## **Premium Automobiles**

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #07-16 AIG Building Singapore 079120 Attn: Motor Claims Dept

Yr Ref: CC3/AIG19000825/eb3

Norah Khai 6768 9911 6841 1183 Nora.khai@premiumauto.com.sg Body & Paint Dept PA/TP/0061/2018/MAS

30 Apr 2019

from

Telephone +65-Telefax +65-

**EMail** 

Our department Our Ref

Your Ref

Date

Dear Sir,

RE: INSURANCE CLAIM FOR SMG 2415 H, Audi A3 Sedan 1.4 TFSI Cod

With reference to the above-mentioned vehicle, no. SMG 2415 H, claimant, Mr. Goh Yeow Hua, please find the related document as per attached.

- A copy of the Original invoice no. 85013719 S\$3,348.24
- 2. A copy of Authorization to Act duly signed by client
- 3. A copy of the Release Voucher attached
- 4. A copy of Breakdown of Payment attached
- Rental bill S\$300.00 (S\$100.00 x 3 working days)
- 6. Medical bill Goh Yeow Hua \$79.50
- 7. Medical bill Au Mei Shum S\$541.05
- 8. GIA Search Fee S\$2.00

Based on the above document, we would appreciate you could expedite the payment soonest possible.

If you require any further clarification, please do not hesitate to contact me at 6768 9911.

Regards

This is a computer-generated document. No signature is required.

Norah Khai Claims Dept

Encls

AIG - SMG 2415 H

total pages

Premium Automobiles Pte Li Showroom 9 Leng Kee Road Singapore 159090 Telephone (65) 6566 1111 Telefax (65) 6471 3733

Service & Parts Centres 55 Ubi Rd 1 Singapore 408699 Telephone (65) 6336 2323 Telefax (65) 684 11183

## Premium Automobiles Pte Ltd

Audi Centre Singapore Main Telephone 5836 2223 Main Telefax 1 6471 1731 Page 1 18:04

MOTOR CLAIM DEPT

AIG BUILDING

#07-16

78 SHENTON WAY

Alexandra Service Centre 281 Alexandra Road

Singapore 159938 Telefax 6475 1023 Ubi Service Centre

INS 55 Up Road 1

9828 1233

Company Reg: No: 199902271W Frank GST Reg. No. 199902271W

customer.care@premiumauto.com.sg

Invoice: 85013719

Date : 26/04/2019

Order : SMG2415H

Account: A0006 (T AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR CLAIM DEPT

AIG BUILDING

78 SHENTON WAY

#07-16

Term : 30

SINGAPORE 079120

SINGAPORE 079120 079120

Regn No.: SMG2415H (V 40230)

Regn Date: 12/12/2018

Mileage: 1608

WIP No.: 39309

Model: A3 SEDAN 1.4 TFSI COD 8VMACS

AIG ASIA PACIFIC INSURANCE PTE LTD

Chassis: WAUZZZ8VXK1007520

Engine: CZE 846719

Dept: U

VSB No.:

You have been assisted by :- UB-Jiayee

(11)

		Details		Qty	Unit Price	Amount
S	BODYWORK	M: TO REMOVE AND REINSTALL REAR PARKING CHECK FUNCTION	WG AID.	280.00	1.00	280.00
S	BODYWORK	M: TO DISMANTLE AND RENEW REAR BUMPER. CRASH MANAGEMENT COMPONENTS. REINSTA PARTS REMOVED		500.00	1.00	500.00
S	BODYWORK	M: TO RESPRAY REAR BUMPER		550.00	1.00	550.00
S	BODYWORK	M: TO CARRY OUT DIAGNOSTIC CHECK		192.00	1.00	192,00
X	A8V5807521N 989	(SK) SPOILER	Less 020%	1.00	216.00	172.88
X	A8V5807067G GRU	COVER	Less 020%	1.00	1793.00	1,434.48
	rts 1,607.20				Sub-Total	3, 129. 20
Sub	olet 1,522.00		REMIUM 4		7% GST	219,04
	ant 0.00			50	Grand Total	3,348.24

Received by

For & on behalf of Premium Automobiles Pte Ltd

# AUTHORISATION TO ACT (AIG Express Third Party Claim)

W. Sa	9500	VIVE - 37		901	TWO SERVE	014	Tuck

I, Goh Yeow Hua	(the third party claimant) of BIK 894 Upper Bukit Timah
load #05-25 (3) 678188	(address), owner of SMG 2415H (vehicle no.)
hereby authorize Premium Automobiles	Pte 11d ("the workshop") to act for me
57.6 37.5	rsuant to the accident which occurred on 12/01/2019
(date) along PIE before Adam Or &	(location) involving vehicle no/s
SKX 3455 P ("the accident").	

I further authorize the workshop to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle/s is concerned.

Dated this 24 (day) of 01 (month) 2019 (year)

Signed by "the third party claimant"

(with chop if applicable)

Signed by "the workshop" (with chop)

## RELEASE VOUCHER (AIG Express Third Party Claim)

"Wer, Goh Year Hug	("the workshop") hereby confirm that we/
have reached an agreement with the appointed	surveyor of AlG Asia Pacific Insurance Pte Ltd LKF
	of surveyor) with respect to the amount claimed fo
	f rental/use), S\$ (Disbursement), for vehicle no
	he accident which occurred on 140/2019 (date) along
	(location) involving vehicle no/s SKX 3355D. This is
pursuant to the inspection conducted on	
We/I confirm that we/I are/am authorized by the	he owner Goh Yeow Hug.
("the third party claimant") of vehicle no. SMG	MAISH make the claim as set out in the above paragraph
and we/I have full authority to settle the matter	on his/her behalf in a manner that we/I deem fit. We/I
enclose herein the letter of authority given by "the	third party claimant".
We/I further confirm that we/I will indemnify Ale	G Asia Pacific Insurance Pte Ltd for all damages, loss
and/or expense that they will or have already incu	arred in the event that "the third party claimant" after the
above said agreement lodges a further claim a	gainst the former for any loss and expenses suffered
	or loss of use pursuant to the damage to SKX 3755D
(vehicle no.) as a result of the accident,	
	s in full and final settlement of any claim of "the third
party claimant" pursuant to the accident and that	further this settlement is reached on a without prejudice
and without admission of liability basis.	
This agreement is subject to the application of Si	ingapore law and the Singapore Courts have exclusive
jurisdiction over any dispute arising out of the same	
Dated this 24 (day) of 01 (mo	onth) 2014 (year)
	Carle Community
	SOMOTU
Signed by appointed surveyor	Signed by "the workshop" (with chop)

## BREAKDOWN OF PAYMENT

Vehicle No: SMG	24ISH	
Accident on 12/0	1/2019	at PIE before Adam or exit.
Involving vehicle/s	5KX3755p	
1) Repair cost	\$ 3,348.24	Payable to: <u>Premium Automobiles Pte Ltd</u>
2) GIA/LTA-search fee	\$ 2.00	Payable to: <u>Premium Automobiles Pte Ltd</u>
3) Loss of Use or Rental Car	\$ 300.00	Payable to: GOH YEOW HUA
4) Medical fees	5 79.40	Payable to: 604 YEOW HUA
Medical fees 5) Others	\$ 541.05	Payable to: AU MEI SHUM

Your Ref: CC3/AIG19000825/eb3

## **Authorization letter**

PA/TP/0061/2019/TF

24 January 2019

Mr. Goh Yeow Hua 894 Upper Bukit Timah Road #05-25 Singapore 678188

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #07-16 AIG Building Singapore 079120 Attn: Motor Claims Dept

Dear Sir/ Mdm.

## ACCIDENT INVOLVING VEHICLES SMG2415H/ SKX3755D AT PIE BEFORE ADAM DR EXIT ON 12 JANUARY 2019.

I am the owner of SMG2415H, Goh Yeow Hua.

I confirmed that I will be claiming for Medical Bill and hereby authorized your esteemed company to settle the Medical Bill directly with Premium Automobiles Pte Ltd.

Your kind attention will be greatly appreciated.

Yours faithfully,

Mr. Goh Yeow Hua

Copy to Norah Khai, Premium Automobiles Pte Ltd

Your Ref: CC3/AIG19000825/eb3

### **Authorization** letter

PA/TP/0061/2019/TF

24 January 2019

Ms. Au Mei Shum 894 Upper Bukit Timah Road #05-25 Singapore 678188

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way #07-16 AIG Building Singapore 079120

Attn: Motor Claims Dept

Dear Sir/ Mdm,

## ACCIDENT INVOLVING VEHICLES SMG2415H/ SKX3755D AT PIE BEFORE ADAM DR EXIT ON 12 JANUARY 2019.

I am the passenger of SMG2415H, Au Mei Shum.

I confirmed that I will be claiming for Medical Bill and hereby authorized your esteemed company to settle the Medical Bill directly with Premium Automobiles Pte Ltd.

Your kind attention will be greatly appreciated.

Yours faithfully,

Ms. Au Mei Shum

Copy to Norah Khai, Premium Automobiles Pte Ltd



**CHAN'S & SONS ENTERPRISE** 363 Sembawang Road, Goodlink Park, Singapore 758379. Tel: 6753 2536 Fax: 6756 7565 Breakdown Recovery: 9742 9446

### RENTAL AGREEMENT

Hippe's Many	-				20	1901-	0195	
Address	Yeow Hua		Date of Birth 6/4/74	- S74	rt/ Nric I +//	VO.	Nationality	
894 y		Timah Road 678188	Occupation	Driving	Licence	NO DE	Date of Exp	fe
#05-2	5	678188	Contact No	Mobile I	Phone N	2756		10.
Joint Hirer's / Guaranto	n's Name		Date of Birth	Passpoi	nt Nric N	10.	Nationality	
Address			Occupation	Driving (	Licence	No	Date of Exp	iry
		Postal Code	Contact No	Mobile F	Phone N	0.		
CHECK OUT	22.1.19	7 9.3 an	Mileage KM	, E	V 1/4	1/2	2 3/4	F
CHECK IN	24 · 1 · 19	4·15pm	Mileage	Remarks	- V	112	3/4	
IMPORTANT NOTE:	S:-			UNIT	TT	DATE	(F) T	0711
Car is restricted to S	INGAPORE use. See clause en for veylicle that returns ear	1(f) for non-compliance,	RATE	3	@	RATE (	100	OTAL (\$)
Ø Own Damage Liabili	ity - First \$1500 for damag ged vehicle is under repair.	e to vehicle plus loss of	DISCOUNT			100	) 3	00
8 Third Party Liability -	First \$2000 for any Third Pa	rty Accident Claim.	GST @ 7%					
and/or less than 2yrs			TOTAL				2	000
Extension:- One day will be allowed.	or all parking fines & traffic su 's advance notice is required	mmons. I otherwise no extension	EXTENSION				3758	101130
Vehicle should be in Saturday where return	returned at the same time in time is before 10am.	as collection except on	*			20	1901-	0173
Vehicle returned after     Hourly extension is ch	r office hour will be charged to harged at 1/5 of the daily rate	the next working day.						
As preventive mainter	nance, please check water &	engine oil daily.	Audi Just	in				
belongings after the vi	other users, please refrain to	consible for any loss of	SMG2415H			1.		
smoky, smelly or dirty	e car. A cleaning charge of \$ vehicle:	5200 will be imposed for	DEPOSIT (refundable	) S\$				
E Carrying of PASSEN Only WORKERS co allowed.	IGERS in commercial vehic overed under hirer's workn	le is strictly prohibited, nen compensation are	CHANGED OVER FR	ere contractions			ATE	
I/We have read and agree I/We declare that all information.  Hirer's Signature	te to the terms and conditions mation given on this form is to	of the rental agreement aborne and accurate.  Joint Hirer's/ Guarant	tor's Signature	for CH	IAN'S 8	SOMS EI	nterpris	E
	XCI	744	MODEL			Entimate Day =	an alaborate di	* OUE 01
FROM			RETURN		- 72	annuale cate. Fo	or actual return se	N CHECK IV

#### **CHAN'S & SONS ENTERPRISE**

363 Sembawang Road Singapore 758379 Tel: 67532536 Fax:67567565 GST Reg No: 51-936900-M



:

#### TAX INVOICE

**GOH YEOW HUA** 

NO. 894 #05-25

UPPER BUKIT TIMAH ROAD

SINGAPORE 678188

ATTN: GOH YEOW HUA

INVOICE

AR1901-0312

DATE

25/01/2019

**TERMS** 

C.O.D

STAFF ID

AMIRA

AGREEMENT NO.

HA201901-0195

DESCRIPTION

AMOUNT (SGD)

Vehicle Reg No

: SKZ1942H

280.37

Make / Model

re / Model

Rental Dates

: Rental Billing From 22/01/2019 To 24/01/2019 (Inclusive)

Period

: 3 days

Rental Rate

: S\$ 100.00 Per Day

(Including GST)

Reference No

: SMG2415H

AMOUNT: S\$

THREE HUNDRED DOLLARS ONLY

NON-TAXABLE VALUE:

0.00

TAXABLE VALUE :

280.37

GST 7% :

19.63

TOTAL S\$ :

300.00

Please make your cheques payable to : CHAN'S & SONS ENTERPRISE



For Official USe Only

Payment Date	‡	F / Amt
CS / CC /CH	1	
CS / CC /CH	÷	

## **CHANS & SONS ENTERPRISE**

363 Sembawang Road, Goodlink Park, Singapore 758379 Tel: 67532536 Fax:67567565 GST Reg No: 51-936900-M



Hirer:

**GOH YEOW HUA** 

## OFFICIAL RECEIPT

			AMOUNT	(SGD)
Official Receipt No Account of	201901-0173 GOH YEOW HUA			
Date Issued	25/01/2019			
Vehicle Reg No.	SKZ1942H			
Rental Dates	22/01/2019			
Amount Received	: S\$ 300.00			
Payment Type:	: VISA	V101130	22	
Payment for Invoice	: AR1901-0312	7101100	S\$	300.00
Comments	£			





#### TAX INVOICE

GST REGN NO.	: M9-0000467-N	PAGE	: 1 of 1
VISIT NO.	: G15619000895	BILL TYPE	: PATIVNOUT
VISIT DATE/TIME	: 12-JAN-2019 04:01PM	BILL DATE	Carried and the second
INVOICE NO.	: PG15619000895-1	PATIENT NAME	: 12-JAN-2019
PAY BY	: SELF	PATIENT ID NO.	: GOH YEOW HUA
PAYER NAME	: GOH YEOW HUA		: S7411062B
ADDRESS	: 894 UPPER BUKIT TIMAH	POLICY NO.	1

ADDRESS : 894 UPPER BUKIT TIMAH ROAD THE DESCRIPTION			8188
CONSULTATION	QTY	S\$	S\$
PHARMACEUTICAL			28.00
DICLOFENAC 1% GEL, 20G	1.0		
ETORICOXIB (ARCOXIA) 120MG TAB	1.0	8.57	
FAMOTIDINE 20MG TAB	5.0	15.98	
ORPHENADRINE 35MG/PARACETAMOL 450MG	5.0	1.76	
TAB	20.0	8.00	
PRACTICE COST			34.31
PRACTICE COST	1.0	12.00	
UB-TOTAL		12,00	12.00
OTAL CHARGES BEFORE GST			74.31
IST @ 7%			74.31
OTAL CHARGES AFTER GST			5.20
ESS ROUNDING ADJUSTMENT			79.51
OTAL AMOUNT PAID			(0.01)
REG1900059420 - 12/01/2019 - NETS			(79.50)
OTAL BALANCE DUE		79.50	(-0.00)
A354			0.00

RufflesMedical
17 Peur Road
1002-07/08 Hillion Mail

17 PETIR ROAD #02-07/08 HILLION MALL SINGAPORE 678278 T:67690571'89 0629

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

## RafflesMedical Your Trusted Partner for Health

## MEDICAL CERTIFICATE

NRIC

: S7411062B

NAME

GOH YEOW HUA

VISIT DATE

: 12 Jan 2019 (16:12)

VISIT NO

: G15619000895

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 12 Jan 2019 to 13 Jan 2019

DOCTOR

: Su Wei Cheng (M17982E)

CLINIC

: Hillion Mall

ADDRESS

: 17 PETIR ROAD LEVEL -02-07/08 HILLION MALL 678278

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 12 Jan 2019, 04:23PM

RafflesMedical
17 Patir Road
#02-07/08 Hillion Mall
Singapore 678278
Tel: (65) 6769 0571 Fax: (65) 6769 0829

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



#### TAX INVOICE

GST REGN NO. : M9-0000467-N PAGE : 1 of 1 VISIT NO. : G15619000919 BILL TYPE : PATIVNOUT VISIT DATE/TIME : 13-JAN-2019 10:21AM BILL DATE : 13-JAN-2019 INVOICE NO. : PG15619000919-1 PATIENT NAME : AU MEI SHUM PAY BY : SELF PATIENT ID NO. : S7801066E PAYER NAME : AU MEI SHUM POLICY NO. ADDRESS

ADDRESS : 894 UPPER BUKIT TIMAH ROAD LINE DESCRIPTION	60010230		8108
CONSULTATION	QTY	S\$	SS
PHARMACEUTICAL			37.00
KETOPROFEN 30MG PLASTER	18.0	10.00	
ORPHENADRINE 35MG/PARACETAMOL 450MG	232	16.20	
IAB	20.0	8.00	
VITAMIN B1,B6,B12 TAB	10.0	2.55	
	10.0	2.55	
PRACTICE COST			26.75
PRACTICE COST	1.0	re-entrol	
	1.0	12.00	
SUB-TOTAL			12.00
OTAL CHARGES BEFORE GST			75.75
ST @ 7%			75.75
OTAL CHARGES AFTER GST			5.30
OTAL AMOUNT PAID			81.05
REG1900060655 - 13/01/2019 - MASTER		3219925	(81.05)
OTAL BALANCE DUE		81.05	
			0.00

Forffles Medical 17 Petir Read #02-07/08 Hillion Matt Singupore 678278 Tel: (65) 6769 0571 Fax: (65) 5769 0629

17 PETIR ROAD #02-07/08 HILLION MALL SINGAPORE 678278 T:67690571

Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N



### MEDICAL CERTIFICATE

NRIC NAME : S7801066E

AU MEI SHUM

VISIT NO

VISIT DATE : 13 Jan 2019 (11:34) G15619000919

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 2 days from 13 Jan 2019 to 14 Jan 2019

DOCTOR

: Hee Li Heng (M18592B)

CLINIC

: Hillion Mall

**ADDRESS** 

: 17 PETIR ROAD LEVEL -02-07/08 HILLION MALL 678278

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 13 Jan 2019, 11:50AM

This certificate is electronically generated. No signature is required.

RaMesMedical 17 Putt Road #02-07/08 Palson Mall Singapore 678278 Tel: (65) 6769 0571 Fax: (65) 6769 0629

### 名扬针炎中医诊所

#### MINGYANG CHINESE MEDICAL CENTRE

Block 316B #01-06 Ang Mo Kio Street 31 Singapore 560316. Tel/Fax: 6458 6045

OFFICIAL RECEIPT

Date: 13/1/2019

Received from

AU MEI SHUM (S7801066E)

The sum of dollars ONE HUNDRED AND TWENTY ONE ONLY.

係運

MEDICAL FEE Being payment of

名扬针炎中医诊所 MINGYANG CHINESE MEDICAL CENTRE Block 316B #01-06 Ang Mo Kio Street 31 Singapore 560316. Tel/Fax: 6458 6045

OFFICIAL RECEIPT

Date:

莊收到

AU MEI SHUM (S7801066E)

遵來大銀

Received from

遵来大銀 The sum of dollars ONE HUNDRED AND TWENTY ONE ONLY.

係遲

MEDICAL FEE Being payment of \_

\$ 121/00 Cash/Cheque No:

名扬针灸中医诊所 MINGYANG CHINESE MEDICAL CENTRE

Black 316B #01-06 Ang Mo Kio Street 31 Singapore 560316. Tel/Fax: 6458 6045

OFFICIAL RECEIPT

1/2019 Date:

Received from

The sum of dollars \_

係選 Being payment of .

## 名扬针炎中医诊所

## MINGYANG CHINESE MEDICAL CENTRE

Block 316B #01-06 Ang Mo Kio Street 31 Singapore 560316. Tel/Fax: 6458 6045 No. 047/19
Date: 27/1/2019

整枚列 Received from A	UMEI SHUM	(S7801066E)	
通來大銀 The sum of dollars .	EIGHTY FIVE	ONLY.	6_217
係選 Being payment of _	MEDICAL FEE.		
085/00			De.



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## Third Party Insurer Enquiry

Our Ref No:

GR-19-006803

Date of Request:

14/01/2019

Your Ref No:

Online Purchase

Premium Automobiles Pte Ltd

55 Ubi Road 1 Singapore 408699

Dear Sir/Madam,

**Enquiry Date** 

14/01/2019

Enquiry By

Mastura Binte Osman Basah

TP Vehicle No.

SKX3755D

Accident Date

12/01/2019

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKX3755D	AIG Asia Pacific Insurance Pte. Ltd.	09/12/2018-08/12/2019	
	The state of the s	03/12/2016-06/12/2019	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



#### RECORDS MANAGEMENT CENTRE

#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

#### TAX INVOICE

Our Ref No:

GR-19-006803

Date of Request:

14/01/2019

Your Ref No:

Online Purchase

Premium Automobiles Pte Ltd

55 Ubi Road 1 Singapore 408699

Dear Sir/Madam,

**Enquiry Date** 

14/01/2019

Enquiry By

Mastura Binte Osman Basah

TP Vehicle No.

SKX3755D

Accident Date

12/01/2019

DESCRIPTION	AMOUNT (S\$)	
TP Insurer Enquiry		
GST Amount	1.87	
Total Amount Due (GST Inclusive)	0.13	
Total / Bridgit Date (GGT Inclusive)	2.00	

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

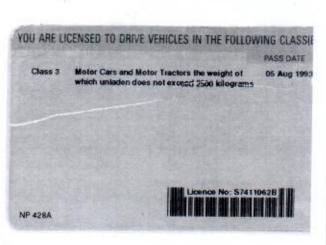
Date:

[X] GIRO [] Cash [] Cheque











### **COVER NOTE**

#### AUDI AUTO PROTECTOR PRIVATE VEHICLE

er Note is hereby HELD COVERED on the terms and gr of the policy issued to the Policyholder. The following risk described on this

Name of Police Period of Mayrand

: GOH Yeow Hua (Wu Yaohua) : Dec 2018 to | Dec 2020

CZE 8467.19

WAUZZZ8VXK1007520

Vehicle No.

: SMG 2415 H

Cover Note No. Endorsement No.

: 06 Dec 2018 **Issued Date** 

#### ABOUT THE COVER

Make/Model

Chasis No.

AUDI A3 Sedan 1.4 TFSI

Engine Capacity/Tonnage : 1,395.00 CC

VNA Driver Restriction

MULL

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018

: 1800143896

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

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 tailtion, 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 1800cc - 2000cc 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable) GOH Yeow Hua (Wu Yaohua) - \$600 (Own Damage)

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

1.Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 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: DBS BANK LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the incompany to live hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Role The Stated on this cover note, please contact AIG immediately.

Valence (Prior Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987

Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504125216

PREMIUM LEASING - CW

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE