

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

NA190003021/24

Date In: 18/1/19-22:15	Job description	Date & Time Completed	Done by
Ref No: NA/190003021/24	SAS e-filing		
Veh No: SK88772E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/1/19-22:30	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: SP6065X	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

NA190003021/24	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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	18/02/2019 20:15
Date Of Accident	13/02/2019 22:30
Exact Location Of Accident	BLK 18 EUNOS CRES OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB8177E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	200910504E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97520620
Alternative Phone No	OFFICE-97520620
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994683
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMAD ALI BIN YATIM
NRIC No	S1786854C
Date Of Birth	08/07/1967
Occupation	INDOOR
Date Of Driving Pass	14/04/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91223649
Fax Number	
Contact Number	OFFICE-91223649
EMail Address	NOEMAIL

Address	BLK 8 NORTH BRIDGE ROAD #03-4120
Postcode	190008
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 - CHANGE/CROSS LANE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190214/2086.

#### 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	SJP6065X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

MOHAMAD ALI BIN YATIM

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKB8177E

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  
Date & Time:

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

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

A: SICB8177E  
B: SJP6065X

131x 131 Euros constant  
open space capsule.

Refer to police report. T/20190214/2086.



# ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 2 / 19) (DD/MM/YYYY), TIME: (22:30) (HH:MM)

LOCATION: Blk 18 Eunos Crescent open space carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 4CB8177E  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) ☒  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97520620  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Mohamed Ali Bin Yafm. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 51786546 CONTACT: 91223619  
c) ADDRESS: Blk 8 North Bridge Road #03-4120 (190008)

\* d) DATE OF BIRTH: (8 / 7 / 1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4/4/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) ☒

7. a) REPORTED TO POLICE (YES / NO) ☒

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 59P605X MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(Including driver)  
(1)

\* No of passengers  
(Including driver)  
(1)

\* No of passengers  
(Including driver)  
( )

Email =

fax =

video =



# SINGAPORE POLICE FORCE



T/20190214/2086

1 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20190214/2086

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 14:58	Vide Report No.:	Station Diary No.: 26
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### Informant's Particulars

Name of Informant: MOHAMAD ALI BIN YATIM			Address: APT BLK 8 NORTH BRIDGE ROAD #03-4120 SINGAPORE 190008	
ID Type / ID No.: NRIC NO / S1786854C			Contact No.:	Mobile: 91223649
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 51	Date of Birth: 08/07/1967	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: FOOD STALL WORKER			Driving Licence Information: Class: 3,4	Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 EUNOS CRESCENT				
ALONG 18 EUNOS CRESCENT OPEN SPACE CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP6065X	Car				Slightly Damaged	0
SKB8177E	Car				Seriously Damaged	0

### Details of Person Involved

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





# SINGAPORE POLICE FORCE



T/20190214/2086

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20190214/2086

**CONTINUATION OF REPORT**

Driver				
Name	MOHAMAD ALI BIN YATIM		ID No.	S1786854C
Related Vehicle	SKB8177E (Car)		Contact No.	91223649
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On the 13/02/2019 at around 2230hrs, I was driving my rented car bearing plate number SKB8177E inside the Open space car park of Eunos Crescent HDB estate, I was intending to park my car at the carpark lots besides 16 Eunos Crescent. The drive way is a two way road separated by a single white divider. As I was driving towards 16 Eunos Crescent, I spotted one motorcycle bearing plate number FBH4496K that was parked along the double yellow line of the opposite direction. There was ample space for two vehicles to pass by each other. There was another car that was travelling in the opposite direction along the same drive way along its lane.

As I was nearing the motorcycle the other car was also approaching the motorcycle and in order to ensure that the car did not hit the motorcycle, the said car then turned and entered into my lane. As the said car turned into my lane I then heard a loud cracking sound as such I then stopped my car and came out to make a check. I then saw that my entire front bumper was dislodged. The said car also stopped as such I then walked over to the said car to try to speak to the driver. The driver of the said car is Chinese male

I then asked for the driver to come out so that I could speak to him which he complied with, I then asked the driver if he could exchanged particulars with me so that I can proceed with insurance claim however the driver refused. As by that time both of our vehicles was blocking the traffic along the drive way I then told the driver that I will shift my car to the nearest parking lot and for the driver to wait for me so that I can exchange particulars with him however as I went to into my car to park, the said driver of the other car then drove off.

I did not managed to get his particulars or contact number. However the rider of the motorcycle that was parked along the double yellow line witness the entire incident as such he then provided me his contact number and the car plate number of the other car which is SJP6065X

I am lodging this report for insurance claiming purpose. There is no camera installed in my car and both parties were not injured.



**SINGAPORE  
POLICE FORCE**



T/20190214/2086

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No. 1800-7479999

3 of 3

Report No. T/20190214/2086

**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:

G /

Sgt 3 JOSHUA EMMANUEL SHO YI ZHE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

14/02/2019 14:58

Classification Of Case:

Authentication Stamp

NP168



**CRESCENT CLINIC & SURGERY**

BLK 1A EUNOS CRESCENT #01-2473 SINGAPORE 401001

TEL: 6745 8624

**Medical Certificate**

Date : 18 Feb 2019

MC No. : 0000023883

This is to certify that :

Name : MOHD ALI BIN YATIM

NRIC : S1786854C

is Unfit for Duty for 2 days

from 18/02/2019 to 19/02/2019 inclusive.

  
DR MOHD TAHIR BIN AHMAD

MBBS, MSc(PH), DTM&H

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1786854C



Name

MOHAMAD ALI BIN YATIM

محمد علي بن ياتيم

Race

MALAY

Date of birth

08-07-1967

Sex

M

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S1786854C

MOHAMAD ALI BIN YATIM

Birth Date: 08 Jul 1967  
Issue Date: 30 Aug 2018

002840075K

5898687



NRIC No: S1786854C



Date of issue

02-03-2018

Address

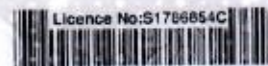
APT BLK 8 NORTH BRIDGE ROAD  
#03-4120  
SINGAPORE 190008

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

EFFECTIVE DATE

- |         |   |             |
|---------|---|-------------|
| Class 3 | Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg  | 14 Apr 2005 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg<br>Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg | 11 Dec 2014 |

NP 428A







HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

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

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z. 400

		(The below excess is subject to GST)	
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	S\$1500.00 (Sect II)
CERTIFICATE NO.	SKB8177E	WINDSCREEN EXCESS	NA
POLICY NO.	999994683	SUM INSURED	NA
		INSURING WITH COE/PARF	NA
		SKB8177E	
1) VEHICLE REGISTRATION NO.		MICRO CREDIT (CAR LEASING) PTE LTD	
2) NAME OF INSURED			
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		20 June 2018	
4) DATE OF EXPIRY OF INSURANCE		09 April 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission.			
S\$1,500.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.			
S\$3,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience.			
S\$4,500.00 Section II Excess is applicable for driver who is below 21 years old and/or with less than 1 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*			
1) Use for social, domestic, pleasure purposes and business purposes of Insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire 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 drawing 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		NA	

\*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 20 Jun 2018

AIG Asia Pacific Insurance Pte. Ltd.

500656-000  
Cowell Insurance (Agency) Pte. Ltd.  
8 Burn Road  
#09-09 Trivex  
Singapore 369977

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL