NATIONAL Assessment Centre Serv	ices. [wel + Jartos] . X	9NIA4190/8526	P
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	ssment/Survey Report		
TP Insurer:	Report by Pax / Hand	o Owner/Wksp	
Proforred Wksp / INC Assign Wksp / QW: (	THE REAL PROPERTY OF THE PARTY	The state of the s	ax:
TP Particulars: Veh No: FRM 6)	698 INC(	)/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) Period: (	)	Cover Type: (	)
Confirmed by : (	· Date:	Timer	)
Insured/Driver Liability: ( %) [Note-Est	Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]
Year of Registration: ( ) Warranty	: YES( )/NO(	<u> </u>	
Excess: (S ) Loading: \$1,000 (	/\$2,000( )	A BOOK OF THE SEC	Mark The second
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( ) Total Loss Case : to e-mail Insurer URG		· · · · · · · · · · · · · · · · · · ·	· · · · ·
Drive-In ( )/Towed-In ( ); Invoice: YES (	)/NO( );T	owing Co: (	POSCHER PARTY
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1) Apply for Transport Allowance ( )/ Courtesy	Car()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2) QC Check / Post Repair Inspection	( ·)		<del></del>
3) Upload Resurvey Photo [Repair Cost > \$3000]	( ) ; ;	<u> </u>	
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	BANK BANK SERVICE	COMPONENT CONTRACTOR	CALL MANGES (CAMACES)
NA190/062 "-"	. 1000 SALE	Mail Call District Anna State State of the S	Mile Shalis V Madalii
Toma mercuna codo cos	1) AR; Accident	Assessment (\$100); INC	
Driver/Owner:	3) TV : Towing	Fee . 3	\$120
	40 April - 17 - 11	Through Survey (Resurvey) against INC Only (wef 10 Jan 20	\$30
Contriet No:	6) TR: Re-inspe	oction	\$775 \$160
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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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 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.
- 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.

在100mm 100mm 200mm 100mm 100m	ACCIDENT STATEMENT
Date Of Report	11/02/2019 12:16
Date Of Accident	10/02/2019 14:25
Exact Location Of Accident	T-JUNCTION OF BUKIT BATOK ST 21/ BT BATOK CENTRAL
Country/State of Loss	SINGAPORE
CONTRACTOR DELICATION C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU6382E
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	Wild T-980/2019 999-9900 a 0.000 a 0.
Email Address	NIGELTANG@VINCAR.COM.SG
Mobile Phone No	(LOCAL) +65-86868810
Alternative Phone No	OFFICE-86868810
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	The state of the s
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994528
Cover Note Number	
Driver	
Name of Driver	TAN POH YANG, ANDERS
NRIC No	S9143862C
Date Of Birth	06/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	21/10/2010
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86868810
Fax Number	TELEVISION PARTICULAR PROPERTIES CO.
Contact Number	OTHERS-86868810
	STATE OF THE PROPERTY OF THE PARTY OF THE PA

NIGELTANG@VINCAR,COM,SG

Address

BLK 120 TECK WHYE LANE

#08-810

Postcode

680120

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

YES

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)

2

Passenger 1

NAME:

: REGINA

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190210/2075

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH THE POLICE OFFICER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

FBN6296B

**Details Of Properties** 

Vehicle Category Name of Driver

MOTORCYCLE AZMIE

NRIC/Passport Number

Page 2 of 37

Contact Number

91004583

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

AZMIE

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBN6296B

Were seat belts worn?

Was this injured conveyed to hospital by

YES

ambulance?

Address Postcode

## SKETCH PLAN

## IMPORTANT NOTICE

- 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:

Beporting Centre Personnel' Signature
Name:

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)

20190210

2075

Date & Time:

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

SIARM SentaPanform V

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

REPORT OF		TOACEIC	ACCIDENT
Detailed the state of the state	- 83	TRAFFIC	MUCIULIA

REPORT OF A TRAFFIC ACCIDENT		Station Diary No.:
Date/Time Report Made:	Vide Report No.: J/20190210/0135	25
10/02/2019 18:02	3/20150215.5	

10/02/201	9 18:02	A CONTRACTOR OF THE PARTY OF TH	3/20/13/27/00		
Informan	t's Particu	lars	AND THE PERSON NAMED IN COLUMN		
Name of Informant: TAN POH YANG, ANDERS			Address: APT BLK 120 TECK WHYE LANE #08-810 SINGAF 680120		
ID Type	ID No.:	32C	Contact No.: Home/Office: Mobile: 86868810 Email:		
National		347/67			
Sex: Male	Age: 27	Date of Birth: 06/12/1991	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Business development executive		ent executive	Driving Licence Information: Class:	Date of Expiry:	

General Inform	nation of the Accident	200	THE RESERVE TO SERVE THE PARTY OF THE PARTY	Wall Street Laboratory
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/02/2019 14:25	Type of Location: T-Junction

Location:

# **BUKIT BATOK STREET 21**

Heading towards bukit bate Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume:
Type of Collision: Between Moving Vehicles	- Head To Side	Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBN6296B	Motorcycle		BUS 588 //.		Condition	0
SLU6382E	Car					
SLU6382E	Car	No. of the last	Real Profes		Seriously	1

# Details of Person Involved

Any Pedestrian Involved No No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing. NA



Tel No: 1800-6659999



Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Report No. T/20190210/2075

CONTINUATION OF REPORT

river	STATE OF STREET	100		ID No.		S9143862C
lame	TAN POH YANG, ANDERS		ID 140		551450525	
12.003.00	Lui		Contac	t No.	86868810	
Related Vehicle	NIL					
- Walleto	NIL			Class of		Class; NIL
Hospital/Clinic	NIC		Driving Licence & Expiry Date		Date of Expiry NIL	
	NIII		Date Dis	charge	NIL	The second second
Date Treatment				of Injury NIL		
No. of Days gran	ted Medical Leave	CO CARGO		-		THE REPORT OF
Rider	Lamer	-		ID No		NIL
Name	AZMIE			Contact No.		
						91004583
Related Vehicle	NIL					
Anna hal/Olinia	NG TENG FONG GE	NERAL H	OSPITAL	Class of		Class: NIL
Hospital/Clinic	NO IENO I ONO DENERIO INS			Drivin Licen Expin		Date of Expiry: NIL
4 12 19 20 1			Date Dis	_	NIL	
<b>Date Treatment</b>				of Injury	NIL	DESTRUCTION OF THE PARTY OF THE
The same of the sa						

On 10/02/2019 at around 1425hrs I was travelling along Bukit batok street 21 in my vehicle (SLU6382E). I approached a T junction, I checked my surrounding at that moment it was clear. As such I drove off the junction wanting to make right turn. While I was making a right turn a motorcycle hit my vehicle right side between the driver side door and the right front wheel.

Following that the rider fall onto the road, I went to check on him. The rider was conscious but he was in a state of shock. I quickly made a call to traffic police and my passenger (Regina), H/P: 94526371, made a call to ambulance. Passer-by came to help.

Following this the ambulance came to make a check on him and conveyed him Ng teng fong. Traffic police also came down to the scene and issued me a case card

My car has in-car camera and I have already submitted the memory card to Traffic Police.





3 of 3

Report No. T/20190210/2075

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE

Tel No: 1800-6659999

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

Sgt 2 PRAKASH S/O SANGHA

Signature Of Interpreter. Not applicable

Officer In Charge Of Case:

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABOUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

Signature Of Informant:

Date/Time:

10/02/2019 18:02

Classification Of Case

Companors Police Force

# ACCIDENT STATEMENT

	4 6 5	GEO. John B. It.
	ACCIDENT DATE: 10 02 2019 (DD/MM/	VVVI 7117 14 25 100000
	LOCATION: BUKIT BATOK ST ZI'L BU	LIT BATER CONTRACT TO THEMM
	E	THE CONTROL I DONGTON
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER:SLU6382	€
	b)INSURANCE COMPANY: AIG	
	CIPOLICY NUMBER: 19999 4528	
6	d)POLICY TYPE: (COMPREHENSIVE / THIPD	PARTY / TUIDE BARTY FIRE ATLIER
1,7	9) MAKE & MODEL: HONDA FREED H	YREID
	TYPE: (SALOON / COUPE /MPY /VAN / LO	DRRY ( MOTOROVO) E ( OTIVETO
	g) VEHICLE CATEGORY: (PRIVATE / COMME	EBCILLY MOTORCTELE/ OTHERS)
*	h)PURPOSE OF USING AT ACCIDENT TIME:	GRAP MOTORCTCLES
	TARE YOU CLAIMING UNDER YOUR OWN I	MICHIDANION OF MICH
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	USUKANCE (YES/NO)
	2. INSURED / POLICY HOLDER	/ REF.ORTING ONLY)
ragina	A) NAME: VINCAR CENTING & FE	SNIAL PIE LIV
12	b) NRIC/FIN/PASSPORT:	(MALE / FEMALE)
PAX (F)	c)ADDRESS:	CONIACI:
W 12	* · · · · · · · · · · · · · · · · · · ·	
Man A	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY	HOLDER
Ano of bas	songer DRIVER T D	
Clincluding .	GINAME: IMM JOH LUNG (JANEK)	(MALE / FEMALE)
( <u>2</u> )	DINKIC/FIN/PASSPORT: 3714362C	CONTACT: 86868810
-= )	CLADDRESS: 120 TECK WHYE LANE	# 08-810 .5 (680120)
	*diDATE OF BIRTING / 1 15 1 1991	1000
	*d) DATE OF BIRTH: (06 / 12/ 1991) (D	D/MM/YYYY) ·
	e OCCUPATION: (INDOOR / OUTDOOR)	last d
	1) DATE OF DRIVING PASS 21/10/	7,013
	4. WAS DRIVER AN EMPLOYEE OF THE INSU	JRED'S COMPANY? (YES ! NO)
	IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: CAR RENTAL
	b)ROAD SURFACE: (DRY / WET / OTHERS_	/ OTHERS
	6. WAS ANYBODY INJURED (YES / NO)	
	7. a) REPORTED TO POLICE (YES / NO)	** # @
	IF YES, PLEASE STATE WHICH POLICE STATIO	N. RUVET BATER NP1 .
id ii A		PIET MILE THE
4 Ho of passen	19 of VEHICLE NUMBER: FBN 62968	MODEL:
Clincluding di	viver) b) DRIVER'S NAME:	
(1)	c) NRIC/FIN/PASSPORT:	CONTACT:
	9. THIRD PARTY VEHICLE	
* No of passo	2) VEHICLE NUMBER:	MODEL:
(Induding d	STATE OF DRIVERS NAME:	
C. Columbia	f) NRIC/FIN/PASSPORT:	CONTACT::-
(_)	·	
000 RE-21-417	.W	40
		- 10 (a)

email = nigeltang@ vincar. cin.sg

# Land Transport Authority



VOCATIONAL LICENCE Licence No : \$9143862C Name : TAN POH YANG, ANDERS

Please visit www.ita.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9143862C





Name

Race

TAN POH YANG, ANDERS



59 10020

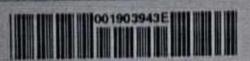




Licence Number S 9 1 4 3 8 6 2 C

TAN POH YANG, ANDERS

birth Date 06 Dec 1991



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Insue Date

13

PRIVATE HIRE CAR VL

17/12/2018



39713



NRIC No. S9143862C



07-12-2006

Address

APT BLK 120 TECK WHYE LANE #08-810 SINGAPORE 680120

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE D.V

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

21 Oct 2010



# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968 (MALAYSIA)

M.Z.400

COMPREHENSIVE CERTIFICATE NO.

2) NAME OF INSURED

COMMERCIAL MOTOR

SLU6382E

POLICY NO.

999994528

(The below excess is subject to GST) POLICY EXCESS

S\$2000.00 (Sect I)

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SI UE382E

Vincar Leasing and Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

19 July 2018

18 July 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

ny person who is driving on the insured's order or with their permission

\$2,000.00 Section | & \$52,000.00 Section || Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.

The policy does not cover drivers who are below 22 years old and/or with less than 2 year driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

## 6) LIMITATION AS TO USE\*

- Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is fixed
- 3) Use for the carriage of passengers for hint or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst crawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

MAYBANK

"Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 18 Jul 2018

501980-000 Vincar Pte Ltd No. 1 Chang Charn Road #05-02 OC Building Singapore 159630

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPORC

ORIGINAL