NATIONAL Asses	sment Centre	e Services -	# 1 Jay 2551 - X	MAGISTO D	260		
Date In 04/06/2016	15.58	Job description		Date & Time Compl	eted	Done by	
Ref Nu NBA ALGELA	3010062TV	SAS e-filing					
Veh No S G 760	(66	E-mail (within 8h	s. AlC:2hrs:	1:			
	OD ICCUE	i-Motor Claim	A STATE OF THE STA				
DOA 21/05/2	18 (4.47	-Motor W/O		TP (ben)			
OD (P) Reporting C	haly	i-Photo Uploac		1 .			1 70
		Assessment/Surv	75°C = 70°C	1			
TP Insurer		Ass't Report by	-	o Owner/Wksp		-0-117	
Preferred Wksp / INC Ass	ian When / OW: /	Ass thepatro;		Tel:	Fax:)
	Veh No: OH	RUGEV	INC ()/Non-INC ()		
TP Particulars: Owner / Driver: (ven ivo: Of	15415	, may	Tel)	
Policy No: (Y De	eriod: ()	Cover Type: ()	SOCIAL PROPERTY.
		11741. (Date:	Time;)	
Confirmed by : Insured/Driver Liability		Note-Est Status (W	44.42.45171	7100000	F; SO-100%]		
Year of Registration: (100	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,0			·			
General Remarks:-	Total Make		Arts Alexand	Barrell Ct.	FIG. 14		
			fidential 8 S	trictly NO rafer of se	nairer		
and the same of th		ormation strictly Con	nderidar & O	andry NO (Sist 4) 10			
() Total Loss Case	: to e-mail Insur						1
Drive-In ()/Towe	d-In (); Invoic	e: YES () / N	0();	Towing Co. (
Remarks:- (INC ho	orline: 6788 6616)	ATTENDED OF THE		Date&Time Comp	leted	Done b	у
1) Apply for Transport A	The second second	Courtesy Car ()				
2) QC Check / Post Rep		()					
3) Upload Resurvey Pho		())				
KS- III							
Injury:					AL THE STATE		
Date/Time Actions						1280	
11 1							
		W. W. W. W. W.					
					- Wantie Sal	1.175	Amt (\$
NA1803506	269		Invoice P	reparation Checkli	st	Amt (\$)	Add Bi
ACCRECATION AND ADDRESS OF THE PARTY OF THE			1) AR : Accid	ent Reporting (\$30).			
Claimant's Particulars		un event electric	2) DA : Dama 3) TF : Towin	ige Assessment (\$100);	INC (\$80) \$40/\$45		
Driver/Owner:			4) FT : Fellow	w-Through Survey	\$120		
Contact No:			5) FT : Follow	w-Through Survey (Resurv ig against INC Only (waf	ey) \$30 10 Jan 2005)		
			6) TR : Re-in	spection	\$75		
Damaged Portion:		*		DA + SMRT Survey ditional Services;-	2160		
OC Chasted by 12	In Charge):		01):		\$5		
QC Checked by (Engr-	-in-Charge):			tesy Car / Tpt Allowanse or Co-ordination	\$10		
A cultivated Community			•N7: Fost	Repair Inspection	\$25		-
Auditors' Comments :	The beat to a			Collect Excess Coordinate TP (Non INC) against IN			
Cat. I:		-170-110-10	9) N12: Idae	Mobile	3(Mari
Cat. 2/3:			Invoice date	*	e Charged se Charged	Helat	
			Invoice date	d F	as mudikan	THE RESERVE	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

- 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.
- 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.

aforesaid.	
NAME OF THE OWNER OWNER OF THE OWNER OWNE	ACCIDENT STATEMENT
Date Of Report	04/06/2018 15:53
Date of Accident	29/05/2018 14:45
Exact Location Of Accident	JURONG EAST CENTRAL TURN INTO BOON LAY WAY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG7604G
Insured/Policyholder	
Name Of Registered Owner	LIM LIEW
NRIC No	S0705880B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97589095
Alternative Phone No	OTHERS-82226605
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	2100086511-09000
Cover Note Number	
Driver	
Name of Driver	LIM LIEW
NRIC No	S0705880B
Date Of Birth	28/06/1951
Occupation	INDOOR
Date Of Driving Pass	08/04/1975
Driving Experience	43 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97589095
Fax Number	
Contact Number	OTHERS-82226605
	TATOMICA A WILL

NOEMAIL

Address

BLK 211 BUKIT BATOK STREET 21

#06-250

Postcode

650211

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

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)

3

Passenger 1

NAME:

: JESSIE TAN GET MUI

GENDER:

: FEMALE

Passenger 2

NAME:

: JANELL ONG

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180530/2062 AND T/20180530/2059 (TYPE OF COLLISION IS HEAD TO SIDE)

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

GBB495X

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

USING JULHASH

NRIC/Passport Number

Contact Number

83568167

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM LIEW

Approximate Age

Injuries Sustain

SLIGHT INJURY

SJG7604G

Injured person in which vehicle? Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

JESSIE TAN GET MUI

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

SJG7604G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

JANELL ONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SJG7604G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

- 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:

Policyholder's Signature

Date & Time:

Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Perlangel's Signature Name: NRIC/FIN No.: Kof LI Whi





Police Station Of Origin:

Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

	1 of 3

Report No. T/20180530/2062

Station Diary No.: Vide Report No .: Date/Time Report Made: D/20180529/0087 30/05/2018 14:11 Informant's Particulars Address: Name of Informant: APT BLK 211 BUKIT BATOK STREET 21 #06-250 LIM LIEW SINGAPORE 650211 Contact No.: ID Type / ID No .: Mobile: 97589095 Home/Office: NRIC NO / S0705880B Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: 28/06/1951 Driver 66 Female Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: COFFEESHOP ASSISTANT Class: 3

ype of Accident Injury Attended by Police		Drink	Date/Time of Accident: 29/05/2018 14:45	Type of Location X-Junction	
BOON LAY \ Turning from	ST CENTRAL	Boon Lay Way		Road Speed Limit:	
Cloudy Traffic Flow: Tr		Road Surface:			
		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate	
1101110111011				Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB495X	Lorry				Seriously Damaged	2
SJG7604G	Car	TOYOTA	VIOS E AUTO	Silver	Totally Damaged	3

Details of V	ehicle Insurance	· 1875年118日 - 1875年11月日 1881年1		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJG7604G	THE CONTRACT CONTRACTOR OF THE	2100086511	16/07/2017	15/07/2018





Report No. T/20180530/2062

Date of Expiry: NIL

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

CONTINUATION OF REPORT

NIL

Tel No: 1800-6659999

Details of Person Involved Any Pedestrian Involved: No Use of Pedestrian Crossing: NA No. of Pedestrians Injured: NIL Driver S0705880B ID No. LIM LIEW Name 97589095 Contact No. SJG7604G (Car) Related Vehicle Class: 3

Class of

Drivina

Licence & Expiry Date Date Discharge NIL Date Treatment | 29/05/2018 Degree of Injury | Slight 04 No. of Days granted Medical Leave

Brief Details.

Hospital/Clinic

On 29/5/18 at around 1445hrs, I was waiting for the signal so that I could turn from Jurong East Central to Boon Lay way. While waiting, a lorry had hit me from an unknown direction. I am unsure what direction the lorry had hit me as the accident happened very fast. After being hit, I ended up colliding with Traffic Signal Box 125 at the side of the road, with my left car doors on both passenger and driver side being badly damaged. The registration number of the lorry is GBB495X.

After being hit, all 3 the passengers in my vehicle, as well as myself alighted from vehicle with assistance from passer-bys. My daughter in law then asked the lorry driver for his particulars, but he refused to provide any particulars. Traffic Police then arrived to the scene and spoke to the driver of the lorry as well as myself. I then proceeded to Ng Teng Fong General Hospital to get checked as my leg was hurting. As such, I was given an MC for 4 days.





Report No. T/20180530/2062

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Sixconner Police Force

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: J / Sgt 2 SITI NABILA BINTE RAZALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2018 14:11
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.: SN 114	
Authentication Stamp	





Institution / School Name:

Date of Expiry:

1 of 3

Report No. T/20180530/2059

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

47

CREWING EXECUTIVE

Female

Chinese

Occupation:

Race:

	ne Report M 18 13:58	ade:	Vide Report No.: Station D 74		
Informa	nt's Particu	lars	SECTION AND ADDRESS.	EX # 345 FILES FE ESTATES FOR	
	Informant: TAN GET N	1UI	Address: APT BLK 211 BUKIT BA SINGAPORE 650211	ATOK STREET 21 #06-250	
ID Type / ID No.: NRIC NO / S7185800F		Contact No.: Home/Office: Mobile: 82226605			
Nationality: SINGAPORE CITIZEN		Email:			
Sex:	Age:	Date of Birth:	Type of Informant:		

Passenger

Language:

English

Class:

15/03/1971

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/05/2018 14:4	Type of Location X-Junction
	oad 1 and Road 2 ST CENTRAL VAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Colli		1		Anyone conveyed by

Driving Licence Information:

Details of Vehicle No.	STEED STEED STATE OF STREET	Make	Model	Color	Condition	No of Passenger
GBB495X	Lorry	TOYOTA	C DIVERSION OF A LINE OF			0
SJG7604G	Car					0

Details of Person Involved	经可以证据的证据
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Report No. T/20180530/2059

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

CONTINUATION OF REPORT

Driver		Mary A. C. College	ID No.	1	NIL
Name	USING JULHASH				NIL
Related Vehicle	GBB495X (Lorry)			t No.	83568167
Hospital/Clinic	NIL			Class of Driving Date of Ex Expiry Date	
Date Treatment	NIL	Date Disch		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	ADELSAN REGIMENLOSS TRAVELVAR
Passenger		A TOTAL OF LINEAR	HERE AL	Metag	S7185800F
Name	JESSIE TAN GET MUI		ID No.		57 1030001
Related Vehicle	SJG7604G (Car)		Contact No.		82226605
Hospital/Clinic	NIL	Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL	
No. of Days grat	nted Medical Leave NIL	Degree o	f Injury	Seri	ous

Brief Details.

On 29/05/2018 at around 1445hrs, my daughter and I were in my mother-in-law's car. My daughter and I were sitting at the rear passenger seat. We were travelling along Jurong East Central. We stopped in the middle of junction of Jurong East Central and Boon Lay Way. My mother was waiting for the green arrow to light up, which means that she can turn right to Boon Lay Way. As she was turning right to Boon Lay Way, a lorry bearing the registration number GBB495X crashed on the left side of my mother-in-law's car. The impact of the crash was strong, it caused our car to stop on the walkway. Some passerby assisted to get us out of the car. We alighted from the car by the driver side door. At that point of time, I felt pain at my left hand.

Traffic Police was at the accident location. I was advised to seek medical attention for my hand. There is no CCTV in my mother-in-law's car. I received 8 days of medical leave. I am waiting for my medical report from the hospital.





Report No. T/20180530/2059

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999

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: J / Staff Sgt SAIFULLAH BIN SUHAIMI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2018 13:58
Officer In Charge Of Case: TP / GIT / Contact No.:	Classification Of Case:
Authentication:Stamp NP168 DIMERITARIE POLICE Force	

SINGAPORE ACCIDENT STATEMENT

COMPENIT DATE: 29 5/18 TIME: 1445 (hh:mm) 24 hrs	Format
CCIDENT DATE: 39 3 6	
OCATION Juring East Central into Boon Lay Way	
EHICLE NUMBER SJG 7604 G	
NSURED NAME LIM LILW	en-1
NRIC/FIN SO 0588 B CONTACT: 9158 9095	
MODEL VIDE	
Assay claiming under your own insurance policy for repair to your venicle?	
Yes, If No, Pls Select : () Third Party () Reporting Only	
NIGURANCE COMPANY AIG	
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT	
POLICY NUMBER: 21000865-11-09000	
	IDEO
NAME DRIVER: Ling 1: 00 (V) SAME AS INSC	JIXLED
14-40-0	
NRIC/FIN So) 05 88-015 CONTACT: 9) 58 9095	
DATE OF BIRTH: 28 6 51	
DRIVING PASS DATE: 8 4 75	
OCCUPATION: (/) INDOOR () OUTDOOR	
NAIE / YEEMALE	
(/ NO)	EMAIL
EMAIL ADDRESS: ADDRESS OF DRIVER: BIE 211 Bt. Bate St 21 #06-250	
ADDRESS OF DRIVER: BIE 211 Bt. Bather ST 37 4700 220	
Number of Passenger Include Differ.	
Was driver an employee of the Insured's Company? () YES () NO	
If No. Relationship Of The Driver With The Insured) Others
() Owner () Spouse () Friend () Relative () Children () Storing (Others
Described Deiver Own Any Other Vehicle? : () YES (V) NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Legisland Company Of Driver's Own Vehicle	
Weather Conditions: (\(\sigma \) Clear () Raining () Drizzling () Others	
Post See () Dry () Wet () Others	
Was Any Foreign Vehicle Involved In This Accident? () YES () NO	
The Accident? () YES () NO	
Was Anybody Injured in The Live	5800 F.
H TEO, Injuica action () () Ello	
(3) Janell Ong Tog JJ 994E Convey By Ambulance: () YES () NO	
If oniver by Ambunater (
Was There Any Video Capture By Car Camera: () 12.	ce Report
Was There Accident Reported 15 175	9
Police Report Number (II any)	
Details Of 3rd Party Name / NRIC	
Veh B GBB 495 X	
Veh C	
Veh D	
Veh E	
Veh F	
Veh G	
TAMES AND ADDRESS OF THE PARTY	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0705880B





LIM LIEW

CHINESE Division Bland 28-08-1951 SINGAPORE

1693507



MC™ S0705880B



APT BLK 211 BURIT BATOK STREET 21 WOG-250 SINDAPORE 2388

650211



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES).

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unleden does not exceed 2500 kilograms

00 Apr 1975

NP 428A

Ucence No: 507056609



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.I

AUTOPLUS

CERTIFICATE NO. 2100086511-09000

OWN DAMAGE EXCESS WINDSCREEN EXCESS

\$\$600,00111

\$\$100,00

Yes

SUM INSURED INSURING WITH COEIPARF

Market Value

\$1G7604G

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Lin Liew

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

16 Jul 2017

DATE OF EXPIRY OF INSURANCE

15 Jul 2018

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 Innured's order or with his permission. This polley 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 \$\$3,000.00, in additional 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 *

The Policy does not cover use for hise or rewards, tuition, driving test, racing, puce-making, reliability trial speed-testing, the Policy does not cover use for hise or rewards, tuition, driving test, racing, puce-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

strict AGE-LY S WORKSHOP. For new vehicles less than 3 years from initial registration, you have the option for claims-tolated repairs to be done at Soic Agent's workshop.

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

I. ComfortDelgro Engrg = 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

I. Ethoz - 30 Buskit Bahok Crest Fel:66547777) 4. DPS Body & Pabit (Subsidiary of C &C) - 209 Pandan Gardens (Tel: 65684501)

S. Kan Pook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lat Haat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

Mova Automotive - 1008 Busit Metal Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

9. SME Motor - 1 Kaki Bukit Ave 6 Bik D (Tel: 67476106)

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

NAMED DRIVER NA

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN DBS BANK LTD

Limitations rendered inoperative by Section 8 of the Motor Vahicles (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 (Malaysla).

Issued At Singapore

20 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-121 AIG - AUTO DUGCT 78 SHENTON WAY 107-16 ATT BUILDING SINGAPORE 079120

AUTHORISED REPRESENTATIVE

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 5880B

Vehicle Details

Vehicle No.: SJG7604G

Vehicle to be Exported: Yes

Intended De-registration Date: 31 May 2018 Vehicle Make: TOYOTA Vehicle Model: VIOS E AUTO

Primary Colour: Silver Manufacturing Year: 2008

Engine No.: 1NZX778389

Chassis No.: MR053HY9305072448 Maximum Power Output: 80.0 kW (107 bhp)

Open Market Value: \$12,344.00 Original Registration Date: 16 Jul 2008

First Registration Date: 16 Jul 2008

Transfer Count:

Actual ARF Paid: \$12,344.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 15 Jul 2018 PARF Rebate Amount: \$6,172.00

Intended COE Rebate Details

COE Expiry Date: 15 Jul 2018

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

QP Paid: \$14,101.00 COE Rebate Amount: \$174.00 Total Rebate Amount: \$6,346.00

The information contained herein is correct as at 31 May 2018

OK