| 177718171                                    |  |  | 4 (9)  |
|--|--|--|--|
| ATTONAL Assessment Centre Se                 | vices we may   | <u>3</u> .   |  |
|  | b description  | Date &Time Completed   | Done by  |
| NA/AIG 18020910/K4 s                         | AS e-filing  |  |  |
| SJT8236K 1                                   | -mail (within Shrs, AIC 2hrs)  |  |  |
|  | -Motor Claim Form -  |  |  |
|  | Motor W/O (Within: Ol) 2hr.  | (TP 4hrs)  |  |
|  | Photo Uploaded   |  |  |
| A resulted A                                 | ssessment/Survey Report  |  |  |
| Λ  | ss't Report by Fax / Hand t  | 0 Owner/Wksp   |  |
| - Wash / INC Assign Wksp / QW; (             |  | Tel: Fa:   | Table 1 and  |
| Particulars: Veh No: SHD                     | 4921A INC(   |  |  |
| 2 show New 7                                 |  | Tel:   | )  |
| Confirmed by : (                             | )  | Cover Type: (  | )  |
|  | Date:  | Time:  | )  |
| Transition of Development (                  | st. Status (WO): N: 0-20   | %; P: 21-79%. F: 80-100  | 0%]  |
| Process (\$ ) Loading: \$1,000 (             | ty: YES( )/NO( )   | )  |  |
| neral Remarks                                | CIN LAGRIS LAGRE OF THE STAFF  | System and the second s |  |
| Walk-In Customer: Customer's information     | Strictly Confidential & Stri   |  | GP 71,   |
| Total Loss Case : to e-mail Insurer URC      | SENTLY.  | city NO rater of repairer.   |  |
| we-in ( ) / Towed-In ( ); Invoice: YES       | 7  | wing Co: (   |  |
| marks := (INC hotline; 6788 6616);           | SERVICE SERVICES   |  | )  |
| apply for Transport Allowance ( ) / Courtesy | Car ( )  | Date&Time Completed  | Done by  |
| Check / Post Repair Inspection               | ( )  |  |  |
| /pload Resurvey Photo [Repair Cost > \$3000] | ( )  | i  |  |
| Jun r  |  |  |  |
| /Time Actions                                | SALVANIANA PROPERTY OF A PROPE |  |  |
| 3.646  |  |  | 96.0x24  |
|  |  |  |  |
|  |  | 1  |  |
|  |  |  |  |
|  |  |  |  |
| NA1807546                                    | Invoice Prepa  | ration Checklist   | Anit (\$) Anit (\$)  |
| taut's Particulars :-                        | 1) AR : Accident Re  | porting (\$30):  | TREBITE Add Bill   |
| /Owner:                                      | 2) DA: Dumage Ass<br>3) TF: Towing Fee   | \$40/\$45  |  |
| 21 NO  | 4) PT : Follow-Thro  | agh Survey \$120<br>agh Survey (Resurvey) \$30   |  |
| ted Portion;                                 | For claiming again   | st INC Only (wel 10 Jan 2005)  |  |
|  | 7) N1 : Idao DA + S?   | ART Survey \$160   |  |
| recked by (Engr-In-Charge):                  | 8) NTUC Additional   |  |  |
| 87/  | *N5: Courlesy Car<br>*N6: Repair Co-or   | 11   |  |
| ovs <u>' Comments :-</u>                     | *N7: Post Repair I   | nspection \$25   |  |
|  | TP (N11): TP (No.  | n INC) against INC \$20  |  |
| 3  | 9) N12: Idne Mobile<br>Involce dated   | Fee Charged  | MATERIA  |
|  | 1  | 11 201 1   | TOTAL CONTRACTOR OF THE PARTY O |

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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.
- 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 15:21                                  |
| Date Of Accident   | 18/11/2018 17:45                                  |
| Exact Location Of Accident   | JLN EUNOS F/OTWDS KAKI BUKIT,T/L JUNC JLNEUNOS/IP |
| Country/State of Loss  | SINGAPORE   |
| The state of the s | DETAILS OF OWN VEHICLE                            |
| Vehicle Registration Number  | SJT8236K  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | LIM SOON SIEW                                     |
| NRIC No  | S1658153D   |
| Email Address  | NOEMAIL   |
| Mobile Phone No  | (LOCAL) +65-98206737                              |
| Alternative Phone No   | OTHERS-98206737                                   |
| Vehicle Particulars  |   |
| Manufacturer   | NISSAN  |
| Model  | SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR                  |
| Exact Purpose for which vehicle was being used at<br>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  | 2100278127-07                                     |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | GORDON LIM SOON LOKE                              |
| NRIC No  | S1421837H   |
| Date Of Birth  | 26/11/1960  |
| Occupation   | OUTDOOR   |
| Date Of Driving Pass   | 19/06/1984  |
| Driving Experience   | 34 YEARS AND 4 MONTHS                             |
| Gender   | MALE  |
| Mobile Number  | (LOCAL) +65-98206737                              |
| Fax Number   |   |
|  |   |

OTHERS-98206737

NOEMAIL

**BLK 650 JALAN TENAGA** Address

#04-36 410650

NO

Was driver an employee of the Insured's Company

OTHER - BROTHER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

### Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver)

### **Details of Police Action**

YES Was the accident reported to the police?

If Yes, Please state which Police Station

MARINE PARADE N.P.C Police Station Name

ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: Police Station Address

SINGAPORE

NO

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181118/2094

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

SHD4921A Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

Name

GORDON LIM SOON LOKE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

SLIGHT SJT8236K

YES

Was this injured conveyed to hospital by ambulance?

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

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.:

19/11/2018

| SKETCH PLAN                              | Jalan<br>Kaki B   | Eunos<br>ulcit, Ti<br>Eunos |   | towards<br>t junction<br>in Park. |   |
|--|---|-----------------------------|---|-----------------------------------|---|
|  |   |                             | ß,  | -SJT8236<br>-SHD4921A             |   |
| DESCRIBE CIRCUMSTANCES                   | OF THE ACCIDENT   |                             | 00  | pol(x)                            |   |
|  |   | 0.\                         | ice Re  |                                   |   |
|  | To XI   | 18/3                        | oau   |                                   |   |
|  | Kerel Sola  |                             |   |                                   |   |
| 213                                      |   |                             |   |                                   |   |
|  |   |                             |   |                                   |   |
|  |   |                             |   |                                   |   |
| DECLARATION                              |   |                             |   |                                   |   |
| I/We declare the foregoing parti         | culars are true in every respect.                                       |                             |   | . [9/11/201                       | 8 |
| Policyholder's Signature<br>Date & Time; | Driver's Signature<br>(If driver is not the policyholde<br>Date & Time: | er)                         | Reporting Centre Person<br>Name:<br>NRIC/FIN No.: | onnel's Signature                 |   |





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20181118/2094

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

| Date/Ti<br>18/11/2 | me Report<br>018 22:55   | Made:                     | Vide Report No.: Station D   |                            |
|--------------------|--------------------------|---------------------------|--|----------------------------|
| Informa            | int's Partic             | ulars                     |  | 73                         |
| Name of            | f Informant<br>ON LIM SO |                           | Address:   |                            |
| ID Type<br>NRIC N  | / ID No.:<br>O / S14218  | 37H                       | APT BLK 650 JALAN TENAGA #04-36 SINGAPORE 4 Contact No.: Home/Office: Mahile: 08208727 |                            |
| National<br>SINGAR | ity:<br>ORE CITIZ        | ŒN.                       | Email: Mobile: 98206737  |                            |
| Sex:<br>Male       | Age:<br>57               | Date of Birth: 26/11/1960 | Type of Informant:   |                            |
| Race:<br>Chinese   |                          |                           | Language:<br>English   | Institution / School Name: |
| Occupat<br>SERVIC  | ion:<br>E ENGINEE        | ER .                      | Driving Licence Information:<br>Class: 3   | Date of Evoiru             |

| Type of<br>Accident:   | Injury<br>Others | Drink<br>Drive:                          | Date/Time of Accident:   | Type of Location              |
|--|------------------|--|--|-------------------------------|
| Location: Along Road 1 JALAN EUNC  Jalan Eunos P  Weather: Clear | OS               | Road Surface:                            | 0n near Jalan Eunos Int  | erim Park<br>oad Speed Limit: |
|  | -                |  |  |                               |
| Traffic Flow:<br>One Way<br>Type of Collisi                      |                  | Traffic Control:<br>Traffic Light - Work | Contract of the Contract of th | affic Volume:                 |

| Vehicle No.   | YPO | Make | Model | 01    | State of the state |  |
|---------------|-----|------|-------|-------|--|--|
| 0110 10-1     | Car |      | Model | Color | Condition  | No of Passenge   |
| 01.10 102 171 | Cai |      |       |       | Slightly   | 1  |
| SJT8236K (    | Car |      |       |       | Damaged  | The state of the s |

| Details of Person Involved      |                                       |
|---------------------------------|---------------------------------------|
| Any Pedestrian Involved: No     | · · · · · · · · · · · · · · · · · · · |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA        |
|                                 | ose of redestrial Crossing: NA        |





2 of 3

Report No. T/20181118/2094

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE

Tel No: 1800-4428999

# CONTINUATION OF REPORT

| Driver          |                                  | III OKE   | Barrell All Control | ID No.  | 40                  | S1421837H |
|-----------------|----------------------------------|-----------|---------------------|---------|---------------------|-----------|
| Name            | GORDON LIM SOO                   | N LOKE    |                     | 15 110. |                     |           |
| Related Vehicle | SJT8236K (Car)                   |           | Conta               | ct No.  | 98206737            |           |
|                 |                                  | LICODITAL | 1                   | Class   | of                  | Class: 3  |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL          |           | Drivin              | g       | Date of Expiry: NIL |           |
|                 | 30/44/2049                       |           | Date Dis            | -       |                     | /2018     |
| Date Treatment  | 18/11/2018<br>ited Medical Leave | 03        | Degree o            |         | Sligh               | t-        |

### Brief Details.

On 18/11/2018, at around 1745hrs, I was driving along Jalan Eunos Flyover towards Kaki Bukit, and pulled up at the traffic light near Jalan Eunos Interim Park. I would like to inform there were some other vehicles in front and behind of me at the traffic light when I pulled up at the red light. When I was about to drive off when the front vehicle started moving, I felt an impact from the left side of my vehicle, and my vehicle was still stationary before the collision. After the collision, the other vehicle, SHD4921A, pulled up his vehicle directly in front of my vehicle with about 1 car length's distance away. I also got down from my vehicle to check on the damage and noticed that there were scratches on the left passenger door, and the other vehicle also had scratches on the right side of his vehicle. We both came to an agreement to report the matter to our insurance company, and I did not take down the particulars of the driver. However, when I returned back home, I felt some pain on my neck and my lower back, and some numbness on my left hand and left leg, and went to Mount Alvernia Hospital to seek medical attention and was given 3 days medical certificate.

I would like to inform that I do not have any in-car camera installed in my vehicle, and I do not know the estimated repair cost for my vehicle's damages. I would like to inform that I have yet to inform my insurance company about the accident.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

3 of 3 Report No. T/20181118/2094

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:<br>G /<br>Sgt 2 JEREMY GOH ZEN KIAT   | Signature Of Informant:     |
|--|-----------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 18/11/2018 22:55 |
| Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG-SIEU LUI Contact No.: 65476161 SINGAPORE   | Classification Of Case:     |
| Police Force Polic |                             |

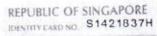
Reported on Alilization

# **ACCIDENT STATEMENT**

| ACC              | IDENT DATE: ( 18, 11, 2008) (DI  | D/MM/YYYY), TIME:(17:45)(HH:MM)  |         |
|------------------|--|--|---------|
| LOCA             | ATION: JLN EUNOS FL  | yover towards Kaki Bukit, Tra  | PRIZ 18 |
| 0                |  | June near Ehm  |         |
| 1.               | DETAILS OF VEHICLE   | T8236K Interim Pay   |         |
|                  | a) VEHICLE NUMBER: 50  | 10-10 F Anderim Lan  | 1.      |
|                  | b)INSURANCE COMPANY:   |  |         |
|                  | c)POLICY NUMBER:   |  |         |
|                  | d)POLICY TYPE: (COMPREHENSIVE  | / THIRD PARTY / THIRD PARTY FIRE &THEFT)   |         |
|                  | e)MAKE & MODEL:  |  |         |
|                  | f)TYPE:(SALOON / COUPE / MPV /   | AN / LORRY / MOTORCYCLE / OTHERS)  |         |
|                  | g) VEHICLE CATEGORY: (PRIVATE /  | COMMERCIAL / MOTORCYCLE)   |         |
|                  | h) PURPOSE OF USING AT ACCIDEN   |  |         |
|                  | i) ARE YOU CLAIMING UNDER YOU  |  |         |
|                  | IF NO. PLEASE STATE (THIRD PARTY   |  |         |
| 2.               | INSURED / POLICY HOLDER  |  |         |
|                  | A)NAME:  | (MALE / FEMALE)  |         |
|                  | b)NRIC/FIN/PASSPORT:   | CONTACT:   |         |
|                  | c)ADDRESS:   |  |         |
|                  |  |  |         |
| - S-             | * CONTINUE TO 3.d IF DRIVER ALSO   | POLICY HOLDER  |         |
| c of persongs    | DRIVER   |  |         |
| iduding driver)  | a)NAME:  | (MALE / FEMALE)  |         |
|                  | b)NRIC/FIN/PASSPORT:   |  |         |
| (T)              | c)ADDRESS:   | 7.0  |         |
|                  |  |  |         |
|                  | *d)DATE OF BIRTH: (//  | (DD/MM/YYYY)   |         |
|                  | eloccupation: (INDOOR / OUTD)  |  | OWNE    |
|                  | f) YEARS OF DRIVING EXPRERIENCE;   |  | Chorac  |
| 4.               |  | HE INSURED'S COMPANY? (YES / NO) ( )   | tlev    |
| _                | IF NO, RELATIONSHIP OF THE DE  | CIVER WITH INSURED:  |         |
| 5.               | a) WEATHER CONDITION: (CLEAR / I   | Control of the Contro |         |
| 2.5              | bIROAD SURFACE: (DRY / WET / OT  |  |         |
|                  | WAS ANYBODY INJURED (YES / NO)   | Slight   |         |
| 7.               | a) REPORTED TO POLICE (YES / NO)   | <i>y</i>   |         |
|                  | IF YES, PLEASE STATE WHICH POLICE  | E STATION:   |         |
| 8.               | a) VEHICLE NUMBER: SHD   | 4921A  |         |
|                  |  | MODEL:   |         |
| clusting driver) | b) DRIVER'S NAME:  |  |         |
| . (              | c) NRIC/FIN/PASSPORT:  | CONTACT:   |         |
|                  | THIRD PARTY VEHICLE  |  | (4)     |
| o ef passenger   | d) VEHICLE NUMBER:   |  |         |
|                  | e) DRIVER'S NAME:  |  |         |
| dual or district | A THE RESIDENCE OF THE PROPERTY OF THE PROPERT |  |         |
| duding divive)   | f) NRIC/FIN/PASSPORT:  | CONTACT:   |         |

email = admin@mycor.sg

VIDEO =





GORDON LIM SOON LOKE

林顺陆

CHINESE

26-11-1960 M

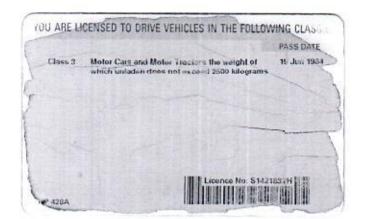
SINGAPORE



APT BLK 650 JALAN TENAGA #04-38 SINGAPORE 410650 NRIG Not S1421837H Date: 18-0

Date: 18-09-2003 No. 4792463







# CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

S1658153D

Name of Policyholder

: Lim Soon Siew

Period of Insurance

: 01 Nov 2018 To 31 Oct 2019

Engine No.

: HR15239489B

Chassis No.

: JN1BAAG11Z0110372

Vehicle No.

: SJT8236K : 2100278127-07

Policy No.

Endorsement No.

**Issued Date** 

: 21 Oct 2018

### ABOUT THE COVER

Make/Model

NISSAN SYLPHY 1.5

Engine Capacity/Tonnage : 1,498.00 CC NA Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2009

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

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 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 tuttion, driving test, racing, pace-making, resability that 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

\* Lentations rendered imperative 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 imposed under these headings

#### EXCESS

Fire - \$0 Own Damage - 50. Theft - 50 Floud Cover - \$0

Continued (Investor 5)

year and control of the

Named Driver and Excess where acceptable

Lim Soon Siew

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

Approved Reporting Centres/ AIG Authorised Repaires (For claims related repairs)
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repaires. 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 hottine at +85 6338 6200. Alternatively, You may refer to AIG website 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: NA

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

0126004000

CHENG KIM HONG SHIRLEY

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 SP-RICHARDCHIA-AGNESWOON

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE