

# NATIONAL Assessment Centre Services

MA 118149812 - 01

Date In: 19/11/18 17:45	Job description	Date & Time Completed	Done by
Ref No: MA1AIG18020909/14	SAS e-Billing		
Veh No: SLO 3571K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/11/18 16:15	i-Motor Claim Form		
OD: 11 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		

Professed Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLO 6695 B	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 repaiar.

( ) 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

MA1807566	Invoice Preparation Checklist	Am (\$)	Ad (\$)
1) AR: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$50)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For obtaining against INC Only (wef 10 Jan 2009)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:			
Q1:			
*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 \$0			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

At 1:

At 2 / 3:



## 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 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	19/11/2018 17:45
Date Of Accident	18/11/2018 16:15
Exact Location Of Accident	SLIP RD BISHAN ST 14
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLD3571K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TANG HOE KEE
NRIC No	S0496759C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96817275
Alternative Phone No	OFFICE-96817275
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100470570-01
Cover Note Number	-
<b>Driver</b>	
Name of Driver	PANG WEE HWA WILLY(FENG WEIHUA)
NRIC No	S7708322G
Date Of Birth	24/03/1977
Occupation	INDOOR
Date Of Driving Pass	13/04/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96817275
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 166 HOUGANG AVE 1 #09-1572
Postcode	530166
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	5
Passenger 1	NAME: : PANG NGIAP JUN GENDER: : FEMALE
Passenger 2	NAME: : TANG CHOR KIANG GENDER: : FEMALE
Passenger 3	NAME: : PANG LEE ENG GENDER: : MALE
Passenger 4	NAME: : EPI APRIANTI BT MUHAMAD GENDER: : FEMALE

#### 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 ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ6695B
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	PANG WEE HWA WILLY(FENG WEIHUA)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	PANG NGIAP JUN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	TANG CHOR KIANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	PANG LEE ENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

**DETAILS OF INJURED PERSON 5**

Name	EPI APRIANTI BT MUHAMAD
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLD3571K
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:

19/11/18

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



# SKETCH PLAN



A - SLD 357K

B - SL 26695B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/11/18 at 4.15pm, I was driving my vehicle A along Slip road Bishan St 14. I stop my car to wait for on coming vehicle to be clear, suddenly vehicle B hit on my rear portion.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

SAFARI, 2018/11/18, V3

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 19/11/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA 18149812 Vehicle Registration No : SLD 3571K  
Name (as shown in NRIC) : Tang Hoe Kee NRIC/FIN/Passport No : S0496759C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 166 Hougang Ave 1 #09-1572 Singapore 6530166  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96817275  
Email Address : \_\_\_\_\_  
Date of Accident : 18/11/18 Time of Accident : 16:15  
Place of Accident : Slip road Bishan St 14  
Insurance Company : ALL

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Pls upload police report.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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





# SINGAPORE POLICE FORCE



T/20181120/7016

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

1 of 4

Report No. T/20181120/7016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2018 22:07		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PANG WEE HWA, WILLY			Address: APT BLK 166 HOUGANG AVENUE 1 #09-1572 SINGAPORE 530166		
ID-Type/ID-No.: NRIC NO / S7708322G			Contact No.: Home/Office: Mobile: 97518281		
Nationality: SINGAPORE CITIZEN			Email: shinjo77@yahoo.com.sg		
Sex: Male	Age: 41	Date of Birth: 24/03/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2018 16:15	Type of Location: X-Junction
Location:  BISHAN STREET 14 (SLIP-ROAD TWD BISHAN ROAD) NEAR LAMP POST 58				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SLD3571K	Car					0
SLZ6695B	Car		Kia Carens	Black	Slightly Damaged	0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20181120/7016

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20181120/7016

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	PANG WEE HWA, WILLY		ID No. S7708322G
Related Vehicle	SLD3571K (Car)		Contact No. 97518281
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	18/11/2018		Date Discharge 18/11/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight
<b>Passenger</b>			
Name	Tang Chor Kiang		ID No. S7824976E
Related Vehicle	SLD3571K (Car)		Contact No. 97518281
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2018		Date Discharge 18/11/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight
<b>Passenger</b>			
Name	Epi Aprianti Bt Muhamad Rasad		ID No. G8612216U
Related Vehicle	SLD3571K (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2018		Date Discharge 18/11/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight
<b>Passenger</b>			
Name	Pang Ngiap Jun Eugene		ID No. T1422727F
Related Vehicle	SLD3571K (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2018		Date Discharge 18/11/2018
No. of Days granted Medical Leave	03		Degree of Injury Slight





**SINGAPORE  
POLICE FORCE**



T/20181120/7016

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

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Report No. T/20181120/7016

**CONTINUATION OF REPORT**

<b>Passenger</b>				
Name	Pang Lee Eng Victoria		ID No.	T1122355E
Related Vehicle	SLD3571K (Car)		Contact No.	NIL
Hospital/Clinic	MOUNT-ALVERNIA-HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/11/2018		Date Discharge	18/11/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
<b>Driver</b>				
Name	Li Jinde		ID No.	S9101423H
Related Vehicle	SLZ6695B (Car)		Contact No.	94896695
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.

I was driving along Bishan St 14 (slip-road towards Bishan Road). As it was a slip road, i stopped my vehicle to check on the on-coming traffic along Bishan Road.  
Before i move off from my stationary position, another vehicle collided with my car from the rear. The vehicle registration number is SLZ6695B.

The driver of the vehicle (Mr. Li Jin De : NRIC S9101423H) admitted that he thought i was moving off from my position, that's why he didn't stop / slow down which resulted in the collision.

The collision had caused minor injuries to my 2 children, wife, domestic helper & myself, We have consulted the doctor and were given medication as well as medical leave as a result of this incident.

I am lodging this report for insurance claiming purposes.



**SINGAPORE  
POLICE FORCE**



T/20181120/7016

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

4 of 4

Report No. T/20181120/7016

**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 /  
WONG SIEU LUI  
Contact No.: 65476151

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:  
20/11/2018 22:07

Classification Of Case:



Date of Accident : 18/11/18 Accident Time: 4.15pm (24-HR-Format)  
 Accident Place : Slip Road Bishan St 14  
 Vehicle No. (Car Plate No.) : SLD 3571K Make/Model: Toyota corolla  
 Insurance Company : AIG Policy No: 2100470570-01  
 Owner or Company Name /IC No. : Tang Hoe Kee /50496759C  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Pang wee Hwa Willy /5770832267  
 DRIVER'S Date Of Birth : 24/3/1977 DRIVER'S License Pass Date 13/4/1999  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Son-in-law  
 DRIVER'S Address : BLK 166 Hougang Ave 1 #09-1572 S530166  
 DRIVER'S Contact No./ Alt No. : 1) 96817275 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : \_\_\_\_\_  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 5 person  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SL Z 6695B (WTUC)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

Pang Ngaiap Jun (F)  
Tang Chor Kiang (F)  
Pang Lee Eng (M)  
E.P. Aprianti Bt Muhammad (F)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7708322G



Name

PANG WEE HWA, WILLY  
(FENG WEIHUA)

冯伟华

Race

CHINESE

Date of birth

24-03-1977

Sex

M

Country of birth

SINGAPORE



4086060

NRIC No. S7708322G



Date of issue

16-08-2007

Address

APT BLK 166 HOUGANG AVENUE 1  
#09-1572  
SINGAPORE 530166









# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tang Hoe Kee  
Period of Insurance : 15 Jun 2018 To 14 Jun 2019  
Engine No. : 1ZRX573820  
Chassis No. : MR053REH104551007

Vehicle No. : SLD3571K  
Policy No. : 2100470570-01  
Endorsement No. :  
Issued Date : 31 May 2018

### ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL  
Engine Capacity/Tonnage : 1,598.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2016  
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 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)

Tang Hoe Kee - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
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, 1956 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PTE. LTD.  
78 SHENTON WAY #07-16 AIG BUILDING  
SINGAPORE 079120  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Mobile*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP