

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MA1901274

Date In: 21/1/9-8:53	Job description	Date & Time Completed	Done by
Ref No: MA1901274	SAS e-filing		
Veh No: SW1292X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 16/1/19-22:00	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( )

Fax: ( )

TP Particulars:

Veh No: Machinery

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

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time

Actions

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

In 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) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-

QD\*

- \*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: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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

ACCIDENT STATEMENT	
Date Of Report	21/01/2019 18:53
Date Of Accident	16/01/2019 22:00
Exact Location Of Accident	SENOKO RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV1297X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DIGO CORPORATION PTE LTD
Co Reg No	200313006C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67527477
<b>Vehicle Particulars</b>	
Manufacturer	BENTLEY
Model	CONTI FS
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	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800085192
Cover Note Number	
<b>Driver</b>	
Name of Driver	LOW SIONG YONG
NRIC No	S7378803Z
Date Of Birth	15/05/1973
Occupation	INDOOR
Date Of Driving Pass	04/12/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91398878
Fax Number	
Contact Number	OFFICE-91398878
Email Address	NOEMAIL

Address	45 JALAN SENDUDOK
Postcode	769470
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMPAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190117/2193.

#### 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	MACHINERY
Vehicle Make/Model/Colour	DOUBLE TRANS PTE LTD
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VELUSAMY RAMACHANDRAN
NRIC/Passport Number	G6660468W
Contact Number	83188032
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

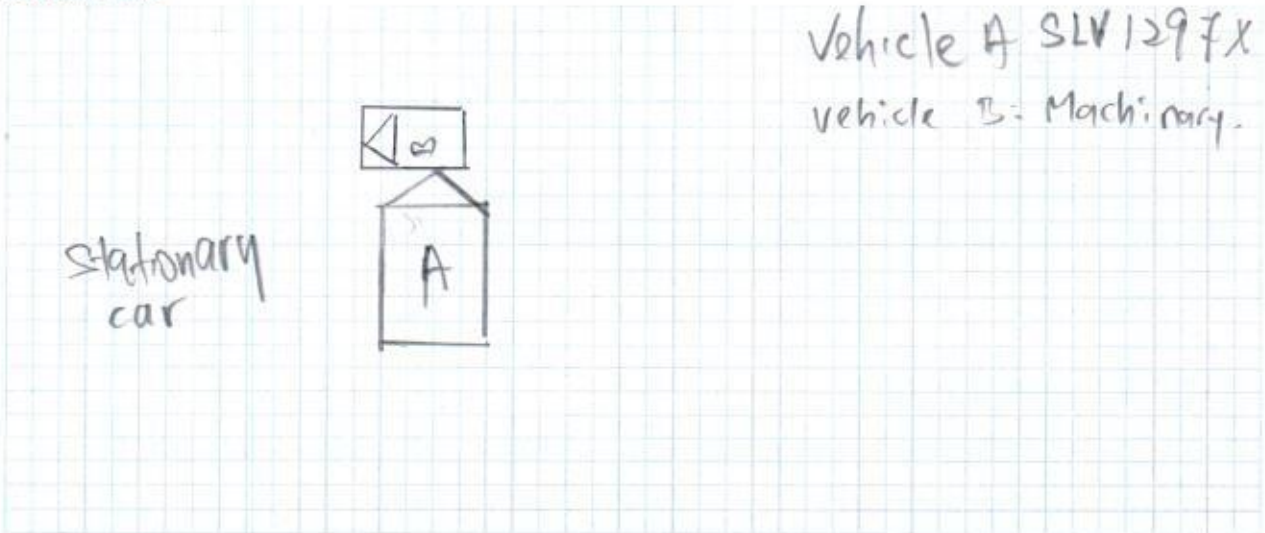


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Police Report -

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input checked="" type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

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.:



# 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 ability.
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 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 21 01 2019  
 ☆ Date Of Accident 16 01 2019 2200 hours  
 ☆ Exact Location Of Accident Along Road 1 Senoko Road  
 ☆ Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SLV 1297X  
Insured/Policyholder  
 Name Of Registered Owner / Company DIGO CORPORATION PTE LTD  
 RIC No / Work Permit No / ROC No 200313006C  
 Email Address ecv@elitecarventures.com  
 Mobile Phone No (LOCAL) 67527477  
 Alternative Phone No \_\_\_\_\_  
Others- \_\_\_\_\_  
Vehicle Particulars  
 ☆ Manufacturer Bentley  
 ☆ Model Bentley Continental Flying Spur  
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use/ Hirer Use  
 ☆ Are you claiming under your own insurance policy for repair to your vehicle?  
 If No, Please state action to be taken Yes / No / Third Party  
 ☆ Vehicle Category Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government  
Insurance Company  
 Name of Insurance Company AlG  
 ☆ Type Of Coverage Elite Autoplan  
 ☆ Policy Number Yes / No 1800085192  
 Cover Note Number \_\_\_\_\_  
Driver  
 ☆ Name of Driver Low Siong Yong  
 ☆ NRIC No S7378803  
 ☆ Date Of Birth 15 03 1973  
 ☆ Occupation Indoor / Outdoor  
 ☆ Date Of Driving Pass 04121993  
 Driving Experience \_\_\_\_\_  
 ☆ Gender Male  
 ☆ Mobile Number (Local) 91398878 / 86998878  
 Fax Number \_\_\_\_\_  
 Contact Number \_\_\_\_\_  
 Email Address lowsy@digo.com.sg, mainling@digo.com.sg

☆ Address

☆ Postcode

☆ Was driver an employee of the Insured's Company

☆ If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

45 Jalan Sendudok

S(769470)

Yes/No

Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer

### General Information of the Accident

☆ Type Of Accident

☆ Weather Conditions

☆ Road Surface

Collision : Stationary Car

Rainning / Clear / Other :

Wet / Dry / Other :

### Other Information

☆ Was any foreign vehicle involved in this accident?

☆ Foreign Vehicle Registration Number

☆ Was any body injured in the Accident?

Was any other material or property damaged?

Have been approached by unknown person(s) soliciting/offering accident claims assistance.

☆ Number of Passengers (Including Driver)

Yes/No

Yes/No

Name:

Yes/No

Yes/No

NIL

### Details of Police Action

☆ Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Yes/No

Sembawang N.P.C

ROAD:

POSTCODE:

COUNTRY:

TEL NO:

FAX NO:

Yes/No

### Attachment(s)

Are accident photos available for attachment?

☆ Was there any video captured by Car Camera?

Was there any audio recorded?

Yes/No

Yes/No

Yes/No

### DETAILS OF OTHER VEHICLE PROPERTY 1

☆ Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Details of Witness

Name

Phone Number

Riding machinery

Velusamy Ramachandran

G 666 0468W

83188032 (Site manager) David





# SINGAPORE POLICE FORCE



T/20190117/2193

1 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20190117/2193

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2019 22:28		Vide Report No.:		Station Diary No.: 112	
<b>Informant's Particulars</b>					
Name of Informant: LOW SIONG YONG			Address: 45 JALAN SENDUDOK SINGAPORE 769470		
ID Type / ID No.: NRIC NO / S7378803Z			Contact No.: Home/Office: Mobile: 86998878		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 45	Date of Birth: 15/05/1973	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 16/01/2019 22:00	Type of Location: Straight Road
Location: Along Road 1 SENOKO ROAD  Along 54 Senoko Road 758118, outside of Digo Corporation Pte Ltd.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV1297X	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190117/2193

2 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20190117/2193

**CONTINUATION OF REPORT**

<b>Vehicle Owner</b>			
Name	LOW SIONG YONG	ID No.	S7378803Z
Related Vehicle	SLV1297X (Car)	Contact No.	86998878
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Riding Machinery</b>			
Name	VELUSAMY RAMACHANDRAN	ID No.	G6660468W
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/01/2019 at about 2200hrs, I was in the office when one of my staff called me. He mentioned that the machinery which was along 54 Senoko Loop had accidentally hit onto my stationary vehicle. I went out to take a look. I realized that my front left bumper near to the headlight was dented. I spoke to the driver of the machinery, Mr Velusamy and he admitted on damaging on my vehicle. The machinery was believed to be from SP Services.  
His site manager, David from (Double Trans Pte Ltd,) HP: 8318 8032, came down to scene. We managed to exchange particulars and both of us agreed settle through insurances.





SINGAPORE  
POLICE FORCE



T/20190117/2193

3 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20190117/2193

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:

L /

Sgt 2 WOOL ZHAO HONG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

17/01/2019 22:28

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

SN 085

Contact No.: 65476151



Signature

Authentication Stamp

NP168

Singapore Police Force

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7378803Z



Name

LOW SIONG YONG

刘常勇

Race

CHINESE

Date of birth

15-05-1973

Sex

M

S7378803Z

Country of birth

MALAYSIA

9115403



NRIC No. S7378803Z



Nationality

MALAYSIAN

Date of issue

21-01-2011

45 JALAN SENDUDOK  
SINGAPORE 769470  
NRIC No: S7378803Z

Date: 18/05/2017 (R)



REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7378803Z**  
 Name: **LOW SIONG YONG**  
 Birth Date: **15 May 1973**  
 Issue Date: **06 Dec 2003**

0010395898




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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	04 Dec 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Dec 1993
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	23 Jul 2002

NP 428A

Licence No: S7378803Z





# CERTIFICATE OF INSURANCE

## ELITE AUTOPLAN PRIVATE VEHICLE

**Name of Policyholder** : DIGO CORPORATION PTE LTD  
**Period of Insurance** : 21 Jul 2018 To 10 Nov 2019  
**Engine No.** : BWR0024151  
**Chassis No.** : SCBBE53W0AC063514

**Vehicle No.** : SLV1297X  
**Policy No.** : 1800085192  
**Endorsement No.** : 000000000238530  
**Issued Date** : 07 Nov 2018

### ABOUT THE COVER

**Make/Model** : BENTLEY CONTINENTAL FLYINGSPUR  
**Engine Capacity/Tonnage** : 5,998.00 CC  
**Driver Restriction** : Named Driver Basis  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2009  
**Insuring with COE/PAF** : Yes

Any person who is named as a "named driver" under this Policy.

**Age Condition** : Not Applicable

**Limitation as to use\*** :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* 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 - \$15000 (Outside Singapore Cover - \$30000) Own Damage - \$15000 Theft - \$15000 Theft Outside Singapore Cover - \$30000 Flood Cover - \$15000

#### Section 2

Property Damage - \$0

Windscreen : \$3000

**Named Driver and Excess** (where applicable)

LOW SIONG YONG - \$15000 (Fire) \$15000 (Own Damage) \$15000 (Theft) \$30000 (Outside Singapore Cover) \$30000 (Theft Outside Singapore Cover), \$15000 (Flood Cover)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500085000

COWELL INSURANCE (AGENCY) P L  
8 BURN ROAD #09-09 TRIVEX  
SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

Tan Joo Lim