

NATIONAL Assessment Centre Services

Date In: 11/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1618010591/13	SAS e-filing		
Veh No: SCY9168Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/06/17 1730	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: SFY7994H INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (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

NA1803658	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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	11/06/2018 15:29
Date Of Accident	20/06/2017 17:30
Exact Location Of Accident	SERANGOON AVE 2 OPEN C/PARK BLK 301-309 NEAR GANTR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY9168Z
Insured/Policyholder	
Name Of Registered Owner	SHAW CHENG-YUE
NRIC No	S2221654F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96902796
Alternative Phone No	OTHERS-96902796

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	REPORTING ONLY
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	2100319008-04000
Cover Note Number	

Driver

Name of Driver	SHAW CHENG-YUE
NRIC No	S2221654F
Date Of Birth	18/01/1947
Occupation	INDOOR
Date Of Driving Pass	01/01/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96902796
Fax Number	
Contact Number	OTHERS-96902796
Email Address	NOEMAIL

Address	26 CROWHURST DRIVE
Postcode	557905
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	COLLISION - HEAD TO REAR
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?	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	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20170711/2168

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY7994H
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:

 11/06/18

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

SKETCH PLAN

NO SKETCH AVAILABLE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s refer to the police report: 7/2017 0711/2168

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:

 11/06/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20170711/2168

1 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20170711/2168

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2017 17:10	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: SHAW CHENG-YUE		Address: 26 CROWHURST DRIVE SINGAPORE 557905	
ID Type / ID No.: NRIC NO / S2221654F		Contact No.: Home/Office: Mobile: 96902796	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 70	Date of Birth: 18/01/1947	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2017 17:30	Type of Location: Car Park
Location: Along Road 1 SERANGOON AVENUE 2				
At the Open Car park of Block 301-309. Near the Gentry				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear		Siti Rohaiyah Kasman (MX) Traffic Police Date: 20 NOV 2017 Anyone conveyed by ambulance:		

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCY9168Z	Car	MERCEDES BENZ	C 180 KOMPRESS OR	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCY9168Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100319008	11/08/2016	10/08/2017



**SINGAPORE
POLICE FORCE**



T/20170711/2168

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

2 of 3

Report No. T/20170711/2168

CONTINUATION OF REPORT

Brief Details.

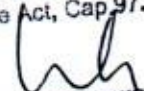
On 20/06/2017 at around 1730hrs, I was driving my vehicle SCY9168Z at the open car park of Serangoon Avenue 2 of Block 301-309. I drove my vehicle to the gentry as I wanted to get out from the car park. The gentry had open and I wanted to make a left turn. I make a check on the right side before making a left turn, however I did not notice the vehicle in front of me did not move his vehicle. Thus my vehicle hit onto the rear bumper of the front vehicle. The impact was minor, we both came out to make a check and agreed with a private settlement.

However 3 days later, he did not contact me about the details. Therefore I called him to make a check. He informed that he decided to let the insurance company to handle the issue and I agreed.

On 11/07/2017, I received a call from a lady. She informed that she was from traffic police and was instructed to lodge a traffic police report of the accident that took place on 20/06/2017.

I would like to state that I could not remember his vehicle details and his particular. As I did not know the procedure after involving an accident.

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.


Siti Rohaiyah Kasmani (MX)
Traffic Police
Date :

20 NOV 2017



**SINGAPORE
POLICE FORCE**



T/20170711/2168

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

3 of 3

Report No. T/20170711/2168

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:
F /
Cpl LAM CHEW KIT

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

Date/Time:
11/07/2017 17:10

Siti Rohaiyah Kasmani (MX)
Traffic Police

Classification Of Case Date :

20 NOV 2017



**SINGAPORE
POLICE FORCE**

TWO 102462-at

TRAFFIC POLICE
10 UBI AVE 3
SINGAPORE 408865
Tel : 65476244/43
Fax : 65474749

Your Ref: Pls Advise

Our Ref: TP/IP/34357/2017(TP104468/SR)



Date: 20/11/2017

VISION LAW LLC
133 NEW BRIDGE ROAD #18-01/02
CHINATOWN POINT
SINGAPORE 059413

Dear Sir / Madam

ACCIDENT INVOLVING VEHICLE NOS: SFY7994H AND SCY9168Z ON 20/06/2017.

I refer to your application dated 15/11/2017. I wish to draw to your attention to the item(s) marked "X" hereunder:-

- ☐ Please be informed that Traffic Police will not investigating into the accident as it is a non-injury case which did not fall within the various categories of exception. You may wish to know that this is pursuant to the Non-injury Accident Reporting Scheme which was implemented on 1 May 1999.
- ☐ This case is still under investigation by IO _____. Tel no: _____.
- ☐ No action is being taken against anyone in this case. This does not preclude further prosecution should new evidence emerge later. Our findings do not affect insurance and civil claims.
- ☐ Action is being taken against the driver of vehicle no: _____ for Careless Driving.
- ☐ The driver of vehicle no: _____ has accepted the offer of composition on _____ for Inconsiderate Driving.
- ☒ **The driver of vehicle no: SCY9168Z has been given a warning for Careless Driving.**
- ☐ The driver of vehicle no: _____ has pleaded guilty in Court no: 24 on _____ for Inconsiderate Driving.
- ☐ The Cyclist has been given a warning for Riding on footway.
- ☐ Please be informed that there is no record of this incident/accident in our system.
- ☒ **A copy of Police Report T/20170711/2168 is attached as requested.**
- ☐ There is no Police Report for vehicle no: _____.
- ☐ The Sketch Plan will be sent later.

Yours Faithfully


SITI ROHAIYAH KASMANI
for HEAD INVESTIGATION
TRAFFIC POLICE

*Delete where inapplicable

A FORCE FOR THE NATION

NP 510



HOTLINE 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.1

AUTOPLUS

CERTIFICATE NO. 2100319008-04000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$800.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SCY9168Z

2) NAME OF INSURED

Shaw Cheng-Yue

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

11 Aug 2016

4) DATE OF EXPIRY OF INSURANCE

10 Aug 2017

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 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.

SOLE AGENT'S 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 Engrg - 205 Braddell Rd (Tel: 63837118)
2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)
4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)
6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

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

* NAMED DRIVER NA

HIRE PURCHASE COMPANY MERCEDES-BENZ FINANCIAL SERVICES (S) 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 in Singapore 5 Aug 2016

AIG Asia Pacific Insurance Pte. Ltd.

603005-000
TOH LAI HUAT
245 BALESTIER ROAD
#05-02 SCENIC HEIGHTS
SINGAPORE 329929
SP-YEH

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPBKR

LKK Paya Ubi

From: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>
Sent: Tuesday, 22 May 2018 10:57 AM
To: Boyogan, Joane (Joane.Boyogan@aig.com)
Cc: Md Noor, Norsiah (Norsiah.MdNoor@aig.com); Asher Sng (LKKAuto); Joy Irene (LKKAuto); Admin A; LKK Paya Ubi
Subject: RE: #8065882885SG003#027,027#Accident involving SCY9168Z (OI) and SFY7994H on 20 June 2017 *LKK REF: CC4/AIG17012247/Aea3
Attachments: OI_SCY9168Z_police report.pdf; SCY9168Z_Cert of Ins.pdf

Hi Joane,

Contents noted.

By copy to IDAC.

Kindly assist to submit an e-filing on behalf of OI as per AIG instruction.

Thank you.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Boyogan, Joane [mailto:Joane.Boyogan@aig.com]
Sent: Tuesday, 22 May 2018 10:48 AM
To: Zaini (LKK Auto) <Zaini@lkkauto.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>
Cc: Md Noor, Norsiah <Norsiah.MdNoor@aig.com>
Subject: #8065882885SG003#027,027#Accident involving SCY9168Z (OI) and SFY7994H on 20 June 2017

Dear LKK,

We refer to above matter in which the 3P PD claim is being handled by LKK

OI has filed a police report but has not filed his GIA report. We have sent several letters and also tried to call OI to file his accident report to our ARC but OI remains uncontactable.

On this note, kindly assist to submit an e-filing on behalf of OI based on his police report as attached. As for OI's driving experience, record shows OI's DE as 35 years (exact date not available) as of OI's 2016 policy renewal.

Kindly let us have a copy of the e-filing once submitted

Thank you

Aside to Norsiah,

FYI on the above as you are handling the related 3P PD claim

Thank you

Regards,

Joane Boyogan

AIG

Complex Claims Examiner

Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way AIG Building #08-16 Singapore 079120

Tel +64191898 | Fax +68357416

joane.boyogan@aig.com | www.aig.com.sg

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