

Date In	11/10/18 16:39.	Job description	Date & Time Completed	Done by
Ref No	MNA/AG18017749/14.	SAS e-filing		
Veh No	SLN 94485	E-mail (within 5hrs; APC 2hrs)		
D.O.A	11/10/18 09:50.	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> IP <input type="checkbox"/> Reporting Only		i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
IP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

IP Particulars:

Veh No:

SLT 8181K.

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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

## Injury:

Date/Time

Actions

MNA 1806267		Invoice Preparation Checklist		And (\$)	And (\$)
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)		30.00	
Contact No:		3) TP: 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)			
Ref. 1:		6) TR: Re-inspection \$75			
Ref. 2 / 3:		7) N1: Idno 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 (N-in INC) against INC \$20			
		9) N12: Idno 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	01/10/2018 16:39
Date Of Accident	01/10/2018 09:50
Exact Location Of Accident	PIE (CHANGI) AFTER ENG NEO EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9448S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUNNI ARDIANA SUSILO
NRIC No	S7784287Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91991776
Alternative Phone No	OFFICE-91991776

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER
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	1700006408-01
Cover Note Number	-

### Driver

Name of Driver	YUNNI ARDIANA SUSILO
NRIC No	S7784287Z
Date Of Birth	11/06/1977
Occupation	INDOOR
Date Of Driving Pass	24/07/2012
Driving Experience	6 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91991776
Fax Number	
Contact Number	OFFICE-91991776
Email Address	NOEMAIL



Address	343 UPPER BUKIT TIMAH RD #01-03
Postcode	588196
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?	YES
Foreign Vehicle Registration Number	JSP1138 (PRIVATE CAR)
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)	1

#### 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
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

PLEASE REFER TO POLICE REPORT.

#### 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	SLT8181K
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJW3095S  
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JSP1138  
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)

#### DETAILS OF INJURED PERSON 1

Name YUNNI ARDIANA SUSILO  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLN9448S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode


## SKETCH PLAN

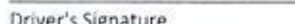
### IMPORTANT NOTICE


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:

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



pick (clean) for next

PIE Clearing Buffer Entry No. 1

Vehicle	Vehicle	Vehicle	Vehicle	Vehicle	Vehicle
D	Vol. A = SLN 94485				
A	Vol. B = SLT 8181K				
B	Vol. C = SJW 3095S				
C	Vol. D = JSP 1138				

Refer to police report.

I/We declare the foregoing particulars are true in every respect.

holder's Signature

Driver's Signature \_\_\_\_\_



# ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 10 / 2018) (DD/MM/YYYY), TIME: (09 : 50) (HH:MM)

LOCATION: PIE (drag) after Eng. No Exit

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 9448S  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: 1700006408-01  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Mitsubishi Outlander  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: personal  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒ YES  
IF NO, PLEASE STATE (THIRD PARTY CLAIM/ REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Yundi Ardianand Swati (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S77842572 CONTACT: 91991776  
c) ADDRESS: 343 Upp. Bukit Timah Rd  
#01-03 SLS88196

\* 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: (11 / 06 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ 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: Traffic Police Division HQ

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT 8181K MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJW 30955 MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

02

JSP1138

Email = ric060autoservices@gmail.com

fax = 6286 7060





**SINGAPORE  
POLICE FORCE**



T/20181001/7003

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

1 of 4

Report No. T/20181001/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2018 13:09	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: YUNNI ARDIANA SUSILO			Address: 343 UPPER BUKIT TIMAH ROAD #01-03 SINGAPORE 588196	
ID Type / ID No.: NRIC NO / S7784287Z			Contact No.:	Mobile: 91991776
Nationality: INDONESIAN			Email: yunniyunni0611@yahoo.com	
Sex: Female	Age: 41	Date of Birth: 11/06/1977	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: project manager			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 01/10/2018 09:50	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
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: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSP1138	Car					0
SJW3095S	Car					0
SLN9448S	Car	MITSUBISHI	OUTLANDE R 2.4 CVT 4WD SR	Blue		0
SLT8181K	Car					0





**SINGAPORE  
POLICE FORCE**



T/20181001/7003

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

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Report No. T/20181001/7003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN9448S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700006408-01	23/05/2018	22/05/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	YUNNI ARDIANA SUSILO		ID No.	S7784287Z
Related Vehicle	SLN9448S (Car)		Contact No.	91991776
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Lim Hwee Kian, Eileen		ID No.	S7903426F
Related Vehicle	NIL		Contact No.	81810811
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	NG Jie Purng		ID No.	A32148555
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20181001/7003

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

3 of 4

Report No. T/20181001/7003

**CONTINUATION OF REPORT**

Driver			
Name	Wong Peng Chung	ID No.	S7412748G
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

this morning around 9:50, I was driving my vehicle A (SLN 9448S) along PIE towards Changi (before Lornie road exit 20B) in lane 1. Vehicle D foreign vehicle (JSP1138) which was in front of me, stopped and I follow suit. While stationary for about 2 secs, I felt an great impact from the rear which caused my car to surge forward and collided onto the rear of vehicle D. I alighted and realize its a chain collision of 4 vehicles. vehicle B (SLT8181K) being directly behind my car and vehicle C (SJW3095S) being the last vehicle. I left discomfort and I will seek medical treatment.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7784287Z



Name

YUNNI ARDIANA SUSILO

Race

JAVANESE

Date of birth

11-06-1977

Sex

F

Country of birth

INDONESIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of YUNNI ARDIANA SUSILO

Licence Number: S7784287Z

Name: YUNNI ARDIANA SUSILO

Birth Date: 11 Jun 1977

Issue Date: 24 Jul 2012

Barcode: 0020902020

9125896

Barcode

NRIC No. S7784287Z

Portrait photo of YUNNI ARDIANA SUSILO

Nationality: INDONESIAN

Date of issue: 23-04-2011

343 UPPER BUKIT TIMAH ROAD #01-03  
SINGAPORE 588196

NRIC No. S7784287Z Date: 15/11/2016 (R)

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

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver, and other motor vehicles  $\leq$  2500kg

EFFECTIVE DATE 24 Jul 2012

NP 428A





# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : YUNNI ARDIANA SUSILO  
Period of Insurance : 23 May 2018 To 22 May 2019  
Engine No. : 4B12SA0911  
Chassis No. : JMYXTGF3WHJ000383

Vehicle No. : SLN9448S  
Policy No. : 1700006408-01  
Endorsement No. :  
Issued Date : 04 Apr 2018

### ABOUT THE COVER

Make/Model : MITSUBISHI OUTLANDER 2.4 CVT  
Engine Capacity/Tonnage : 2,360.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PARF : 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 "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\*

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

\* 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 - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

YUNNI ARDIANA SUSILO - \$600 (Own Damage)

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

1. Cycle & Carriage Customer Service Centres (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64706666  
2. Cycle & Carriage Customer Service Centres (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000  
3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

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](http://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).

0500720790

CYCLE & CARRIAGE - VINCE  
239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE