8309360I
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90622880
 Alternative Phone No OTHERS-90622880

Vehicle Particulars

Manufacturer TOYOTA
 Model ALTIS
 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 2100452127-01000
 Cover Note Number

Driver

Name of Driver TAN TAI MONG
 NRIC No S2184320B
 Date Of Birth 06/07/1956
 Occupation OUTDOOR
 Date Of Driving Pass 19/01/1977
 Driving Experience 41 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-82811155
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	BLK 163 TAMPINES ST 12 #11-269
Postcode	521163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180122/2115

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2437E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN TAI MONG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGK165S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


IMPORTANT NOTICE

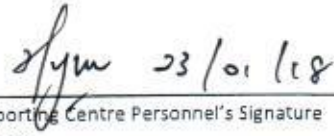
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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:

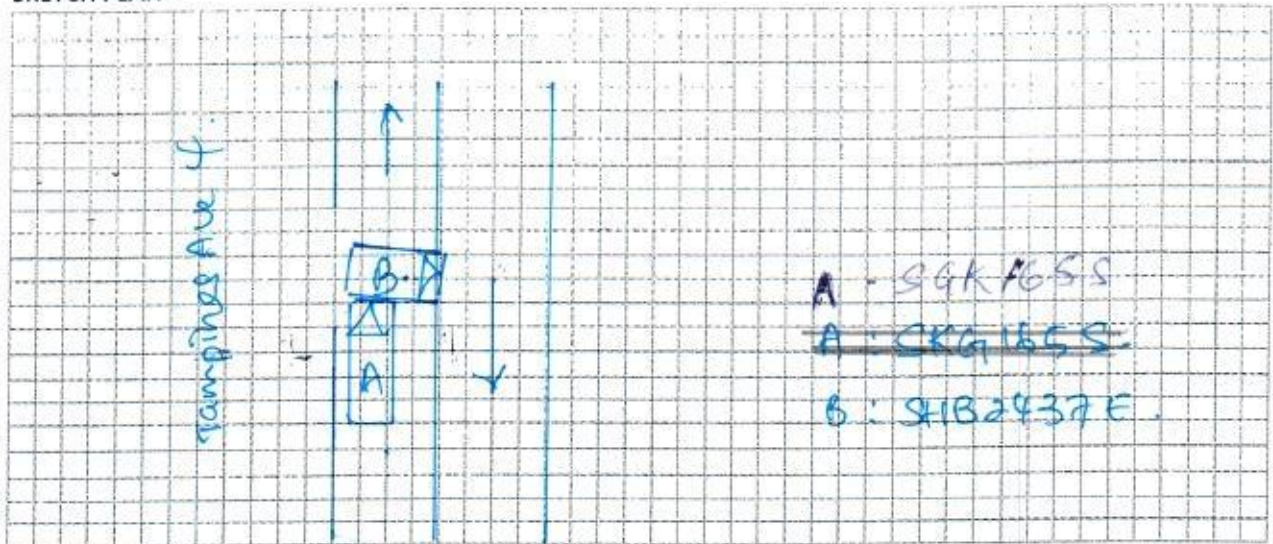
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Please refer to Police report T/2018 0122/2115

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.:



SINGAPORE POLICE FORCE



T/20180122/2115

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3
Report No. T/20180122/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 14:54	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: TAN TAI MONG			Address: APT BLK 163 TAMPINES STREET 12 #11-269 SINGAPORE 521163	
ID Type / ID No.: NRIC NO / S2184320B			Contact No.: Home/Office:	Mobile: 82811155
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 06/07/1956	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2018 08:45	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 4				
ALONG TAMPINES AVENUE 4 TOWARDS TAMPINES STREET 41 OUTSIDE TAMPINES POLYCLINIC				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK165S	Car				Slightly Damaged	0
SHB2437E	Car				Slightly Damaged	0



Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180122/2115

CONTINUATION OF REPORT

Brief Details.

On 22/1/2018 at about 0845hrs I was driving my car (SGK165S) along Tampines Avenue 4 towards Tampines Street 41 and passing by the Tampines Polyclinic. Suddenly, a taxi (SHB2437E) exited from Tampines Polyclinic and was making a right turn when it stopped in the middle of my lane in front of me. I then braked when I saw the said taxi stop in front of me. However, the front of my car hit onto the taxi's right rear door area. Subsequently, the driver of the taxi and I both exited our vehicles to take photos of the incident. We then drove off after that.

Damage sustained by my car is a cracked front bumper, cracked bonnet and cracked license plate while damage sustained by the taxi is a dented and scratched rear right door. After the incident, I also noticed that my engine temperature was abnormally high.

After the incident, I felt pain in my left lower back, neck area and shoulder area. I also felt numbness in my left hand and leg. I then went to see the doctor at Oei Family Clinic located at 625 Elias Road #02-316 (Tel: 65815881). Doctor Oei Su Kai then prescribed me painkillers and cream for the said affected areas and granted me 6 days of medical leave from 22/1/2018 to 27/1/2018.

I wish to state that I have 2 in-vehicle cameras, one facing the front and one facing the back. However, the one facing the front was not working at the time of the incident. The camera facing the back was recording during the incident and I have the footage available with me. I also wish to state that the taxi involved had an in-vehicle camera, however I am not sure whether it was facing the front or back.

I am lodging this report for the purposes of claiming insurance.



**SINGAPORE
POLICE FORCE**



T/20180122/2115

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20180122/2115

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /
Insp GOH SI HAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/01/2018 14:54

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 01 / 18) (DD/MM/YYYY), TIME: (08 : 45) (HH:MM)

LOCATION: Tampines Ave 4 Twds Tampines Street 41

1. DETAILS OF VEHICLE

- SGK
- a) VEHICLE NUMBER: 8KG165S
- b) INSURANCE COMPANY: AIG
- c) POLICY NUMBER: 2100452127-01000
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA ALTIS
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAN MEOW LI MAGDALENE (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S83093601 CONTACT: 90622880
- c) ADDRESS: Blk 163 Tampines Street 12 #11-269 S(521163)

*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: TAN TAI MONG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S2184320 B CONTACT: 82811155
- c) ADDRESS: Blk 163 Tampines Street 12 #11-269 S(521163)

*d) DATE OF BIRTH: (6 / 7 / 1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 40 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Changkat NPP

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHB 2437E MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

admin1@agmotorsports.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8309360I



Name

TAN MEOW LI, MAGDALENE
(CHEN MIAOLI, MAGDALENE)

陈 妙 丽

Race

CHINESE

Date of birth

24-03-1983

Sex

F

Country/Place of birth

SINGAPORE



5797850



NRIC No. S8309360I



Date of issue

23-08-2017

Address

APT BLK 163 TAMPINES STREET 12
#11-269
SINGAPORE 521163

3786010

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2184320B

NAME
TAN TAI MONG

陈大茂

RACE
CHINESE

DATE OF BIRTH
06-07-1956

SEX
M

COUNTRY OF BIRTH
UNKNOWN

PLK 163 TAMPINES STREET 12

RE 521163

DATE OF ISSUE
24-10-2005

3786010

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2184320B

NAME
TAN TAI MONG

陈大茂

RACE
CHINESE

DATE OF BIRTH
06-07-1956

SEX
M

COUNTRY OF BIRTH
UNKNOWN

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASS	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	14 Jul 1976
Class 2A	Motorcycles between 201 cc and 400 cc	14 Jul 1976
Class 2	Motorcycles exceeding 400 cc	14 Jul 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Jan 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	17 Apr 1978
Class 5	Motor vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	23 Dec 1977

REPUBLIC OF SINGAPORE
DRIVING LICENCE

NAME
TAN TAI MONG

DATE OF BIRTH
06 Jul 1956

ISSUE DATE
30 Dec 2002

3786010

REPUBLIC OF SINGAPORE
DRIVING LICENCE

NAME
TAN TAI MONG

DATE OF BIRTH
06 Jul 1956

ISSUE DATE
30 Dec 2002

Accident Sketch Plan Pg. 1

HOTLINE TEL: (65) 6416 3000
FAX: (65) 6415-3723



CERTIFICATE OF INSURANCE

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)

M.X.1

TOYOTA AUTO PROTECTOR

CERTIFICATE NO. 2100452127-01000

OWN DAMAGE EXCESS \$5600.00 (1)

WINDSCREEN EXCESS \$5100.00

(Wind screen excess is waived if no repair is done at Bonnet Motors Workshop.)

SUM INSURED Market Value
INSURING WITH COE/PARE Yes

SGK1635

Tan, Meow Lin, Magdalena (Chen Minoli, Magdalena)

24 Feb 2017

23 Feb 2018

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

6) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured

b) Any other person who is driving on the Insured's order or with his permission

This policy will indemnify the Insured or any authorised driver only if he/she meets the age conditions

A Young and/or Inexperienced Driver Excess ("YIDR") of \$33,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE

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

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Bonnet Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6031-1188)

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

2. Combon Deigro Engrg - 205 Braddell Rd (Tel: 63837118) J. D'S Body & Paint Workshop - 209 Pandan Garden (Tel: 65654501)

4. Elhor - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Plx - 52 Ubi Ave 3 (Tel: 42780887) - For windscreen only

6. Kun Rook Sing Motor - 61 Deir Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mava Automotive - 1008 Bukit Merah Lane 3 (Tel: 62123892) 9. Progressive Automotive - 3022A Ubi Rd P (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Dik D (Tel: 67476106)

LOSS OF USE - Loss of Use 15 Days (1500 - 16000) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY: HONG LEONG FINANCE LTD

EMPLOYER'S LOAN

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be inquired under these headings.

I / We hereby Certify that the policy to which this Certificate relates 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).

Issued At Singapore 26 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-470
INCHCAPE AUTO TOYOTA-UBI MEL
33 LENO KEE ROAD
SINGAPORE 159102

[Signature]

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPSHA