

# NATIONAL Assessment Centre Services. [ver 1 Jan'03]

Date In: 28/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/11418021502/13	SAS e-filing		
Veh No: SLB1616P	E-mtl (within 3hrs, AIC 2hrs)		
DOA: 27/11/18 1645	I-Motor Claim Form		
OD: (11) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

IP Particulars: Veh No: JSU5097 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: (INC Hotline: 6788 6616) Date & Time Completed: Done by:

( ) Apply for Transport Allowance ( ) / Courtesy Car ( )

( ) QC Check / Post Repair Inspection ( )

( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time: Actions:

Invoice/Preparation Checklist	Am (\$)	Am (\$)
Ref Bill		Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2003)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD*		
*N5: Courtesy Car / Tpl 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	



## 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	28/11/2018 15:36
Date Of Accident	27/11/2018 16:45
Exact Location Of Accident	QUEENSWAY TWDS PORTSDOWN AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1616P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIONH LAY KHIM
NRIC No	S1407935A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97461139
Alternative Phone No	OTHERS-97461139

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA250
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100455350-02
Cover Note Number	

### Driver

Name of Driver	SOH THYE KIAT,TERENCE
NRIC No	S8828433Z
Date Of Birth	11/08/1988
Occupation	INDOOR
Date Of Driving Pass	12/05/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97461139
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	16 JALAN SIMPANG BEDOK
Postcode	488162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	JSU5097
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	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number                      SGV151Z  
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    SOH THYE KIAT,TERENCE  
Approximate Age  
Injuries Sustain                                      SORENESS ON THE BACK & NECK  
Injured person in which vehicle?              SLB1616P  
Were seat belts worn?                              YES  
Was this injured conveyed to hospital by  
ambulance?    NO  
Address  
Postcode



**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

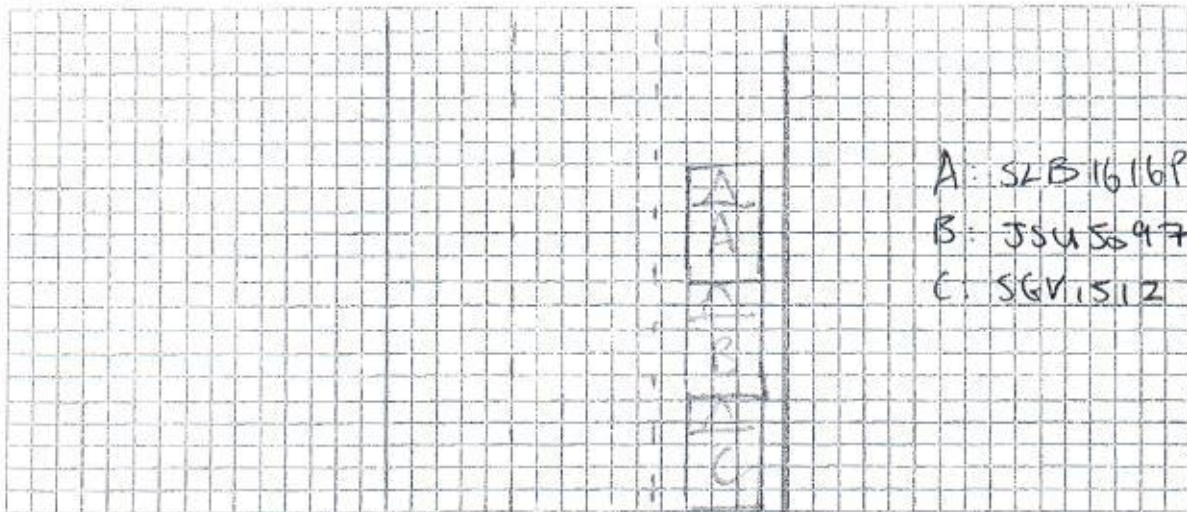
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

QUEENSWAY TOWARDS PORTSDOWN AVE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Queensway towards Portstown Ave on the first lane. As my vehicle was completely stationary waiting to U-Turn, All of a sudden I felt an huge impact from my vehicle rear portion. Total 3 cars involved.

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:

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





**SINGAPORE  
POLICE FORCE**



T/20181127/2123

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20181127/2123

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/11/2018 21:14		Vide Report No. D/20181127/0095		Station Diary No. 47	
<b>Informant's Particulars</b>					
Name of Informant: SOH THYE KIAT, TERENCE			Address: 16 JALAN SIMPANG BEDOK SINGAPORE 488162		
ID Type / ID No.: NRIC NO / S8828433Z			Contact No.: Home/Office: Mobile: 97461139		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 11/08/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Advertising salesman			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 27/11/2018 16:55	Type of Location: Straight Road
Location: QUEENSWAY Near Queenway Secondary School, Main Road Junction.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
JSU5097	Lorry					0
SGV151Z	Car					0
SLB1616P	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20181127/2123

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20181127/2123

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SOH THYE KIAT, TERENCE		ID No. S8828433Z
Related Vehicle	SLB1616P (Car)		Contact No. 97461139
Hospital/Clinic	UBI FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	27/11/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

On the 27/11/2018, at about 4.55pm, I was driving my car bearing registration plate number SLB1616P. I was at the junction along Queensway, just outside of Queenstown Secondary School. The traffic lights was red and my car was in a stationary position. There was a Malaysian truck bearing registration plate number JSU5097 stationary behind me.

A car bearing registration plate number SGV151Z came from behind and did not stop in time, causing a chain collision, the truck inched forward due to the impact and collided with my car's rear bumper. Police attended to scene subsequently. There were dent and scratches at the bumper of my car. I later went to Ubi Family Clinic & Surgery as I felt soreness on the back of my neck and body. I was given 4 day outpatient medical leave.





SINGAPORE  
POLICE FORCE



T/20181127/2123

3 of 3

Police Station Of Origin:

Kampong Ubi NPP

9 Eunos Crescent #01-2687 SINGAPORE

400009

Tel No: 1800-7479999

Report No: T/20181127/2123

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:

G /

Sgt 2 TAN CHUAN SIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Signature Of Informant:

Date/Time:

27/11/2018 21:14

Classification Of Case:

Authentication Stamp

NP168

submit this form to the individual insurance authorised reporting centre.

Report correctly on the details of the accident to speed up the claim process.

A form must be filled up by the policy holder and/or authorised driver.

Information provided must be as fruitful 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 traffic police department for investigation.

#### ACCIDENT DETAILS

Date of accident	27/11/18	(DD/MM/YY)
Time of accident	1645	(HH:MM)
Location of accident	Queensway towards Portdown Ave	

#### DETAILS OF VEHICLE

Vehicle registration number	SLB 1616P		
Vehicle make and model	Mercedes CLASO		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Vehicle of use at said time			
Are you claiming under your insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>		

#### INSURANCE INFORMATION

Insurance company	AIG		
Policy number	2100455350-02		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

#### INSURED / POLICY HOLDER

Name	Chionh Lay Khim	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
C / Fin / Passport number	S1407935A	
Address	708 upper Changi Road East S(486838)	

#### DRIVER

#### SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Soh Thye Kiat, Terence	Male <input type="checkbox"/> Female <input type="checkbox"/>
C / Fin / Passport number	S88284332	
Contact	97461139	
Address	16 Jalan Simpang Bedok S(488162)	
Email address	Terencestlc@gmail.com	
Date of birth	11/08/1988	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Valid date pass	12/05/2007	



Was driver an employee of of a insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	1 (inclusive of driver)

PASSENGER 1	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION	
Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION	
Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

B

THIRD PARTY VEHICLE 2	
Vehicle registration number	SGY1512
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

C

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	



INJURED PERSON 1	
Name	Soh Thye Kiat, Terence
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 8 2 8 4 3 3 Z**

Name:

**SOH THYE KIAT, TERENCE**

Birth Date: **11 Aug 1988**

Issue Date: **12 May 2007**





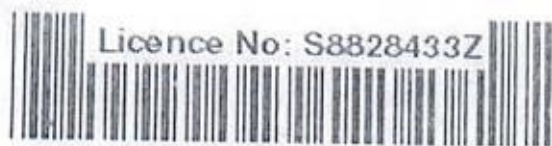
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

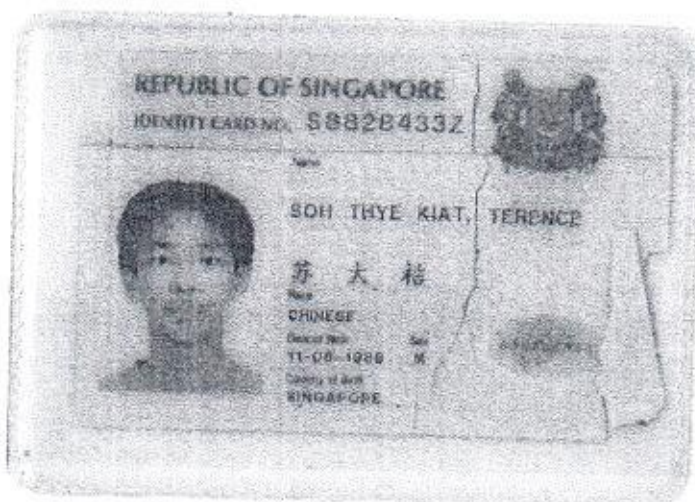
PASS DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 12 May 2007



NP 428A







# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policyholder : Chionh Lay Khim  
Insurance : 17 Mar 2018 To 16 Mar 2019  
No. : 27092030914135  
No. : WDD1173502N341100

Vehicle No. : SLB1616P  
Policy No. : 2100455350-02  
Endorsement No. :  
Issued Date : 12 Feb 2018

### THE COVER

Model : MERCEDES Benz CLA250 Coupe Sport  
Capacity/Tonnage : 1,991.00 CC  
Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2016  
Insuring with COE/PARF : Yes

#### or Classes of Persons Entitled to Drive\*

Policyholder  
or person who is driving on the Policyholder's order or with his/her permission.  
I will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.  
To pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDRE") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 years driving experience.

Condition : All Age Condition

#### on as to use\*

is 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 any other use for any purpose in connection with Motor Trade.

Up to 2000cc

is rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 185) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be taken into account.

### IS

Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Damage - \$0

on : \$100

Driver and Excess (where applicable)

y Khim - \$800 (Own Damage)

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

Advice Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 406650 67412338  
Body Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 118 Pandan Loop Singapore 120378 67728363  
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  
Apple App: Simply search and download "AIG SG" from iTunes or Google Play

### IMPORTANT NOTES

Finance Company/Employer's Loan: DBS BANK LTD

Policy 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. 185), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

RIAGE - DK

RA ROAD

69930

y AIG Asia Pacific Insurance Pte. Ltd.

807-10 AIG Building 8079120 | T +65 6419 3000 | F +65 6419 3723 | www.aig.com.sg

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