

**NATIONAL Assessment Centre Services** [wef 1 Jan'05] **MNA11812889**

Date In: <b>4/10/18 - 15:08</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA1A1418018010124</b>	SAS e-filing		
Veh No: <b>JLL5792X</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>2/2/18 - 16:10</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: )

TP Particulars: Veh No: **WV3899** 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

<b>NA1806331</b>	<b>Invoice Preparation Checklist</b>	<b>Am't (\$)</b>	<b>Am't (\$)</b>
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);	<b>Est. Bill</b>	<b>Add. Bill</b>
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Dat. 1:</b>	6) TR: Re-inspection \$75		
<b>Dat. 2 / 3:</b>	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		
	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 willful 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	04/10/2018 15:08
Date Of Accident	03/10/2018 16:10
Exact Location Of Accident	PIE (CHANGI) BEFORE THOMSON RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3570X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO CHEE KWANG
NRIC No	S8500765C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98585334
Alternative Phone No	OFFICE-98585334

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	2100503147-01
Cover Note Number	

### Driver

Name of Driver	YEO CHEE KWANG
NRIC No	S8500765C
Date Of Birth	06/01/1985
Occupation	INDOOR
Date Of Driving Pass	24/11/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98585334
Fax Number	
Contact Number	OFFICE-98585334
E-Mail Address	NOEMAIL

Address	BLK 117B JALAN TENTERAM #24-523
Postcode	322117
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	WWJ7899 (PRIVATE CAR)
Number of vehicles involved in the accident	6
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)	2
Passenger 1	NAME: : TEO SZE WEI GENDER: : MALE

#### 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/20181003/7028.

#### 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	WWJ7899
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 SLQ137H  
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 SKP308Z  
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 4**

Vehicle Registration Number UNKNOWN  
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 5**

Vehicle Registration Number SGS773U  
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 YEO CHEE KWANG  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SLL3570X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name TEO SZE WEI  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? SLL3570X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

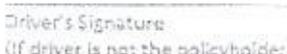
### IMPORTANT NOTICE

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:

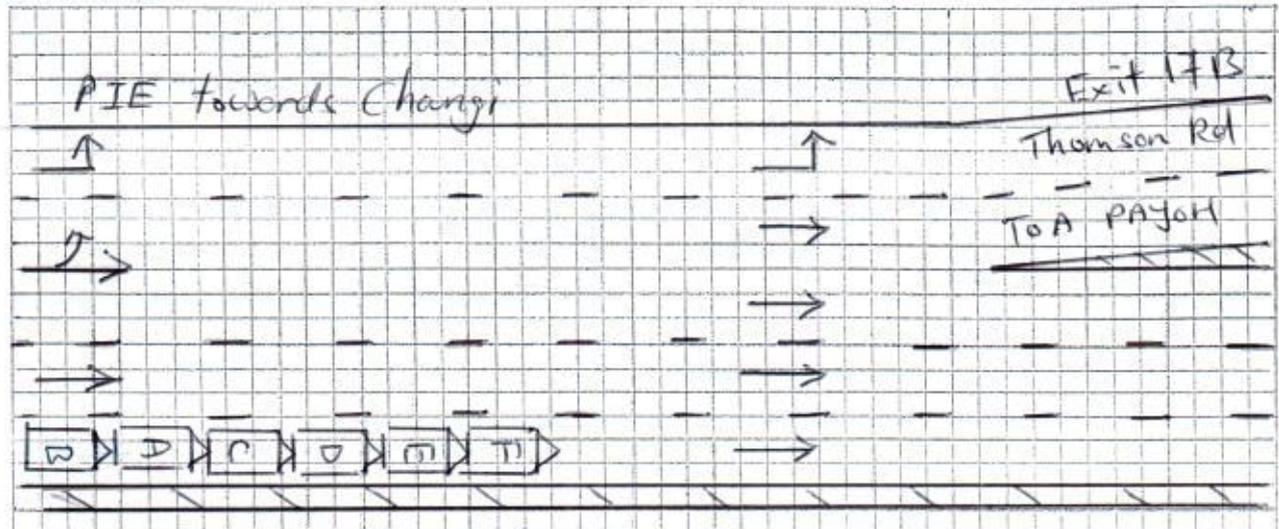
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SLL 3570X  
 (B) WWJ 7899  
 (C) SLQ 137H  
 (D) SKP 308Z  
 (E) Unknown  
 (F) SGS 773U.

Refer to TP Report  
 Report No :-  
 T/20181003/7028

*[Handwritten Signature]*

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

x *[Signature]*  
 Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 03/10/2018	Time: 1608 hrs	(hh:mm) 24 hr format
Location at along PIE towards Chang, before Thomson Road Exit 17B.		
Vehicle Number SLL3570X		
Insured Name YEO CHEE KWANG		
NRIC/FIN S8500765C	Contact Number 9858 5334	
Make MAZDA	Model 3 DOOR SEDAN 1.5L SP. 6AT.	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company AIG		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 2100503147-01		
Name of Driver YEO CHEE KWANG		( / ) Same as Insured
NRIC/FIN S8500765C	Contact Number 9858 5334	
Date of Birth 16/01/1985		
Driving Pass Date 24/11/2003		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address		( ) NO EMAIL
Address of Driver BIK 117B JALAN TENTERAM #24 -523 S(322117)		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured		
( / ) 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 ( / ) Clear ( ) Raining ( ) Others		
Road Surface ( / ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( / ) Yes ( ) No		
Was anybody injured in the accident? ( / ) Yes ( ) No		
If yes, injured detail DRIVER + PASSENGER - BACK & NECK PAIN		
Was there any video captured by Car Camera? ( ) Yes ( / ) No		
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B	NWJ 7809	
Veh C	SLG 137H	
Veh D	SKP 308Z	
Veh E	unknown	
Veh F	SGS 773U	

person include  
2 driver

passenger (m): TEO SZE WEI  
mg 2014.20



**SINGAPORE  
POLICE FORCE**



T/20181003/7028

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

1 of 4

Report No. T/20181003/7028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/10/2018 20:14	Vide Report No.: E/20181003/0116	Station Diary No.:
--	-------------------------------------	--------------------

**Informant's Particulars**

Name of Informant: YEO CHEE KWANG		Address: APT BLK 117B JALAN TENTERAM #24-523 SINGAPORE 322117	
ID Type / ID No.: NRIC NO / S8500765C		Contact No.: Home/Office:	
Nationality: SINGAPORE CITIZEN		Email: yck5334@gmail.com	
Sex: Male	Age: 33	Date of Birth: 16/01/1985	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales supervisor		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: 03/10/2018 16:10	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: Chain collision				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGS773U	Car					0
SKP308Z	Car					0
SLL3570X	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Blue		0



**SINGAPORE  
POLICE FORCE**



T/20181003/7028

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

2 of 4

Report No. T/20181003/7028

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ137H	Car					0
WWJ7899	Car					0
	Car		Kia carens			0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL3570X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100503147-01	22/02/2018	21/02/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YEO CHEE KWANG		ID No.	S8500765C
Related Vehicle	SLL3570X (Car)		Contact No.	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2018		Date Discharge	03/10/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Passenger				
Name	Teo Sze Wei		ID No.	S8126983A
Related Vehicle	SLL3570X (Car)		Contact No.	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2018		Date Discharge	03/10/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight



**SINGAPORE  
POLICE FORCE**



T/20181003/7028

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

3 of 4

Report No. T/20181003/7028

**CONTINUATION OF REPORT**

Driver			
Name	Ong yok len	ID No.	750308015966
Related Vehicle	WWJ7899 (Car)	Contact No.	
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.**

On 03/10/2018 at around 1610hours I was driving in vehicle SLL3570X along PIE towards Changi before Thomson exit. While I was driving on the 1st lane from the right, at the point of time I saw a chain collision happen right in front of me hence I came to a stop suddenly I felt an impact from the back, due to the impact my vehicle SLL3570X pushed forward and collided onto vehicle SLQ137H in front of me. After the accident I came down and realised it was a chain collision and Vehicle WWJ7899 has collided onto the back of my Vehicle causing me to pushed forward and collide onto Vehicle SLQ137H. It was a chain collision 6 Vehicles were involve. There was a passenger in my vehicle at that point of time. Due to the impact I felt discomfort hence I went to Mount Alvernia Hospital and was given 3 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20181003/7028

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

4 of 4

Report No. T/20181003/7028

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 / TPHQ /  
RAZIZ BIN TAHAR  
Contact No.: 65476200

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:  
03/10/2018 20:14

Classification Of Case:

OWNER DRIVER

SLL3570X

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8500765C**  
Name:  
**YEO CHEE KWANG**

Birth Date: **16 Jan 1985**  
Issue Date: **24 Nov 2003**

001030996A



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Nov 2003

NP 428A

Licence No: S8500765C



Owner & Driver  
SLL3570X

5462078



NRIC No. S8500765C



Date of issue  
29-04-2015

Address  
APT BLK 117B JALAN TENTERAM #24-523  
SINGAPORE 322117

NRIC No: S8500765C

Date: 21/01/2017

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8500765C



Name

YEO CHEE KWANG

楊志光

Race

CHINESE

Date of birth

16-01-1985

Sex

M



Country/Place of birth  
SINGAPORE

S8500765C



# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Yeo Chee Kwang  
**Period of Insurance** : 22 Feb 2018 To 21 Feb 2019  
**Engine No.** : P520375022  
**Chassis No.** : JM6BM42A8G0346297

**Vehicle No.** : SLL3570X  
**Policy No.** : 2100503147-01  
**Endorsement No.** :  
**Issued Date** : 09 Jan 2018

### ABOUT THE COVER

**Make/Model** : MAZDA 3 1.5 SKYACTIV  
**Engine Capacity/Tonnage** : 1,496.00 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,200 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver is new or obtained license in the age of 20 and or had 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, pack-making, mobility work or speed-testing, the damage 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 1600cc - 1600cc Optional

\* Limitations rendered inoperative by Section 9 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)

Yeo Chee Kwang - \$800 (Own Damage)

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

1 Trunk Eurokars Pte Ltd. Add: 5 Ubi Close, Singapore 408605 63988889

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6328 8200. 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 3.0" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

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 (V) of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA  
 7 MAXWELL ROAD #01-100 ANNEK B MND COMPLEX  
 SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

AIGSGMCRLEAPP