| Date In: 24)11 18-18 17 | | Date &Time Completed | Done by | | | |
|---|--|--|--|--|--|--|
| | Job description | Date to time estudiates | | | | |
| Ref No: NAJAIL 180215 77 /24 | SAS e-filing | | | | | |
| Veli No: JUN83697 | E-mail (within Shrs, AIC 2hrs) | | • | | | |
| D.O.A: 24/11/18 -14:35 | i-Motor Claim Form | | | | | |
| | i-Motor W/O (Within: OD 2h | rs, TP 4hrs) | | | | |
| OD TP Reporting Only | i-Photo Uploaded | | | | | |
| | Assessment/Survey Report | | | | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: Fa | x: | | | |
| TP Particulars: Veh Nouse 6820 | i INC (|)/Non-INC() | | | | |
| Owner / Driver: (| | Tel: |) | | | |
| Policy No: () Period | d: () | Cover Type: (|) | | | |
| Confirmed by : (| Date: | Time: |) | | | |
| Insured/Driver Liability: (%) [Not | te-Est. Status (WO): N: 0- | 20%; P: 21-79%. P: 80-10 | 00%] | | | |
| Year of Registration: () Wa | rranty: YES () / NO (|) | | | | |
| Excess: (\$) Loading: \$1,000 | ()/\$2,000() | A 100 (100 (100 (100 (100 (100 (100 (100 | 93. No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | | | |
| General Remarks: | Character of the Control of the Cont | | Com Service Land | | | |
| () Walk-In Customer: Customer's information | | Strictly NO refer of repairer. | | | | |
| () Total Loss Case : to e-mail Insurer l | | | | | | |
| Drive-In ()/ Towed-In (); Invoice: Y | YES () / NO (); | Towing Co: (| | | | |
| Remarks:- (INC hotline: 6788 6616) | | Date&Time Completed | Done by | | | |
| 1) Apply for Transport Allowance ()/ Cou | | | | | | |
| 2) QC Check / Post Repair Inspection | () | | | | | |
| | | The same of the sa | | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 00] () | | 10 | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$300 | 00] () | 1 | | | | |
| Upload Resurvey Photo [Repair Cost > \$300 Injury: | 00] () | | 42. E. T. C. | | | |
| | 00] () | | | | | |
| Injury: | | | | | | |
| Injury: | | | | | | |
| Injury: | | | 35850 D 37 | | | |
| Injury: | | | | | | |
| Injury: | | | Ant (5) Amt (| | | |
| Injury: Date/Time Actions | 1 Inveice P | reparation Checklist. | | | | |
| Injury: Date/Time Actions NAI802793 | Inveice P | reparation Checklist. ent Reporting (\$30); ige Assessment (\$100); INC (\$8 | Ant (S) Amt (S) Add Bi | | | |
| Injury: Date/Time Actions NAI807793 Jaimant's Particulars:- | Invoice P 1) AR: Accid 2) DA: Dama 3) TF: Towin | reparation Checklist. ent Reporting (\$30); ige Assessment (\$100); INC (\$80); ig Fee \$40 | Ant'(5) Amt (3) | | | |
| Injury: Date/Time Actions NAI802793 Claimant's Particulars:- Driver/Owner: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Town 4) FT: Follow | ent Reporting (\$30); see Assessment (\$100); INC (\$30); see Fee \$40 v-Through Survey | Ant (5) Amt (3) fst Bill Add Bi 80) 0/\$45 \$120 \$30 | | | |
| NAISO2793 Claimant's Particulars:- Driver/Owner: Contact No: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin | reparation Checklist ent Reporting (\$30); ige Assessment (\$100); INC (\$6 ig Fee \$40 v-Through Survey v-Through Survey (Resurvey) ig against INC Only (wef 10 Jan 200) | Ant (5) Amt (3) fst Bill Add Bi 80) 0/\$45 \$120 \$30 | | | |
| NAISO2793 Claimant's Particulars:- Driver/Owner: Contact No: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ia 7) N1: Idae I | reparation Checklist ent Reporting (\$30); ige Assessment (\$100); INC (\$6 ig Fee \$40 v-Through Survey v-Through Survey (Resurvey) ige against INC Only (wef 10 Jan 200) spection DA + SMRT Survey | Ant (5) Amt (3) St Bill Add Bi St Bill St Bi | | | |
| NAISO2793 Claimant's Particulars:- Driver/Owner: Contact No: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Town 4) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad | reparation Checklist ent Reporting (\$30); ige Assessment (\$100); INC (\$6 ig Fee \$40 v-Through Survey v-Through Survey (Resurvey) ige against INC Only (wef 10 Jan 200) spection | Ant (5) Amt (3) (5) Bill Add Bill (30) (5) \$30 (5) \$75 | | | |
| NAIROTTON Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad QD.* *N5: Cour | reparation Checklist lent Reporting (\$30); lege Assessment (\$100); INC (\$100); lege Fee \$40 w-Through Survey w-Through Survey (Resurvey) lege against INC Only (wef 10 Jan 200) spection OA + SMRT Survey ditional Services:- | Anit (5) Amit (3) (5) Bill Add Bi 80) 0/\$45 \$120 \$30 \$5) \$75 \$160 | | | |
| Injury: Date/Time Actions NAISO2793 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: C. Checked by (Engr-In-Charge): | Invoice P 1) AR: Accid 2) DA: Darns 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Ad OD!* *N5: Cour *N6: Repe *N7: Fost | reparation Checklist lent Reporting (\$30); lge Assessment (\$100); INC (\$60); lge Fee \$40 v-Through Survey v-Through Survey (Resurvey) lge against INC Only (wef 10 Jan 200) spection DA + SMRT Survey ditional Services: lesy Car / Tpt Allowance it Co-ordination Repair Inspection | Ant (5) Amt (3) (5) Bill Add Bi 80) 0/\$45 \$120 \$30 5) \$75 \$160 | | | |
| NAIROTTON Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ia 7) N1: Idae I 8) NTUC Ad OD* *N5: Cour *N6: Repe *N7: Fost *N8: DV / | reparation Checklist ent Reporting (\$30); Ige Assessment (\$100); INC (\$60); Ige Fee \$40 v-Through Survey v-Through Survey (Resurvey) Ige against INC Only (wef 10 Jan 200); spection DA + SMRT Survey ditional Services: lesy Car / Tpt Allowance it Co-ordination Repair Inspection Collect Excess Coordination | Anit (5) Amit (3) (5) Amit (3) (6) Amit (3) (6) Amit (3) (7) Amit (4) (8) Amit (5) (8) Amit (5) (8) Amit (5) (9) Amit (4) (9) Amit (4 | | | |
| NAIROTTAN Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: C. Checked by (Engr-In-Charge): | Invoice P 1) AR: Accid 2) DA: Dame 3) TF: Towin 4) FT: Follow For claimin 6) TR: Re-ia 7) N1: Idae I 8) NTUC Ad OD* *N5: Cour *N6: Repe *N7: Fost *N8: DV / | reparation Checklist lent Reporting (\$30); lege Assessment (\$100); INC (\$100); lege Fee \$40 w-Through Survey (Resurvey) lege against INC Only (wef 10 Jan 200); spection OA + SMRT Survey ditional Services: less Car / Tpt Allowance it Co-ordination Repair Inspection Collect Excess Coordination TP (Non INC) against INC | Ant (5) Amt (3) (6) Bill Add Bill S120 (530 (5) (575 (516) (525 (510) (525 (520) (530) (525 (520) (530 | | | |

1 1 per 1 1 1 1 1 1 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

的自然是

- 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

| W.A | C | CI | D | Ξ | M | S | TΑ | T. | Ш | Ξ | VΤ |
|-----|---|----|---|---|---|---|----|----|---|---|----|
| | | | | | | | | | | | |

 Date Of Report
 29/11/2018 18:17

 Date Of Accident
 29/11/2018 12:35

 Exact Location Of Accident
 UPP THOMSON RD

 Country/State of Loss
 SINGAPORE

DETAILS OF OWN VEHICLE

SLN8369T

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner LIM WAN LING
NRIC No S6928299G
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-91382046

 Alternative Phone No
 OFFICE-91382046

Vehicle Particulars

Manufacturer KIA

Model FORTE K3 1.6A

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?

If No, Please state action to be taken

Vehicle Category

THIRD PARTY

PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Floet Policy NO:

Policy Number 1700004152-01

Cover Note Number

Driver

Name of Driver CHAN SHAO YANG

 NRIC No
 S9721598G

 Date Of Birth
 25/06/1997

 Occupation
 INDOOR

 Date Of Driving Pass
 05/02/2016

Driving Experience 2 YEARS AND 9 MONTHS

Gender MALI

Mobile Number (LOCAL) +65-97507052

Fax Number

Contact Number OFFICE-97507052

EMail Address NOEMAIL

BLK 129 MARSILING RISE Address

#10-302

Postcode 730129

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 Weather Conditions

CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

5

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME: GENDER:

: FEMALE

Passenger 4

NAME:

. 2

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SLF6820L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Page 2 of 15

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IIVIPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to 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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

| | | DOM: 29/11/18 |
|---------------|----|--------------------------|
| Upper Thomson | BA | A: SLN 8369 |
| 20 | | B: SLF 6820L |
| | | (com a color a problem a |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I | vas di | ving or | long upper | Thomson | Rd , sudd | enly veh |
|----------|--------|---------|------------|---------|------------|----------------------|
| В | opened | his | driver's | door | d collided | onto |
| My | veh | At 1 | M purton | | | - 15. 16. |
| 2000 477 | | | | | | ar area and a second |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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/FIN No.:

| Y | | |
|--|-----------------------------------|--|
| Personal Particulars | | |
| Date of Accident: 39 11 18 | Time of Accident: | 1235 ha |
| Exact Location of Accident: | Upp Thomson | Rd |
| Owner's Name: Lim Wan | Ling NRIC No: | 56928299 CHP No: 9138 204 |
| Driver's Name: Chan Shao | Yong NRICNO: | 3972119861HPNO: 9756701 |
| Date of Birth: 25 6 1997 Driving Licence | | |
| Address: BIK 129 Marsily | 19 RISE # 10-302 | (730129) |
| Relationship of Driver with Insured: Son | Email Address: | |
| Vehicle No: 3LN 8369T | 4 | 16 |
| Insurance Co: AIG | _ Coverage: _ Comprehensiv | Policy No: |
| *Purpose of Reporting? Own Dar | mage Claim / 3rd Party Claim / | Not Claiming, Just Reporting Only |
| *Exact Purpose of The Vehicle Was | POR AS TOTAL PROPERTY AND APPLACE | no appeared to the second and second and |
| | | |
| *Weather Condition? | | |
| * Any passenger inside vehicle invo | | |
| A: 1 + 4 B. | 1+0 c: | D: |
| *Was Anybody Injured ? (Yes / No) | | |
| Name / NRIC / In Vehicle: | 0 00 00 | |
| *Was The Accident Reported To Th | ne Police ? | |
| O No O Yes, Which Police Station? | | |
| *Does the Driver Own Any Other \ | | |
| No O Yes, Vehicle Registration No: | | |
| *Was any foreign vehicle involved | | |
| APPENDED TO SEE THE SECOND SEC | -50 1035 HOUSE HOUSE | No & Category: |
| *Was there any video captured by | Car Camera? (Yes/No) | |
| Third Party Driver's Particulars | | |
| Vehicle B No: SLF 68 20L | Make & Wodel: | |
| Driver's Name: | NRIC No: | HP No: |
| Vehicle C No: | Make & Model: | |
| Driver's Name: | NRIC No. | : HP No: |
| Witness Particulars | 25 | |
| Name: | NRIC No | : HP No: |

.

× 9



NRIC No

S9721598G

This cord is the property of the Strapston Armed Function Any greates (any Papical Station). This cord is the property of the Strapston Calvins Mangeners Space or any Papical Station.

REPUBLIC OF SINGAPORE DRIVING LIC Monte Number S 9 7 2 1 5 9 8 C CHAN SHAO YANG Issue Dive: 05 Feb 2016 Brit Day: 25 Jun 1997 002535713H

90000059294148

GBANLTOSGPUIOS4S1980114

8 E

Miltary Rans Status

25/06/1997 Service Status CHINESE Date Of Birth

A (+) Country Of Birth SINGAPORE ENLISTEE

Blood Group

S9721598G/ PINK MRIC No/Colour

A0055

#10-302 SINGAPORE 730129 **BIK 129 MARSILING RISE**

YOU ARE LICENSED TO DRIVE YEHICLES IN THE FOLLOWING CLASSII

Class 3

Motor cars with unladen weight =< 3000kg with £< 7 05 Feb 2010 vehicles with unladen weight =< 2500kg

NP 428A



RENEWAL NOTICE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 1700004152-01 V1

Vehicle Registration No. : SLN8369T

Next Period of Insurance : 19 May 2018 to 18 May 2019

Date : 21 Mar 2018

Scan this QR code to renew

sample online or visit

www.aig.com.sg/renew-auto

RENEWAL PREMIUM

After 5,00% Safe Driver Discount & 50% No Claim Discount

Please pay (incl. GST): \$1,151.59

Renew online at www.aig.com.sg/renew-auto

ABOUT THE COVER

129 MARSILING RISE SINGAPORE 730129

Sum Insured Market Value

Insuring with COE/PARF Yes Off Peak Car: No

Driver Restriction Age Condition : All Age Condition

Key Benefits

LIM WAN LING

Act of God, PA to Authorised Driver / Unnamed Passengers- \$10000. Dealer + AIG Authorised Workshops, Loss of Use 1500cc - 1600cc, NCD Protector, New For Old (36 months), Fixture and Accessories Cosmetic)- \$5000, Solar Film- \$1150, PA Insured- \$100000, Strike, Riots and Civil Commotions

EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

LIM WAN LING - \$600 (Own Damage)

CHANGES TO POLICY

Please refer to your existing policy documents for full terms and conditions which will be unchanged unless otherwise stated.

IMPORTANT NOTICE

- If a year outly to disclose in this Remewal Notice, fully and faithfully, all the facts which you know or ought to know in respect of this proposed insurance and to ensure that all information provided to ACI Ana Fields insurance Pile. Ltd. (ACI) is accurate and updated. Information that you should disclose to AIO would relate to the vehicle and to you or your authorised driver(s). Examples of such information include a change in coopation or nature of business, a change in claim experience, revocation/suspension of driver locence! traffic related convictions, physical impairment(s) or freedom in the Vehicle or a change in the usage of the Vehicle. These information could result in additional premium being payable by you and different times and conditions being applied to your policy. If such information is not disclosed to AIC, your policy may be void and you may not receive any benefits under the policy.
- All modifications made to the Vehicle must also be declared to AiG and is subject to AiG's acceptance. If accepted, additional terms and conditions may apply. If you fail to disclose such conficulties in AiG, your policy may be visit and you may not receive any benefits under the policy.
- In according the policy Excess, Young, and/or inexpenenced Driver Excess (YIDR) of \$3000 (before GST) will apply to you or your authorized driver who is below the age of 23 (in the case of All Applicable to (i) Named Driver policies and (ii) any other policies which expressly exclude the YIDR Excess is not applicable to (ii) Named Driver policies and (iii) any other policies which expressly exclude the YIDR. £4cess
- 4. If your policy is subject to Driver's Age Condition, we will indemnify you or any authorised driver neity if he/she meets the specified age condition. Please refer to the policy terms and conditions.
- If any account occurs any time during this renewal notice and the expiry of your current policy resulting in a claim or if AIG increases its claims reserve on an existing claim on or before the expiry of your current policy, the renewal terms quoted on this notice may be revised or AIG may choose to withdraw this renewal offer.
- 6 If you have the NCO Protector benefit, please note that the NCO protected under this benefit is not transferrable to any other insurer and an offer to renew your policy is not guaranteed
- If you have a comprehensive policy, windscreen cover will be automatically reinstated after each windscreen claim at no additional premium. Excess applies unless otherwise stated in the policy
- If your pricty is a private car policy, all third party liability incurred by your authorised driver will be settled by AIG, if payable, even if your authorised driver owns a vehicle insured by another
- To accid meditar late payment penalty, your renewal and payment instructions must reach AiG at least 14 working days prior to expiry of your current policy. Please do not send the original road tax disc via mail as AIG will not be responsible for the loss of the road tax disc or delay in the road tax renewal
- 10. Please tie reminded that driving or permitting someone to drive an uninsured vehicle may result in suspension of driver's license, fine and/or imprise
- 11. This Policy is professed under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from your For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact AIG Asia Partic Insurance Pte. Ltd. or visit the AIG, GIA or SDIC web-ales (www.aig.com.ag or www.gia.org.ag or www.aic.org.ag)