

NATIONAL Assessment Centre Services

12/03/2018 14:15

Date In: 12/03/2018 14:15
Ref No: 12/03/2018 004686/V
Veh No: SKS 4785 L
D.O.A: 29/03/2018 16:20
OD (TP) Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 24hrs, AIC only)		
1-Motor Claim Form		
1-Motor VVO (within 24hrs, TP only)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/VKSP		

TP Insured:

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Yell No: QX 5744 INC () / Non-INC ()
Owner / Driver: () Tel: ()
Policy No: () Period: () Cover Type: ()
Confirmed by: () Date: () Time: ()
Insured/Driver Liability: () % (Note: B&L 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 repeller.
() Total Loss Case: 1 to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: () NG hotline 6788 6015 Date Time Completed: () Done by: ()
1) Apply for Transition Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()
Date Time: () Action: ()

Human Particulars	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee (\$40)		
	4) PT: Follow-Through Survey (\$130)		
	5) PT: Follow-Through Survey (Recovery) (\$30)		
	6) TR: Re-inspection (\$15)		
	7) NTUC: NTUC + SMRT Survey (\$140)		
	8) NTUC: Additional Services		
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12/3:

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	12/03/2018 14:15
Date Of Accident	09/03/2018 16:20
Exact Location Of Accident	TOH TUCK RD TOWARDS BUKIT BATOK EAST AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4785L
Insured/Policyholder	
Name Of Registered Owner	STARBURST ENGINEERING PTE LTD
Co Reg No	-
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90404108
Alternative Phone No	OFFICE-90404108

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SILVER
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100409490-02000
Cover Note Number	

Driver

Name of Driver	NG ENG LONG JOSIAH LAWRENCE
NRIC No	S1531714J
Date Of Birth	04/03/1962
Occupation	INDOOR
Date Of Driving Pass	26/04/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90404108
Fax Number	
Contact Number	OTHERS-90404108
Email Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 6 TOH YI DRIVE #02-261
Postcode	590006
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180309/2153

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	QX574H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	REGINA CHAI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

VEHICLE NO: SK54785LDOA: 09/03/2018

IMPORTANT NOTICE

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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 willful 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

PLEASE NOTE YOUR INSURER MAY HAVE A **14DAY-TIMEFRAME** FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.



[Signature]

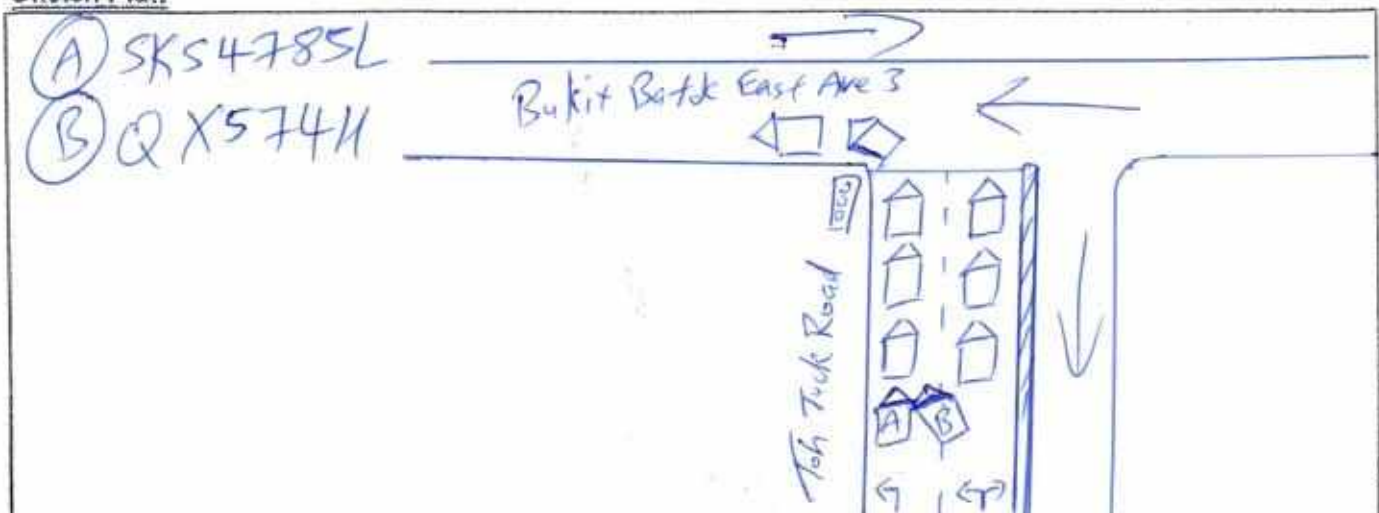
[Signature] 12/08/2018

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Teluk Road Towards Bukit Batok East Ave 3.

I was waiting for traffic light to be in my favor before I can start moving off.

There are cars in front of me and the traffic was heavy.

When the green arrow appears, cars from my lane (left) started moving.

~~There was~~ However, cars on the right lane were still stationary because the first car on the right lane cannot ^{proceed} ~~start moving~~ due to the fact that it wanted to turn right but ~~not able to do so~~ the traffic light was red with left green arrow.

As a result, vehicle (B) which was on the right lane, cut into my lane, as it wanted to turn left before the traffic light green arrow disappear.

When we alighted from our cars, the driver of vehicle (B) told me that she was heading to Clementi which was why she needed to change lane and make a left turn.

POLICE REPORT T/20180309/2153

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policy holder) / Date & Time

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20180309/2153

1 of 4

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Report No. T/20180309/2153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2018 19:10		Vide Report No.: D/20180309/0090		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: NG ENG LONG JOSIAH LAWRENCE			Address: APT BLK 6 TOH YI DRIVE #02-261 SINGAPORE 590006		
ID Type / ID No.: NRIC NO / S1531714J			Contact No.: Home/Office: Mobile: 90404108		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 04/03/1962	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Senior Project Manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 09/03/2018 16:20	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 TOH TUCK ROAD TOH TUCK AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX574H	Car				Slightly Damaged	1
SKS4785L	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180309/2153

2 of 4

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

Report No. T/20180309/2153

CONTINUATION OF REPORT

Passenger		ID No.	NIL
Name	YAO JUN	Contact No.	NIL
Related Vehicle	QX574H (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL
Driver		ID No.	NIL
Name	REGINA CHAI	Contact No.	NIL
Related Vehicle	QX574H (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL
Driver		ID No.	S1531714J
Name	NG ENG LONG JOSIAH LAWRENCE	Contact No.	90404108
Related Vehicle	SKS4785L (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On 09/03/2018 at about 1620hrs, I was driving my company vehicle (registration number SKS4785L) travelling on the left of 2 lanes along Toh Tuck Rd towards Toh Tuck Avenue. I was stopped at the traffic light junction as it was red light at that point of time.

As the traffic light turns green, I then moved off following the front vehicle. At that point of time, a police vehicle from the right merged into my lane. Due to that, both vehicles side swiped. I wish to state that the traffic was quite congested.

My company vehicle sustained some scratches on the side of driver door and front right bumper. I wish to state that there was no one injured and no ambulance was at scene. Traffic Police was at scene.



**SINGAPORE
POLICE FORCE**



T/20180309/2153

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

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Report No. T/20180309/2153

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180309/2153

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

4 of 4

Report No. T/20180309/2153

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:
D /
Sgt 2 CAMERON TOH CHUN HAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP188

Signature Of Informant:

Date/Time:
09/03/2018 19:10

Classification Of Case:

Personal Particulars

Date of Accident: 09/03/2018 (dd/mm/yy)

Time of Accident: 16:20 (24 Hrs)

Vehicle No.: SKS 4785 L Vehicle Make / Model: Hyundai

① Passenger

Exact location of Accident: Teh Tuck Road Toward Bukit Batok East Ave 3

Owner's Name / IC No.: Ng Eng Long Josiah Lawrence IC No.: S1531714 / J

Driver's Name / IC No.: Ng Eng Long Josiah Lawrence IC No.: S1531714 / J

Driver's Contact No.: 90404108 Insurance Company & Policy No.: AIG Ins 2100409490-02000

Driver's E-mail address: hancarepairs@gmail.com

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: _____

What do you wish to claim? (Please circle one only)

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use / Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes / No If Yes, which police station? _____

The Other Party (Vehicle B) Details:

Driver's Name / IC No.: Regina Chai

Vehicle No.: QX 574 H

① Passenger

Insurance Company: _____

Driver's Contact No: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: _____

Independent Witness (If Any): _____

Contact No: _____

Preferred workshop Name (If Any): _____

Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1531714J



Name

NG ENG LONG JOSIAH
LAWRENCE

黄 偲 龍

Race

CHINESE

Date of birth

04-03-1962

Sex

M

Country of birth

SINGAPORE

31714

3120084



NRIC No. S1531714J

Date of issue

28-10-2003

Address

APT BLK 6 TOH YI DRIVE
#02-261
SINGAPORE 590006

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Expiry Number **S1531714J**

Name **NG ENG LONG JOSIAH LAWRENCE**

Birth Date **04 Mar 1962**

Valid Until **15 Apr 2010**

001848207A




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

	PASS DATE
Class 2B Motorcycles \leq 200 cc	27 Dec 2006
Class 2A Motorcycles between 201 cc and 400 cc	03 Jun 2008
Class 2 Motorcycles $>$ 400 cc	26 Jul 2009
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver and other motor vehicles \leq 2500kg	26 Apr 2007



AIGHOTLINE TEL: (65) 6419 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.4

HYUNDAI AUTO PROTECTOR (DELUXE)

CERTIFICATE NO. 2100409490-02000

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$0.00

(Windscreen excess waived)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SKS4785L

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Starburst Engineering Pte Ltd

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

17 Apr 2017

4) DATE OF EXPIRY OF INSURANCE

16 Apr 2018

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

Any person who is driving on the Insured's order or with their 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 S\$3,000.00, 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.

APPROVED REPORTING CENTRES / HYUNDAI AUTHORISED REPAIRERS

1. Komoco Motors Pte Ltd - 253 Alexandra Rd (Tel: 6473 5588)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethos - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Moya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

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

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY NA
/ 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 16 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

500581-586
KOMOCO TRADING PTE LTD - TKG
253 ALEXANDRA ROAD

SINGAPORE 159936

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCNFY