

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118072286

Date In: 4/6/18 - 16:06	Job description	Date & Time Completed	Done by
Ref No: NA/118010121/24	SAS e-filing		
Veh No: SKG720714	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 3/6/18-15:30	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKG720714	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

NA1807480

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			

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	04/06/2018 16:06
Date Of Accident	03/06/2018 15:30
Exact Location Of Accident	PIE (TUAS) AFTER KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7207H
Insured/Policyholder	
Name Of Registered Owner	ROSALIND LEE SHI YING
NRIC No	S7809596B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90888480
Alternative Phone No	OFFICE-90888480
Vehicle Particulars	
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100316804-05
Cover Note Number	

Driver

Name of Driver	ROSALIND LEE SHI YING
NRIC No	S7809596B
Date Of Birth	10/04/1978
Occupation	INDOOR
Date Of Driving Pass	22/12/2001
Driving Experience	16 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90888480
Fax Number	
Contact Number	OFFICE-90888480
Email Address	NOEMAIL

Address	BLK 321B ANCHORVALE DRIVE #05-184
Postcode	542321
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	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	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : STEPFANIE TAN JI JIE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180603/7007.

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	SKW271H
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)	4
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :
Passenger 3	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBL6557J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLK1439L
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)	

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.

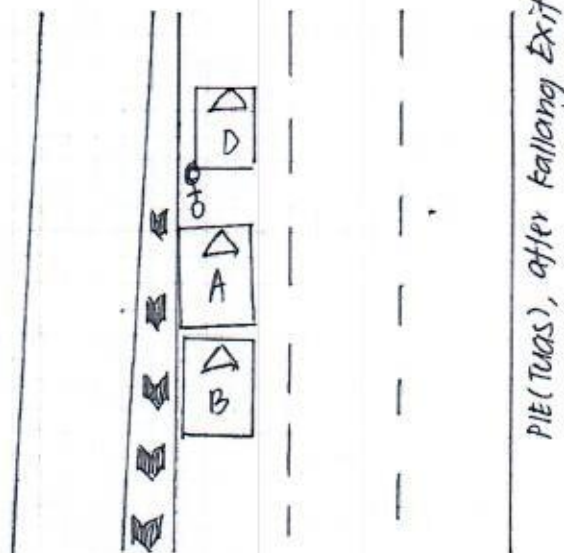

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Vehicle A: SKG 7207H
 Vehicle B: SKW 271H
 Vehicle C: FBL 6557J
 Vehicle D: SLK 1439L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SKG 7207H, was travelling straight along the stated venue. Front motor hit onto the vehicle in front and I immediately applied my brakes. Almost immediately, vehicle B, SKW 271H, hit onto my vehicle's rear portion. The great impact caused my vehicle to propell forward and hit onto the motorbike.

my passenger: Name: Stephanie Tan
 NRIC: S1208727 F

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)

Reporting Centre Personnel's Signature
 Name:

ACCIDENT STATEMENT

ACCIDENT DATE: 03 / 06 / 2018 (DD/MM/YYYY), TIME: 15 : 30 ⁺⁻ (HH:MM)

LOCATION: PIE(Tuas), after kallang EXH

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 7207 H
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Rosalind Lee Shi Ying (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7809596-B CONTACT: 90888480
 c) ADDRESS: 321B Anchorvale Drive #05-184 S(542321)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 10 / 04 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17 years

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKW 271 H MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: PBL 6557 J CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLK 1439 L MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =



SINGAPORE POLICE FORCE



T/20180603/7007

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180603/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2018 22:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ROSALIND LEE SHI YING			Address: APT BLK 321B ANCHORVALE DRIVE #05-184 SINGAPORE 542321	
ID Type / ID No.: NRIC NO / S7809596B			Contact No.: Home/Office: Mobile: 90888480	
Nationality: SINGAPORE CITIZEN			Email: li_rosalind@yahoo.com.sg	
Sex: Female	Age: 40	Date of Birth: 10/04/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SENIOR CUSTOMER SERVICE EXECUTIVE			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/06/2018 15:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE(TUAS), AFTER KALLANG EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6557J	Motorcycle				Seriously Damaged	1
SKG7207H	Car	NISSAN	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR	Grey	Seriously Damaged	2
SKW271H	Car	HONDA			Seriously Damaged	4



**SINGAPORE
POLICE FORCE**



T/20180603/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180603/7007

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK1439L	Car	HONDA			Slightly Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG7207H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100316804-05	29/09/2017	28/09/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ROSALIND LEE SHI YING		ID No.	S7809596B
Related Vehicle	SKG7207H (Car)		Contact No.	90888480
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/06/2018		Date Discharge	03/06/2018
No. of Days granted Medical Leave		05	Degree of Injury	Serious
Passenger				
Name	STEPFANIE TAN YI JIE		ID No.	S1208727F
Related Vehicle	SKG7207H (Car)		Contact No.	90271333
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/06/2018		Date Discharge	03/06/2018
No. of Days granted Medical Leave		05	Degree of Injury	Serious

Brief Details.

ON 03/06/2018, AT ABOUT 15:30HR, I WAS DRIVING MY VEHICLE, SKG7207H, ALONG PIE TOWARDS TUAS, AFTER KALLANG EXIT. THE MOTORBIKE IN FRONT, FBL6557J, COLLIDED ONTO SLK1439L, AND FELL. I IMMEDIATELY APPLIED MY BRAKES AND STOPPED. ALMOST IMMEDIATELY, VEHICLE NUMBER, SKW271H, HIT ONTO MY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO THE MOTORBIKE.

THE MOTORCYCLIST WAS THEN CONVEYED TO THE HOSPITAL. MY MOM & I THEN FELT UNWELL, THUS WE SEEK MEDICAL ATTENTION AT INTEMEDICAL 24HR CLINIC, AND WERE BOTH GIVEN 5DAYS MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**



T/20180603/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180603/7007

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180603/7007

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20180603/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/06/2018 22:25

Classification Of Case:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7809596B



Name

ROSALIND LEE SHI YING

李 思 颖

Race

CHINESE

Date of birth

Sex

10-04-1978

F

Country of birth

SINGAPORE

S7809596B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7809596B

Name:

ROSALIND LEE SHI YING

Birth Date: 10 Apr 1978

Issue Date: 06 Jul 2009



001759819F

4434999



NRIC No. **S7809596B**



Date of Issue

06-07-2009

Address

**APT BLK 321B ANCHORVALE DRIVE
#05-184
SINGAPORE 542321**

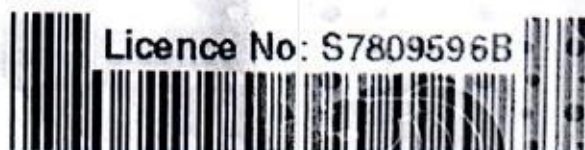
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

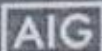
22 Dec 2001

NP 428A



Licence No: S7809596B

Scanned by CamScanner



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Rosalind Lee Shi Ying
 Period of Insurance : 29 Sep 2017 To 28 Sep 2018
 Engine No. : HR15916714B
 Chassis No. : MNTBBAN17Z0000400

Vehicle No. : SKG7207H
 Policy No. : 2100316804-05
 Endorsement No. :
 Issued Date : 12 Sep 2017

ABOUT THE COVER

Make/Model : NISSAN Almera 1.5 CMFT/Almera
 Engine Capacity/Tonnage : 1,498.00 CC
 Sum Insured : Market Value
 Driver Restriction : NA
 Off Peak Car : No
 First Year of Registration : 2012
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDRE") if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

Limitation as to use*

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

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia); are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$100 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Rosalind Lee Shi Ying - \$800 (Own Damage)

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

- 1. TC Auto Clinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
- 2. Aurore Industries Add: 15 Ulu Road 4 Singapore 408623 64909666
- 3. TC Auto Clinic Add: 20 Looi Kee Road Singapore 150097 67038511 67038512 67038513
- 4. Tan Chong Motor Sales Add: 812 Bukit Timah Road Singapore 599623 64894091 64894092 64894093
- 5. Tan Chong Motor Sales Add: 17 Looi Kee Road Singapore 319254 63570753 63570754

For more Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 9338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 360 Mobile App. Simply search and download "AIG 360" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that this policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0500616426

TAN CHONG CREDIT PTE LTD-YKM
 811 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 599622 ANEP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE