

# NATIONAL Assessment Centre Services: [wef 1 Jan'05] MHA 118027424-01

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 26/1/18-16:33    | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/A/G 1803652/24 | SAS e-filing                             |                       |         |
| Veh No: SICM 4252P        | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 26/1/18-07:25      | 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: SLK 7710M  | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |                      |                       |
|---------------------------------|---|----------------------|-----------------------|
| NA1801204                       | Invoice Preparation Checklist                   | Am't (\$)<br>In Bill | Am't (\$)<br>Add Bill |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |                      |                       |
| 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              |                      |                       |
|                                 | 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 (Non INC) against INC \$20         |                      |                       |
| Lat. 1:                         | 9) N12: Idac Mobile 30                          |                      |                       |
| Lat. 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 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             | 26/02/2018 16:33           |
| Date Of Accident           | 26/02/2018 07:25           |
| Exact Location Of Accident | PIE (TUAS) BEFORE KJE EXIT |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|  |                                      |
|--|--------------------------------------|
| Vehicle Registration Number  | SKM4252P                             |
| <b>Insured/Policyholder</b>  |                                      |
| Name Of Registered Owner   | XU XINQIAO                           |
| NRIC No  | S6880996G                            |
| Email Address  | NOEMAIL                              |
| Mobile Phone No  | (LOCAL) +65-91598016                 |
| Alternative Phone No   | OFFICE-91598016                      |
| <b>Vehicle Particulars</b>   |                                      |
| Manufacturer   | NISSAN                               |
| Model  | ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR    |
| 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                          |
| <b>Insurance Company</b>   |                                      |
| Name of Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | 2100365547-03000                     |
| Cover Note Number  |                                      |
| <b>Driver</b>  |                                      |
| Name of Driver   | GU MINGMIN                           |
| NRIC No  | S6978082B                            |
| Date Of Birth  | 23/07/1969                           |
| Occupation   | INDOOR                               |
| Date Of Driving Pass   | 10/03/2000                           |
| Driving Experience   | 17 YEARS AND 11 MONTHS               |
| Gender   | FEMALE                               |
| Mobile Number  | (LOCAL) +65-97616508                 |
| Fax Number   |                                      |
| Contact Number   | OFFICE-97616508                      |
| Email Address  | NOEMAIL                              |

|   |                               |
|---|-------------------------------|
| Address   | 87 WEST COAST DRIVE<br>#02-14 |
| Postcode  | 128015                        |
| Was driver an employee of the Insured's Company     | NO                            |
| If No, Relationship of the Driver with the Insured  | SPOUSE                        |
| Vehicle Registration Number of Driver's Own Vehicle | -                             |
|   | -                             |
| Insurance Company of Driver's Own Vehicle           | -                             |
|   | -                             |
|   | -                             |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| 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         | SLK7710M    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      |             |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) | 1           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLJ8406R |
|-----------------------------|----------|

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

GU MINGMIN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKM4252P

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:

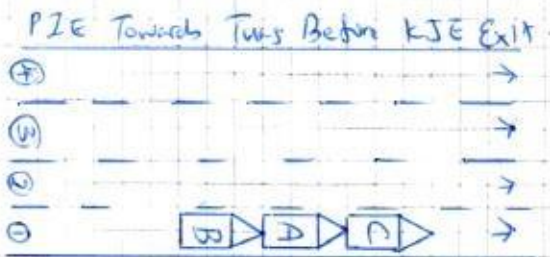
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A - SKM 4252P  
B - SLK 7710M  
C - SLJ 8406R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time, I was travelling on the extreme right lane of a 4 lane traffic. The vehicle in front of me stopped & I also stopped on time. Suddenly I felt an impact on my rear, thus the great impact pushed my vehicle forward & hit onto the rear of vehicle "C".

## 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.:



|                                   |  |                                     |                            |
|-----------------------------------|--|-------------------------------------|----------------------------|
| <b>Vehicle No.</b>                | SKM 4252P                                | Model / Make                        | Nissan Almera              |
| Date of Accident                  | 26/2/18                                  |                                     |                            |
| Time of Accident                  | 7.23am                                   | HRS                                 |                            |
| Location of Accident              | PIE Towards Tuar Before KJE Exit         |                                     |                            |
| Exact purpose use during accident | Personal                                 |                                     |                            |
| <b>Name of Owner</b>              | Xy Xin 9190                              |                                     |                            |
| Telephone No.                     | H/P: 91598016                            | Home: 65676261                      | Office:                    |
| NRIC                              | S6880996                                 |                                     |                            |
| Address                           | 87 West Coast Drive #02-14 Hundred Tree  |                                     |                            |
| Claim type                        | OD                                       | <u>THIRD PARTY</u>                  | REPORTING ONLY             |
| Insurance Company                 | AIG                                      |                                     |                            |
| Type of Coverage                  | <u>Comprehensive</u>                     | Third Party                         | Third Party / Fire / Theft |
| Policy No.                        | 2100365547                               |                                     |                            |
| <b>Name of Driver</b>             | As Above If No, Gu Mingmin               |                                     |                            |
| NRIC                              | S6978082B                                | Any Passengers: No Passengers       |                            |
| Date of birth                     | 23 July 1969                             |                                     |                            |
| Occupation                        | Outdoor / <u>Indoor</u>                  |                                     |                            |
| Driving License Pass Date         | 10 March 2000                            |                                     |                            |
| Gender                            | Male / <u>Female</u>                     |                                     |                            |
| Contact No.                       | H/P: 97616508                            | Home:                               | Office:                    |
| Address                           | 87 West Coast Drive #02-14, Hundred Tree |                                     |                            |
| Driver have any own vehicle       | No,                                      | If yes, Reg No.                     |                            |
| Relationship                      | Employee,                                | If no, state Wife, Back & Neck Pain |                            |
| Weather condition                 | <u>Clear</u>                             | Raining                             | Other                      |
| Road Surface                      | <u>Dry</u>                               | Wet                                 | Other                      |
| Any Injuries                      | No,                                      | <u>If Yes, Who?</u>                 | Gu Mingmin                 |
| Name And Contact No.              |  |                                     |                            |
| Name And Contact No.              |  |                                     |                            |
| Police Report                     | No,                                      | If Yes, Where?                      |                            |
| <b>Vehicle B No.</b>              | SLK 7710M                                | Any Passengers: No Passengers       |                            |
| Name of Driver                    |  | Contact No.:                        |                            |
| <b>Vehicle C No.</b>              | SLJ 8406R                                | Any Passengers:                     |                            |
| <b>Vehicle D No.</b>              |  | Any Passengers:                     |                            |
| <b>Vehicle E no.</b>              |  | Any Passengers:                     |                            |
| <b>Vehicle F No.</b>              |  | Any Passengers:                     |                            |
| <b>Vehicle G No.</b>              |  | Any Passengers:                     |                            |
| Witness Name                      |  | Witness Contact:                    |                            |
| <b>Accident Portion</b>           |  |                                     |                            |
| Camera Recorder                   | Yes / No                                 |                                     |                            |
| Email Address                     | mingmin.sg@gmail.com                     |                                     |                            |
|                                   |  |                                     |                            |
|                                   |  |                                     |                            |
| <b>PARTICULAR WORKSHOP</b>        |  |                                     |                            |
| CONTACT NO.                       | 6842 0051 / 6744 0510                    |                                     |                            |
| CONTACT PERSON                    |  |                                     |                            |
| FAX NO                            | 6741 0510                                |                                     |                            |
| WORKSHOP EMAIL ADDRESS            | sales@n51.com.sg                         |                                     |                            |

**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 : MHA118027424 Vehicle Registration No: 51CM4252P  
Name (as shown in NRIC) : Gu Mingmin NRIC/FIN/Passport No : S6478082B  
(\*~~Vehicle Driver~~/ Vehicle Owner) (\*) Please delete as appropriate  
Address : 87 West Coast Drive 402-14 Singapore (2815)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97616508  
Email Address : \_\_\_\_\_  
Date of Accident : 26/2/18 Time of Accident : 07:35  
Place of Accident : PIE (Tmas) before KJE exit.  
Insurance Company: Ala

**(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:

1. Amend location of accident.

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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





XQ\_IC.pdf



← MM\_IC.pdf



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6978082B



Name  
GU MINGMIN

顾 明 敏

Race  
CHINESE

Date of birth  
23-07-1969

Sex  
F

Country of birth  
CHINA

S6978082B

4420852



NRIC No. S6978082B



Date of issue  
08-06-2009

Address  
87 WEST COAST DRIVE #02-14  
SINGAPORE 128015

NRIC No: S6978082B Date: 23/08/2014





**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S6978082B**  
Name: **GU MINGMIN**

Birth Date: **23 Jul 1969**  
Issue Date: **08 Jun 2009**



001750048H 

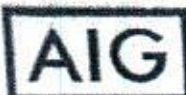
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

|  | PASS DATE   |
|--|-------------|
| Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg | 10 Mar 2000 |

NP 428A







# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968 (MALAYSIA)

INSURANCE POLICY NO. 1000000000  
POLICY NO. 1000000000

MLX1

AUTOPLUS (A)

CERTIFICATE NO. 2100365547-03000

OWN DAMAGE EXCESS \$500.00 (1)

WINDSCREEN EXCESS \$500.00

(for policies with effect from 1st November 2007)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKM4252P

Xu Xingqiao

27 Feb 2017

26 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

5) 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 condition.

A Young and/or Inexperienced Driver Excess ("YIDR") of \$53,000.00, 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, pace-making, 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.

SOLE AGENTS WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engg - 205 Bessell Rd (Tel: 63837118)
2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780857) - For windscreen only
3. Ethne - 30 Bukit Batok Crest (Tel: 66547777)
4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65644501)
5. Kan Fook Sing Motor - 61 Delta Lane 12 (Tel: 67479560)
6. Lai Hiat (Mong Koo) Motor - 21 Sin Ming Ind (Tel: 64538180)
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67453340)
9. SME Motor - 1 Kaki Bukit Ave 6 Bldg D (Tel: 67476100)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY DBS BANK 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 included 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 22 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

109906-000  
ONG TUCK SOON  
371 ALEXANDRA ROAD  
#09-01 ALA ALEXANDRA  
SINGAPORE 159963  
SP-ABUNDANTLIFE

AUTHORISED REPRESENTATIVE

ORIGINAL

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AIG Asia Pacific Insurance Pte. Ltd.

AIG Building, 78 Selegie Way #07-16 Singapore 079120

Co Ins No. 1010000000

01/01/17