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TP Insurer:			0 Owner/Wksp		(408#US#
Preferred Wksp / INC Assign Wksp / QW: (I HA / HAILE			
TP Particulars: Veh No: (7)	1 soft	. INC (Fax:	
Owner / Driver: (7 7005	, INC ()/Non-INC()		
Policy No: () Po	eriod: (Tel:		
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	Warranty: YES (1/110/)	100%]	
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CACAMAN TO THE RESIDENCE OF THE PARTY OF THE		Invoice Prep	paration Checklist	Anit (\$)	Amt (\$)
laimant's Particulars :-	\$6000000000000000000000000000000000000	1) AR : Accident	The state of the s		(tota pin
river/Owner:		2) DA : Damage / 3) TF : Towing Fe	Assessment (\$100); INC (\$	0/\$45	
		4) FT : Follow-Th	rough Survey	\$120	
ontact No:			arough Survey (Resurvey) sainst INC Only (wef 10 Jan 200	\$30	
amaged Portion:		6) TR : Re-inspec 7) N1 : Idac DA +	tion	\$75	
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C Checked by (Engr-In-Charge):		OD* *N5: Courtesy	Car / Tpt Allowance	25	
20 V 3 4 19 20 1 V 2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.00 17.65	*N6: Repair Co	o-ordination	\$5 \$10	
uditors' Comments :-	Most Live	*N7: Post Repe *N8: DV / Coll	ir Inspection lect Excess Coordination	\$25	
t. 1:		<u>TP</u> (N11): TP	(Non INC) against INC	\$5 \$20	T.
t. 2/3;		9) N12: Idac Mob Invoice dated	vile	30	
		Invoice dated	Fee Charged	Mary Flore	man Ja

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 witholding 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. 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.

- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ACCIDENT STATEMENT
Date Of Report	11/10/2018 17:08
Date Of Accident	10/10/2018 15:00
Exact Location Of Accident	ALONG JURONG PORT ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA729X
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-87515494
Alternative Phone No	OFFICE-87515494
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
Exact Purpose for which vehicle was being used at time of accident	
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	999994595
Cover Note Number	
Driver	
Name of Driver	GURVIR KAUR
NRIC No	S8611189F
Date Of Birth	24/04/1986
Occupation	INDOOR
Date Of Driving Pass	11/06/2015
Driving Experience	3 YEARS AND 3 MONTHS

FEMALE

(LOCAL) +65-87515494

EDWIN@CARCOVE.COM.SG

OFFICE-87515494

Address

BLK 40 TEBAN GARDENS ROAD

#01-341

Postcode

600040

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

NO OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

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

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Name Police Station Address

ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181010/2124

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

GZ2085Y

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

DETAILS OF INJURED PERSON 1

Name

GURVIR KAUR

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKA729X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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.

Cal Core

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's S

Name:

NRIC/FIN No .:

ETCH PLAN							
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ate & Time:		s not the policy	holder	2		Val	7. 11 potto

GIARMC SketchPlanForm_V3

Date & Time:





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

1 of 3 Report No. T/20181010/2124

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

10/10/201	18 18:18	//ade:	Vide Report No.: D/20181010/0068	Station Diary No.:	
Informant's Particulars					
GURVIR			Address: APT BLK 40 TEBAN GARDE 600040	NS ROAD #01-341 SINGAPORE	
ID Type / NRIC NO	ID No.: / S86111	89F	Contact No.: Home/Office:	Mobile: 87515494	
Nationalit SINGAPO	y: DRE CITIZ	EN.	Email:		
Sex: Female	Age: 32	Date of Birth: 24/04/1986	Type of Informant: Driver		
Race: Sikh		•	Language: .	Institution / School Name:	
Occupation DRIVER	on:		Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2018 15:00	Type of Location Straight Road
JURONG PO CORPORATI Along Jurong Port Road		ration road after the	junction with Jalan Bu	roh near 28 Jurong
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collis Between Mov	ion: ring Vehicles - Side Swipe	e - Same Direction		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GZ2085Y	Van				Condition	0
SKA729X	Car				Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
	The state of the s





2 of 3

Report No. T/20181010/2124

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver	BURNING BURNING			A PRODUCTOR		
Name	GURVIR KAUR			ID No).	S8611189F
Related Vehicle	SKA729X (Car)			Conta	act No.	87515494
Hospital/Clinic NIL				01		
				Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Data Dias			
	ted Medical Leave	NIL	Date Disc Degree of	finiury	NIL	

Brief Details.

On the above mentioned date and time, I was driving my car, SKA729X along Jurong Port road towards corporation road, after the junction with Jalan Buroh near no.28 Jurong port road. I was travelling straight on the most left lane when suddenly a van, GZ2085Y tried to cut into my lane from my right. I honked once at the van to alert the driver but he ignored and the left side of the van hit onto the front right bumper of my car. I honked at the van again after the collision but the driver drove off without stopping.

I proceeded to 25 industrial park road to collect a payment for my item and called for the police as the traffic at the incident location was very heavy. Subsequently, the traffic police officer came and met me at 25 industrial park road, ambulance was not activated as I do not need immediate medical attention.

The front right bumper of my car was dented and there are some scratches. I felt pain from my neck down to my lower back and will be seeing a doctor after lodging this report. There was no in-car camera installed on my car.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

3 of 3 Report No. T/20181010/2124

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:	Signature Of Informant:
Sgt 2 GOH GEK LING	7
Signature Of Interpreter:	Date/Time:
Not applicable	10/10/2018 18:18
Officer In Charge Of Case:	Classification Of Case:
SI MOHAMMAD ABDILLAH BIN PALIL	
Contact No.: 65476246	QL 6 SN 985
Authentication Stamp	nature.

Singapore Police Force

TAX INVOICE



TO:

LOCATION

MS. GURVIR KAUR BLK 40 #01-341

TEBAN GARDENS ROAD SINGAPORE - 600040

MRN/NRIC

: S8611189F

CASE NO VISIT DATE

GST REG NO

: 1518997151C-00001 : 11.10.2018 08:24

LOCATION INVOICE DATE TYPE OF SUPPLY : NCA&E : 11.10.2018

: CASH/CREDIT : M2-0069889-4

PATIENT NAME : GURVIR KAUR

: EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE	AMOUNT
A&E Facility/Service Fee XR, CERVICAL SPINE, AP & LATERAL	230.00 55.00
KETOPROFEN 30MG PLAST (KEFENTECH) 7S/8S	5.20
Total Charges Government Subsidy	290.20 170.00-
Total Amount Payable	120.20
PAYMENT: GURVIR KAUR	0.00
TOTAL DUE AFTER PAYMENT	120.20
DUE FROM:	120.20

FOR INFORMATION

GURVIR KAUR

Total amount payable after GST is \$128.61. Total GST for this bill at 7% is \$8.41 which is absorbed by the Government.

TAX INVOICE



TO:

MS. GURVIR KAUR BLK 40 #01-341 TEBAN GARDENS ROAD SINGAPORE - 600040

MRN/NRIC

: S8611189F

CASE NO

: 1518997151C-00001

VISIT DATE LOCATION

: 11.10.2018 08:24

INVOICE DATE

: NCA&E : 11.10.2018

TYPE OF SUPPLY

: CASH/CREDIT

GST REG NO

: M2-0069889-4

PATIENT NAME: GURVIR KAUR

LOCATION

: EMERGENCY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICE

AMOUNT

CHEQUE/CREDIT CARD PAYMENT SLIP	-Ptease cut along this line
For cheque or credit card payment, please fill in the details below	
PATIENT NAME: GURVIR KAUR	CASE NUMBER: 1518997151C-00001
Payment amount:	Contact No:
Cheque Detail: (Bank)	(Cheque Number)
Credit Card No:	Expiry Date:
Cardholder's Name:	Cardholder's Signature:





National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074 TEL: (65) 6779 5555 Business Registration No.198500843R



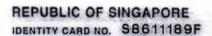
MEDICAL CERTIFICATE AMEN			DED ORIGINAL		NUH	18263657
NAME: GURVIR KAUI	3				NRIC: SE	3611189F
Type of Medical Leave	e granted : OUTPATIENT SICK L	EAVE				
The above named is 19-Oct-2018	unfit for duty for a period of inclusive	9	day(s) from	11-Oct-2018	to	
The certificate is not	valid for absence from court atte	endance.			V	
The above named att	ended for Examination/Treatme	ent from	11-Oct-2018 08:24	to 11-Oct	t-2018 09:37	1
11-Oct-2018	TAN YI HUI JANELLE (64	128F)	A&E		/ VX	\
Date A member of the NUHS	Issued by		Locatio	n	Signatur	e

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 10 /2018 (dd/mm/yy) Time of Accident: 15 : 00 (24-HR-FORMAT)
Vehicle No.: SKA 739 X Vehicle Make & Model: KIA ORATO FORTE
Exact location of Accident: Juranic Para Roan
Policyholder's Name / IC No.: CAR COVE CEASING PTE LTD.
Driver's Name / IC No.: GURNIA KAUR (As Above)
Driver's Contact No.: 87515494 Company Contact No:
Driver's Address: BLK 40 TEBAN GARDENS ROAD # 01-341 (3) 600040
Email address (if any): edwin a carcove . com - 39 Insurance Company: Ala
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose No. of Passengers (Including Driver):
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes / No
Any Injuries: Yes / No (If YES) Injured Person' Name: GURVIR KAUR
Injuries Sustain: Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Which Police Station: SENBAWANG N. P. C
The Other Party(s) Details:
1. Driver's Name / IC No:
Driver's Contact No:Insurance Company (If any):
2. Driver's Name / IC No: Vehicle No:
Driver's Contact No:Insurance Company (If any):
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





GURVIR KAUR



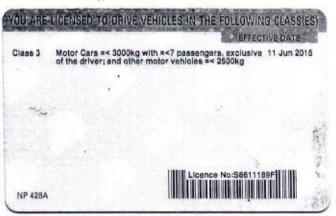
Race SIKH Date of birth 24-04-1986 Country/Place of birth SINGAPORE













CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1940
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THRD-PARTY RISKS) RULES, 1959 [MALAYSIA]

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. POLICY NO.

2) NAME OF INSURED

SKA729X

POLICY EXCESS
WINDSCREEN EXCESS

S\$2000.00 Section (I & (II) S100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

Yes

(The below excess is subject to GST)

SKA729X

Car Cove Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

14 September 2018 11 February 2019

FOR THE PURPOSES OF THE ACT
4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any person who is driving on the insured's order or with their permission.
If You or Your Authorised Driver is below the age of 23 years old and/or above 65 years old and/or has less than 1 year driving experience, the additional excess Section 2 is \$53,000, outside Singapore is \$\$5,000 and Fire & Theft excess Section 1 is \$\$1,500.

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*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pece-making, reliability trial or speed-testing, 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Heritage Auto Enterprise Pte Ltd

*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, 1997 (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 (Melaysia).

Issued in Singapore 19 Sep 2018

691991-000 Moh Kok Heng 3 Tampines Grande, AIA Tampines #02-38 SINGAPORE 528799 AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL