

NATIONAL Assessment Centre Services [ver 1 Jan'05]

Date In: 31/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/1418019786/13	SAS e-filing		
Veh No: SME3624A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A 30/10/18 0735	I-Motor Claim Form		
OD (TP) 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: ( MASSIVE ) Tel: Fax: )

TP Particulars: Veh No: SLS4407A 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 & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks	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

NA1807178	Invoice Preparation Charge	Amo (\$)	Amo (\$)
Claimant's Particulars	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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:	6) TR: Re-inspection \$75		
Ref 1:	7) N1: Idao DA + SMRT Survey \$160		
Ref 2/3:	8) NTUC Additional Services:-		
	ON:		
	*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: Idao 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 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.

ACCIDENT STATEMENT	
Date Of Report	31/10/2018 09:12
Date Of Accident	30/10/2018 07:35
Exact Location Of Accident	PUNGGOL EAST RD TWDS KPE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME3624A
Insured/Policyholder	
Name Of Registered Owner	LEE YUWEI,ANDY
NRIC No	S8808292C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83224210
Alternative Phone No	OTHERS-83224210
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE
Exact Purpose for which vehicle was being used at time of accident	GOING 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800114697
Cover Note Number	
Driver	
Name of Driver	LEE YUWEI,ANDY
NRIC No	S8808292C
Date Of Birth	08/03/1988
Occupation	INDOOR
Date Of Driving Pass	26/02/2008
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83224210
Fax Number	
Contact Number	OTHERS-83224210
EMail Address	NOEMAIL

Address	BLK 259C PUNGGOL FIELD #10-51
Postcode	823259
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?	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)	3
Passenger 1	NAME: : MELANIE WONG SHU XIAN GENDER: : FEMALE
Passenger 2	NAME: : JURAIDAH BINTE ZOHRI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , 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/20181030/2071

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS4407S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHOON MENG

NRIC/Passport Number S7145282D  
Contact Number 93273937  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number GZ7008M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver ARULANDU ARULRAJ  
NRIC/Passport Number F8404245P  
Contact Number 83001801  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SFP2629T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver MOHAMAD FARIK BIN AZIZ  
NRIC/Passport Number S7436973A  
Contact Number 97971174  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LEE YUWEI,ANDY  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SME3624A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name MELANIE WONG SHU XIAN  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SME3624A  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name JURAIDAH BINTE ZOHRI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SME3624A

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:

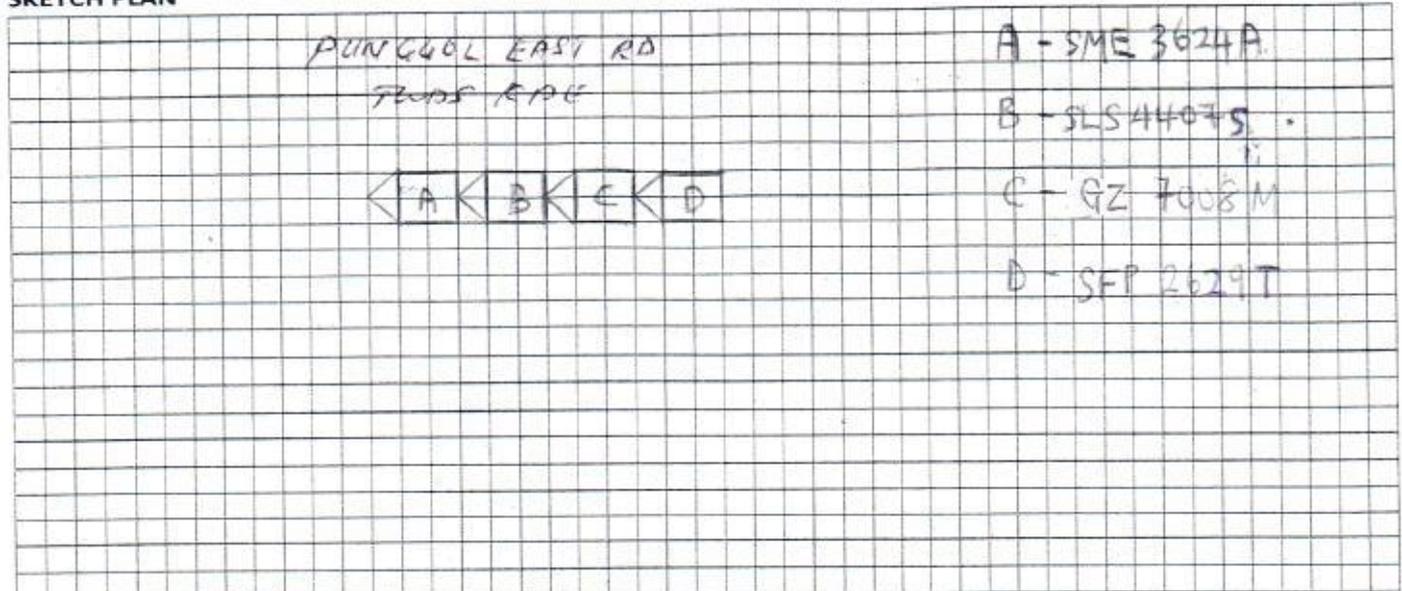
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

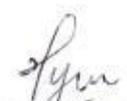
AT AROUND 07:30 AM, I WAS TRAVELING ALONG PUNGGOL EAST TOWARDS  
TBE. THE ~~TR~~ TRAFFIC WAS CONGESTED AND CAR IN FRONT WAS SLOWING  
DOWN AND SUBSEQUENTLY MY CAR FOLLOWING CAME TO A STOP. SUDDENLY,  
THERE WAS AN IMPACT FROM THE REAR AND REALISED VEHICLE B HAD  
KNOCKED ONTO MY CAR BACK. AFTER THAT I ALIGHTED MY VEHICLE  
AND FOUND OUT IT WAS A CHAIN COLLISION OF A VEHICLE.

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:

 21/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20181030/2071

2 of 5

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20181030/2071

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME3624A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800114697	27/09/2018	26/09/2019

**Details of Person Involved**

Any Pedestrian Involved: No

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

**Driver**

Name	ARULANDU ARULRAJ	ID No.	F8404245P
Related Vehicle	GZ7008M (Van)	Contact No.	83001801
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	MOHAMAD FARIK BIN AZIZ	ID No.	S7436973A
Related Vehicle	SFP2629T (Car)	Contact No.	97971174
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	WONG CHOON MENG	ID No.	S7145282D
Related Vehicle	SLS4407S (Car)	Contact No.	93273937
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



Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**CONTINUATION OF REPORT**

Driver			
Name	LEE YUWEI, ANDY	ID No.	S8808292C
Related Vehicle	SME3624A (Car)	Contact No.	83224210
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/10/2018	Date Discharge	30/10/2018
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Passenger			
Name	MELANIE WONG SHU XIAN	ID No.	S8501878G
Related Vehicle	SME3624A (Car)	Contact No.	81611708
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	04	Degree of Injury	NIL
Passenger			
Name	JURAIDAH BINTE ZOHRI	ID No.	S8935757H
Related Vehicle	SME3624A (Car)	Contact No.	90908785
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/10/2018	Date Discharge	30/10/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 30/10/2018 at about 0735hrs, I was driving my car one white colour Mitsubishi Attriage bearing plate number SME3624A along the Temporary Punggol East towards KPE. I have 2 female Grabhitch passengers in my car at that time. While I was near the river area, there was a traffic jam as such I slow down my car and came to a stop. However the next moment, I felt an impact from the back of my car and realised that a grey colour Hyundai Elantra bearing plate number SLS4407S had collided to the back of my car.

I went down from my car to make a check and realised that it is a chain collision accident involving 4 cars. The 3rd car was a silver colour van bearing plate number GZ7008M and the last car is a silver colour Toyota Wish bearing plate number SFP2629T. After checking that there were no reported injuries at scene, I exchanged particulars with the 3 other drivers and also my passengers. There was no



**SINGAPORE  
POLICE FORCE**



T/20181030/2071

4 of 5

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20181030/2071

**CONTINUATION OF REPORT**

ambulance and no traffic police at scene. After exchanging particulars, we all left the scene respectively.

Later on in the day, my passengers and I went to seek medical treatment on our own and I was given 2 days MC by the doctor. I was told by both my passengers that they were given 4 days MC each. The damages on my car are scratches and dents on my rear car bumper. The rear car bumper and car boot cover was also dislodged and the car body kit was cracked. I have both front and back in-vehicle camera installed in my car and I am able to provide the footages if required.



**SINGAPORE  
POLICE FORCE**



T/20181030/2071

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20181030/2071

**CONTINUATION OF REPORT**

**Sketch Plan**

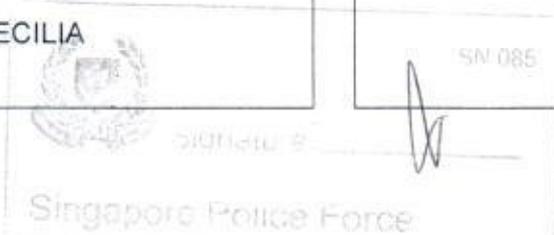
Informant is not able to provide sketch plan

**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: F / Staff Sgt ANG PEI YING, AGNES	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	

Signature Of Informant:	
Date/Time: 30/10/2018 13:55	
Classification Of Case:	

Authentication Stamp  
NP168



ACCIDENT STATEMENT

ACCIDENT DATE: 30/10/2018 (DD/MM/YYYY), TIME: 07:35 (HH:MM)

LOCATION: Punggol East Rd towards KPE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME3624A
- b) INSURANCE COMPANY: AIG
- c) POLICY NUMBER: 1800114697
- d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: Act Mitsubishi Attrage
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Comm Work
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: Lee Yewei, Andy *Email address:* \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8808292C CONTACT: 8383224210
- c) ADDRESS: Blk 259C Punggol Field #10-51 s(823259)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: As above *Email address:* \_\_\_\_\_ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
- c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 08/03/1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 26/02/2008

Cat Camera (Yes/No)

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)

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: Punggol JPC

*No. of passenger incl driver 03*  
*Name Gender*

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLS4407S MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Wong Choon Meng

c) NRIC/FIN/PASSPORT: S71452825 CONTACT: 93275937

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: G27008M MODEL: Van

e) DRIVER'S NAME: Arulandu Arulraj

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 83001801

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8808292C**



Name  
**LEE YUWEI, ANDY**  
**李育衛**

Race  
**CHINESE**

Date of birth  
**08-03-1988**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

**S8808292C**




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8808292C**

Name  
**LEE YUWEI, ANDY**

Birth Date: **08 Mar 1988**

Issue Date: **26 Feb 2008**

**001574949K**




5952332



NRIC No. **S8808292C**



Date of issue  
**05-06-2018**

Address  
**APT BLK 259C PUNGGOL FIELD  
#10-51  
SINGAPORE 823259**

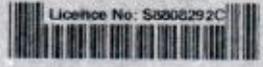
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 26 Feb 2008

NP 428A

Licence No: **S8808292C**





# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Lee Yuwei, Andy  
**Period of Insurance** : 27 Sep 2018 To 26 Sep 2019  
**Engine No.** : 3A92UGY0652  
**Chassis No.** : MMBSTA13AJH002214

**Vehicle No.** : SME3624A  
**Policy No.** : 1800114697  
**Endorsement No.** :  
**Issued Date** : 05 Oct 2018

### ABOUT THE COVER

**Make/Model** : MITSUBISHI ATTRAGE 1.2 CVT  
**Engine Capacity/Tonnage** : 1,193.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**Insuring with COE/PARF** : Yes

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)

Lee Yuwei, Andy - \$600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre Add: 20 Leng Kee Rd Singapore 159094 64708688
2. Cycle & Carriage Authorised Service Centre (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, 1958 (Malaysia).

0500722050

C&C FULCO-CORPORATE  
 22 UBI ROAD 4 FULCO BUILDING  
 SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

55C255