

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MVA 11901475

| | | | |
|--|--|-----------------------|---------|
| Date In: 31/1/14-14:04 | Job description | Date & Time Completed | Done by |
| Ref No: NA/1161902292/14 | SAS e-filing | | |
| Veh No: 5JW4788U | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 28/1/14-18:45 | i-Motor Claim Form | | |
| OD: <input checked="" type="radio"/> 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: 5JW4788U | 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars:- | Invoice Preparation Checklist | Amf (\$) | Amf (\$) |
|--------------------------|---|-------------|----------|
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | Inc Bill | Add Bill |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TF : Towing Fee \$40/\$45 | | |
| | 4) FT : Follow-Through Survey \$120 | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TP (N11) : TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

Auditors' Comments :-

Dat 1:

Dat 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 | 31/01/2019 14:04 |
| Date Of Accident | 28/01/2019 18:45 |
| Exact Location Of Accident | JUNC BUKIT CHERMIN RD & TELOK BLANGAH RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJW4788U |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE MEE WAN |
| NRIC No | S7764882H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91012920 |
| Alternative Phone No | OFFICE-91012920 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | LEXUS IS250C AUTO LUX |
| 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 | 1800110849 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ATHENA LEONG JIA WEN |
| NRIC No | S9874636F |
| Date Of Birth | 29/05/1998 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/01/2018 |
| Driving Experience | 1 YEAR AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90699198 |
| Fax Number | |
| Contact Number | OFFICE-90699198 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------|
| Address | 33 KOVAN ROAD #14-41 |
| Postcode | 545020 |
| 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

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| 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? | 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) | 2 |
| Passenger 1 | NAME: : - GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | HOUGANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4890999 - FAX NO: 63128989 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20190129/2034.

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 | SLG355Y |
| Vehicle Make/Model/Colour | TOYOTA WISH |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KERK CHUN HIONG |
| NRIC/Passport Number | S7816656H |
| Contact Number | 97605277 |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ATHENA LEONG JIA WEN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJW4788U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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:

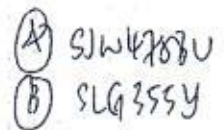

Driver's Signature
(If driver is not the policyholder)
Date & Time:

30/01/14

14:00


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As the Police Report No: T/20190129/2024.

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: 30/01/19

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

16:00

Date of Accident : 28/01/2019 Accident Time: 12:45 (24-HR-Format)
 Accident Place : T Junction of Bukit Chering Road and Telok Blangah Road
 Vehicle Reg. No. (Car Plate No.) : SLW 4788 U
 Vehicle Make/Model : IS 260 C
 Insurance Company : AIG Policy No. 1800110849.
 Owner or Company Name /IC No. : Liew Mee Wen / 57764882H.
 Owner or Company Contact No. : 9101 2420 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Athena Leong Jia Wen / 59874626F
 DRIVER'S Date Of Birth : 29/05/1988 DRIVER'S License Pass Date 12/01/2018
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 33 Kovan Road # 11-01 Kovan Mchody S545020
 DRIVER'S Contact No./ Alt No. : 1) 90699198 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : athenaleong1988@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance (Male)
 Number of Passengers (Including Driver): 2 C 1 driver, 1 passenger
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

| | |
|---|-------------------------------|
| Vehicle Reg. No: SLG 355 Y | Vehicle Reg. No: _____ |
| Vehicle Make/Model: Toyota WTH | Vehicle Make/Model: _____ |
| Name Driver: Kerk Chun Hiong | Name Driver: _____ |
| IC No. Driver: 57816666 H | IC No. Driver: _____ |
| Driver's Contact & Add: 9760 5177 | Driver's Contact & Add: _____ |
| * Injured Person @ Driver: Athena Leong Jia Wen / 59874626F | |



**SINGAPORE
POLICE FORCE**



T/20190129/2034

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190129/2034

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|------------------------------------|
| Date/Time Report Made: 29/01/2019 11:39 | | Vide Report No.: | | Station Diary No.: 23 | |
| Informant's Particulars | | | | | |
| Name of Informant: ATHENA LEONG JIA WEN | | | Address: 33 KOVAN ROAD #14-41 SINGAPORE 545020 | | |
| ID Type / ID No.: NRIC NO / S9874636F | | | Contact No.: Home/Office: Mobile: 90699198 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 20 | Date of Birth: 29/05/1998 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: MDIS |
| Occupation: STUDENT | | | Driving Licence Information: Class: 3A Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 28/01/2019 18:45 | Type of Location: T-Junction |
| Location: Junction of Road 1 and Road 2 BUKIT CHERMIN ROAD TELOK BLANGAH ROAD T Junction of Bukit Chermin Road and Telok Blangah Road | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| 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 |
|------------|------|------|-------|-------|------------------|-----------------|
| SJW4788U | Car | | | | Slightly Damaged | 1 |
| SLG355Y | 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/20190129/2034

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190129/2034

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|------------------------------------|--|--|-----------------------------------|
| Driver | | | | |
| Name | ATHENA LEONG JIA WEN | | ID No. | S9874636F |
| Related Vehicle | SJW4788U (Car) | | Contact No. | 90699198 |
| Hospital/Clinic | MY FAMILY CLINIC (HOUGANG CENTRAL) | | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 29/01/2019 | | Date Discharge | NIL |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |
| Driver | | | | |
| Name | KERK CHUN HIONG | | ID No. | S7816656H |
| Related Vehicle | SLG355Y (Car) | | Contact No. | 97605277 |
| 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 28/01/2019 at about 1845hrs, I was driving my said vehicle (SJW4788U) with my friend onboard. We were on the way home and was travelling before this T Junction of Bukit Chermin Road and Telok Blangah Road. I was driving on the left most lane of this Telok Blangah Road while the other 2 inner lane were both occupied by buses.

As I was approaching the T-junction suddenly another vehicle (SLG355Y) was making a right turn into this Bukit Chermin Road from the opposite traffic. As everything happen too sudden, I was unable to stop on time and as such my vehicle front collided with the left rear bumper of the other vehicle. Both vehicle drove to one side of the road and that was went both driver made a check on one another. The other driver did mention that he was at fault and we then proceed to exchange particulars before continuing with our respective journey. My vehicles left front headlight was damages and the license plate dropped onto the road as well. The other vehicle rear bumper came off from the vehicle.

As I was driving back, I started to feel pain and discomfort at my neck region however my friend did not mention any pain. Today, I decided to make a visit to this My Family Clinic (Hougang) and after the check by the doctor I was given 3 days of MC.

I wish to inform that my in-vehicle camera was unable to capture any footage of the incident at that point in time.



**SINGAPORE
POLICE FORCE**



T/20190129/2034

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190129/2034

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190129/2034

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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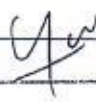
Report No. T/20190129/2034

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: F / Sgt 2 KOH YEW WEI  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 29/01/2019 11:39 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: SN 035 |
| Authentication Stamp NP168 |  Signature:  Singapore Police Force |

REPUBLIC OF SINGAPORE | DRIVING LICENCE



DRIVING LICENCE NO. S9874636F

ATHENA LEONG JIA WEN

Birth Date: 29 May 1998

Issue Date: 12 Jan 2018



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9874636F



Name

ATHENA LEONG JIA WEN

梁 嘉 文

Race

CHINESE

Date of birth

29-05-1998

Country/Place of birth

MALAYSIA

Sex

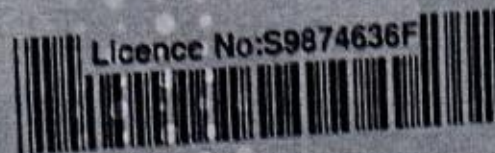
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$ 12 Jan 2018



Licence No: S9874636F

NP 428A

5528834



NRIC No. S9874636F



Date of issue

16-10-2015

Address

33 KOVAN ROAD
#14-41
SINGAPORE 545020



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : lee mee wan
 Period of Insurance : 26 Oct 2018 To 25 Oct 2019
 Engine No. : 4gr0594581
 Chassis No. : jthf252902506827

Vehicle No. : sjw4788u
 Policy No. : 1800110849
 Endorsement No. :
 Issued Date : 10 Oct 2018

ABOUT THE COVER

Make/Model : LEXUS IS 250C

Engine Capacity/Tonnage : 2,500.00 CC

Driver Restriction : NA

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 "Young and/or Inexperienced Driver Excess" ("YIQE") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2009

Insuring with COE/PARF : Yes

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving 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

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered operative 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 - \$2000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

lee mee wan

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

Approved Reporting Centres/ AIG Authorised Repairers (for claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline 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: NA

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)

0503298000

TAY HUNG KIAT JACK

371 ALEXANDRA ROAD #05-11 AIA ALEXANDRA

SINGAPORE 159963 SP-JACK

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. Kiat

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

TAY HUNG KIAT JACK TAY