

NATIONAL Assessment Centre Services

Date In: 25/06/18	Job description	Date & Time Completed	Done by
Ref No: NA/A1618011518/13	SAS e-filing		
Veh No: GBH303K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/06/18 1830	i-Motor Claim Form		
OD: (P) 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: (TORQUE 5)	Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN	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

NA1803977	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
Contact No:	4) FT : Follow-Through Survey \$120		
Damaged Portion:	5) RT : Follow-Through Survey (Resurvey) \$30		
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 1:	8) NTUC Additional Services:-		
Cat. 2 / 3:	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		
	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	25/06/2018 16:44
Date Of Accident	22/06/2018 18:30
Exact Location Of Accident	CTE TWDS AYE B4 PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH303K
Insured/Policyholder	
Name Of Registered Owner	OASIS LIM ENGINEERING AND TRADING SERVICES PTE LTD
Co Reg No	200607078K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67448597

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORK
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	1800023025
Cover Note Number	

Driver

Name of Driver	KHAN MD NA YEM
Passport No/FIN	G8102982U
Date Of Birth	13/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 63 KALLANG BAHRU
#05-441 KALLANG BAHRU VILLE

Postcode 330063

Was driver an employee of the Insured's Company YES

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLOUDY

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? YES

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) 6

Passenger 1
NAME: : ALAM
GENDER: : MALE

Passenger 2
NAME: : UNKNOWN
GENDER: : MALE

Passenger 3
NAME: : UNKNOWN
GENDER: : MALE

Passenger 4
NAME: : UNKNOWN
GENDER: : MALE

Passenger 5
NAME: : UNKNOWN
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 ,
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180622/2162

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 UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 ALAM
Approximate Age
Injuries Sustain LEG
Injured person in which vehicle? GBH303K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE


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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)**

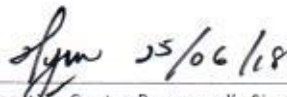
I understand, acknowledge, agree and consent that:

- (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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~On the stated date and time, I~~

refer to police report

Passenger	1	:	Male	(worker)
"	2	:	Male	(worker)
"	3	:	Male	(worker)
"	4	:	Male	(worker)
"	5	:	Male	(worker)

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.:



SINGAPORE POLICE FORCE



T/20180622/2162

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

1 of 3

Report No. T/20180622/2162

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 20:47		Vide Report No.: F/20180622/0239	Station Diary No.: 52
Informant's Particulars			
Name of Informant: KHAN MD NAYEM		Address:	
ID Type / ID No.: FIN NO / G8102982U		Contact No.: Home/Office:	Mobile: 9342 4232
Nationality: BANGLADESHI		Email:	
Sex: Male	Age: 28	Date of Birth: 13/12/1989	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/06/2018 18:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards AYE before PIE, l/p 257 Lamp Post Number: 257				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH303K	Lorry				Slightly Damaged	5

Details of Person Involved

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

6547 6358
IO: Tansiq.



**SINGAPORE
POLICE FORCE**



T/20180622/2162

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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Report No. T/20180622/2162

CONTINUATION OF REPORT

Driver				
Name	KHAN MD NAYEM		ID No.	G8102982U
Related Vehicle	NIL		Contact No.	9342 4232
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 22/06/2018 at about 1830hrs, I was driving my company lorry (GBH 303 K) along CTE towards AYE. At that point in time, traffic was very slow moving. As such I took the left most lane which was headed towards PIE (Changi Airport)/Upp Serangoon Rd. In the midst of me doing so, I spotted one car slowed down in front of me. I then proceeded to slow down gradually.

Subsequently I felt a strong jolt from the rear. That was when I realized that someone had rear ended me. Almost immediately, the yellow coloured truck which banged into the rear of my lorry accelerated away without rendering assistance/exchanging particulars.

I would like to inform that I had 5 passengers with me. 2 were seated in the front cabin and 3 others were seated at the back (flat bed with canopy). One of my passengers by the name of Alam reported that after the accident had occurred, his leg hurts and was bleeding. As such he was conveyed to Tan Tock Seng Hospital.

The right rear tailgate of my lorry is badly dented. As this is a hit and run, I do not have details of the other lorry other than it being yellow in colour. That is all.

This case is under TP IO Husnul Taufiq.



**SINGAPORE
POLICE FORCE**



T/20180622/2162

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

3 of 3

Report No. T/20180622/2162

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
A /
Sgt 2 MUHAMMAD ALIF ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI NG CHWEE THENG
Contact No.: 65476397

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/06/2018 20:47

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (22/06/18) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: CTE TWDS AYE BEFORE PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G1BH 303K
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 1800023025
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan New Cabstar
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORK PURPOSE
 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: Oasis Lim Engineering and Trading Services Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200607078K CONTACT:
 c) ADDRESS: 63 Kallang Bahru #05-441
 Kallang Bahru Ville S'pore 350063

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Khan MD Nayem (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 681020824 CONTACT:
 c) ADDRESS: 63 Kallang Bahru #05-441
 Kallang Bahru Ville S'pore 330063
 *d) DATE OF BIRTH: (13/12/1980) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 2 months

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) cloudy
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO) Passengers
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: Kolam Ayer NPP.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown for now. MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (06)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

LRK
 Baya Ubi Industrial Park 2
 801-25, 51 Ubi Ave 1
 S(408933)

Email = REPORTING@TOPQUE5.com
 Fax = 6452 4584



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO. : #F/20180622/0239

Traffic Accident along L7E(14E) L7E(14E)

involving vehicles: _____

on _____ at about _____ am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

I.O. Tausig 65476358.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8102982U**


Name: **KHAN MD NAYEM**

Birth Date: **13 Dec 1989**

Issue Date: **05 Apr 2018**

Valid Till: **04/04/2023**

002790075E



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)

Republic of Singapore

Employer: **OASIS LIM ENGINEERING AND TRADING SERVICES PTE. LTD.**

Sector: **CONSTRUCTION**

Name: **KHAN MD NAYEM**


Occupation: **CONSTRUCTION WORKER**

Work Permit No: **0 62512156**

Date of Application: **24-04-2015**

Date of Issue: **24-02-2017**

Date of Expiry: **23-03-2019**



L7666633


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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ **05 Apr 2018**

NP 428A

Licence No: G8102982U



VISIT PASS

Immigration Regulations

Name: **KHAN MD NAYEM**


BM 07
30209

Date of Birth: **13-12-1989** Sex: **M** Nationality: **BANGLADESHI**

FIN: **G8102982U** Date of Issue: **24-02-2017** Date of Expiry: **23-03-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder	: Oasis Lim Engineering and Trading Services Pte Ltd	Vehicle No.	: GBH303K
Period of Insurance	: 08 Mar 2018 To 07 Mar 2019	Policy No.	: 1800023025
Engine No.	: ZD30026945N	Endorsement No.	: 000000000188808
Chassis No.	: JN1SC2F24Z0860742	Issued Date	: 26 Mar 2018

ABOUT THE COVER

Make/Model	: NISSAN NEW CABSTAR	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1.6 Tonnage	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive*

- a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

- 1) Use in connection with the Policyholder's business.
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

1. Tan Chong Motor Sales Add: 913 Bt Timah Road Singapore 589623 64694091 64694092 64694093
2. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
3. Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754
4. Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
5. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

We hereby certify that the 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610339

TAN CHONG CREDIT PTE LTD-LHO
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCSAN