

NATIONAL Assessment Centre Services

(wef 1 Jan/05)

Date In: 09/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/AIG 18012466/13	SAS e-filing		
Veh No: 5LJ9585A	E-mail (within 8hrs, AIC 2hrs)		
DOA: 08/07/18 3140	i-Motor Claim Form		
OD: (IP) 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: (VISION AUTOWORK)	Tel:	Fax:
TP Particulars:	Veh No: 5LJ45126	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

NA1804310	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			
	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:-			
QC Checked by (Engr-In-Charge):	9) N12: Idac Mobile 30			
Auditors' Comments :-				
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20			
Cat. 2 / 3:	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	09/07/2018 17:08
Date Of Accident	08/07/2018 21:10
Exact Location Of Accident	PIE TWDS CHANGI @ SIMS AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9585A
Insured/Policyholder	
Name Of Registered Owner	CHUA KIM SING(CAI JINSHENG)
NRIC No	S7419725F
Email Address	KIMSING.CHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97648480
Alternative Phone No	OTHERS-97648480

Vehicle Particulars

Manufacturer	AUDI
Model	A4
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	2100495782-01
Cover Note Number	

Driver

Name of Driver	CHUA KIM SING(CAI JINSHENG)
NRIC No	S7419725F
Date Of Birth	15/06/1974
Occupation	INDOOR
Date Of Driving Pass	05/02/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97648480
Fax Number	
Contact Number	OTHERS-97648480
Email Address	KIMSING.CHUA@GMAIL.COM

Address	9 LORONG 27A GEYLANG #01-14
Postcode	388134
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	
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)	4
Passenger 1	NAME: : KHIN KHIN CHO GENDER: : FEMALE
Passenger 2	NAME: : CHAM PUAY HOON PAULINE GENDER: : FEMALE
Passenger 3	NAME: : CHUA CHE WAN XANDER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180709/2041

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL4512G
Vehicle Make/Model/Colour	TOYOTA WISH

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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJV8038E
Vehicle Make/Model/Colour	NISSAN LATIO
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLH8817Z
Vehicle Make/Model/Colour	MAZDA
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)	

DETAILS OF INJURED PERSON 1

Name	KHIN KHIN CHO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLJ9585A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHAM PUAY HOON PAULINE
Approximate Age	
Injuries Sustain	SLIGHT

Injured person in which vehicle?	SLJ9585A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	CHUA CHE WAN XANDER
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLJ9585A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

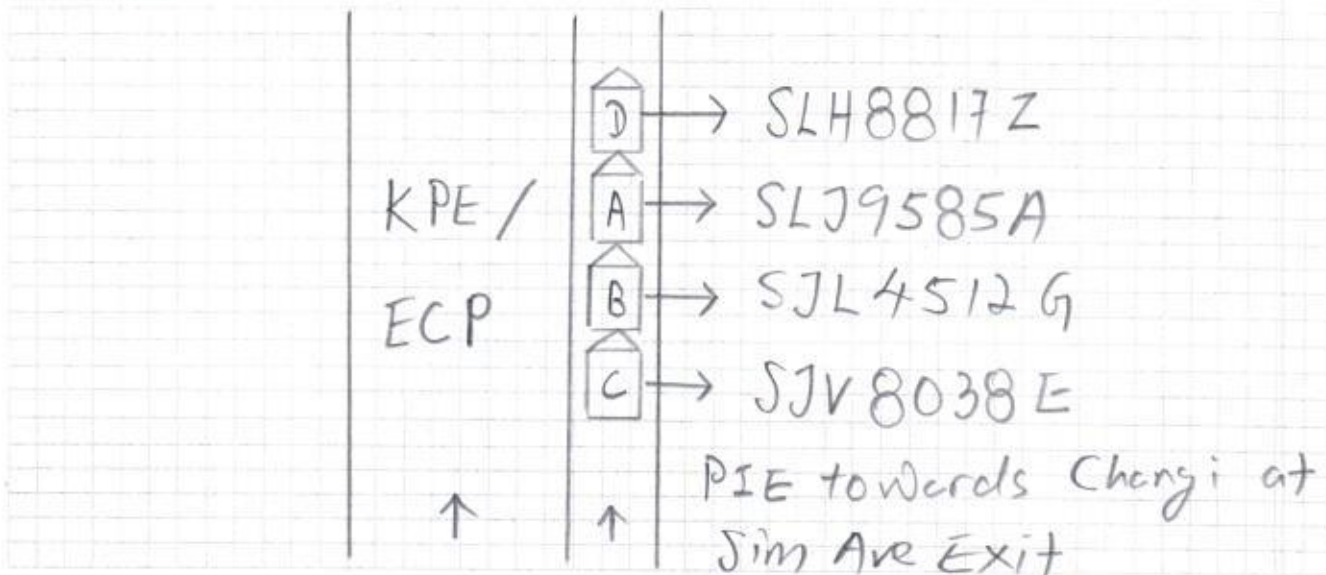
Policyholder's Signature
Date & Time:

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

09/07/18

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report NO: T/20180709/2041

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:

 09/07/18

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



SINGAPORE POLICE FORCE



T/20180709/2041

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 4

Report No. T/20180709/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 12:09	Vide Report No.: G/20180708/0309	Station Diary No.: 17
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Informant's Particulars

Name of Informant: CHUA KIM SING			Address: 9 LORONG 27A GEYLANG #01-14 SINGAPORE 388134		
ID Type / ID No.: NRIC NO / S7419725F			Contact No.: Home/Office: Mobile: 97648480		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 15/06/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/07/2018 21:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARDS CHANGI AIRPORT AT SIMS AVE EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL4512G	Car	TOYOTA	WISH 1.8X A	Grey	Seriously Damaged	1
SJV8038E	Car	NISSAN	LATIO 1.5 CVT SPORTS ABS D/AB SR 2WD 5DR	Silver	Slightly Damaged	1



SINGAPORE POLICE FORCE



T/20180709/2041

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Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180709/2041

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH8817Z	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	White	Slightly Damaged	1
SLJ9585A	Car	AUDI	A4 1.4 TFSI S TRONIC	Blue	Seriously Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ9585A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100495782-01	30/12/2017	29/12/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	KHIN KHIN CHO	ID No.	X3812165J
Related Vehicle	SLJ9585A (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	CHUA CHE WAN XANDER	ID No.	T0523038H
Related Vehicle	SLJ9585A (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	01	Degree of Injury	Slight



Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Passenger			
Name	CHAM PUAY HOON PAULINE	ID No.	S7424639G
Related Vehicle	SLJ9585A (Car)	Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	CHUA KIM SING	ID No.	S7419725F
Related Vehicle	NIL	Contact No.	97648480
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 08/07/2018 at about 2108hrs, I was driving my vehicle bearing license plate number SLJ9585A along Pan Island Expressway (PIE) towards Changi Airport near to Sim Ave exit. The traffic at that time was moderate. Suddenly, my front vehicle bearing license plate number SLH8817Z braked and stopped. As such, I also applied my brakes and came to a complete stop. Suddenly, I heard a loud bang from behind and when I alighted from my vehicle, I saw that it was another vehicle bearing license plate number SJL4512G had hit onto my rear portion. Due to the impact, my vehicle moved forward and hit the vehicle in front of me. This caused damage to the front and rear of my vehicle.

It was a chain collision of a total of four vehicles. After ambulance arrived, my wife, my son and my domestic helper, whom was in my car at that time, were then conveyed to Tan Tock Seng Hospital for treatment.

I wish to inform that my wife was given a total of 2 days medical leave, my son was given 1 day of medical leave and my helper was given a total of 4 days of medical leave. I have also forwarded the in-car camera footage to the traffic police IO (Ivan Ho). That is all.



**SINGAPORE
POLICE FORCE**



T/20180709/2041

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180709/2041

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:

G /

Sgt 2 CHOO YOU CHENG, EUGENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/07/2018 12:09

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

Accident Date: 08/07/2018		Time: 21:08		(hh:mm) 24 hr format	
Location PIE towards Changi (At Sims Avenue Exit)					
Vehicle Number SLJ9585A					
Insured Name Chua Kim Sing					
NRIC / FIN S7419725F		Contact Number 97648480			
Make Audi		Model A4			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company AIG					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 2100495782-01					
Name of Driver (<input checked="" type="checkbox"/>) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 15/06/1974					
Driving Pass Date 05/02/1997					
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address kimsing.chua@gmail.com		() NO EMAIL			
Address of Driver 9 Lorong 27A Geylang					
# 01-14 Singapore 388134					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? (<input checked="" type="checkbox"/>) Yes () No					
Was the Accident reported to the Police? (<input checked="" type="checkbox"/>) Yes () No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B		SJL4512G			
Veh C		SJV8038E			
Veh D		SLH8817Z			
Veh E					
Veh F					

Driver + 3 passengers.

P1 = Khin Khin Cho (F)

P2 = Cham Puay Hoon Pauline (F)

P3 = Chua Che Wan Xander (M)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7419725F



Name

CHUA KIM SING
(CAI JINSHENG)

蔡金生

Race

CHINESE

Date of birth

15-06-1974

Sex

M

Country of birth

SINGAPORE

S7419725F

SLJ9585A

Owner & driver



3855134

NRIC No. S7419725F



Date of issue

28-12-2004

Address

9 LORONG 27A GEYLANG
#01-14
SINGAPORE 388134


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7419725F

Name: CHUA KIM SING
(CAI JINSHENG)

Birth Date: 15 Jun 1974
Issue Date: 20 Jan 2004

001092366E




SLJ9585A
Owner & driver

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Feb 1997

NP 428A

Licence No: S7419725F



AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHUA KIM SING (CAI JINSHENG)
Period of Insurance : 30 Dec 2017 To 29 Dec 2018
Engine No. : CVN022945
Chassis No. : WAUZZZF42HA065883

Vehicle No. : SLJ9585A
Policy No. : 2100495782-01
Endorsement No. :
Issued Date : 01 Dec 2017

ABOUT THE COVER

Make/Model : AUDI A4 1.4 TFSI S tronic
Engine Capacity/Tonnage : 1,395.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
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 authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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 samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* 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)

CHUA KIM SING (CAI JINSHENG) - \$800 (Own Damage)

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

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408599 63662323

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: United Overseas Bank Limited

I/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).

0504125223

PREMIUM LEASING - SH

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPSLT