

NATIONAL Assessment Centre Services

Date In: 18/03/19	Job description	Date & Time Completed	Done by
Ref No: NA/A1419004820/13	SAS e-filing		
Veh No: SLD3218G	E-mail (within 3hrs, AIC 2hrs)		
D.O.A. 16/03/19 0700	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (MAGFOR - HYTEL) Tel: () Fax: ()

TP Particulars: Veh No: GBE1270E 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%; F: 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1*			
	*N5: Courtesy Car / Tpt 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		

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	18/03/2019 09:21
Date Of Accident	16/03/2019 07:00
Exact Location Of Accident	SLIP RD OF UPP PAYA LEBAR TWDS BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3218G
Insured/Policyholder	
Name Of Registered Owner	ONG CHAI BENG
NRIC No	S1776467E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90057629
Alternative Phone No	OTHERS-93881913

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	2100469601-02
Cover Note Number	

Driver

Name of Driver	ONG CHAI BENG
NRIC No	S1776467E
Date Of Birth	17/05/1966
Occupation	INDOOR
Date Of Driving Pass	02/12/1992
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057629
Fax Number	
Contact Number	OTHERS-93881913
Email Address	NOEMAIL

Address BLK 711 HOUGANG AVE 2
#01-147
Postcode 530711
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 COLLISION - HEAD TO REAR
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: : LOH BOON KENG
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name EUNOS NPP
Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WITH DRIVER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE1270E
Vehicle Make/Model/Colour TOYOTA DYNA
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LOKE CHEE YEN
NRIC/Passport Number G6695811L

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG CHAI BENG
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SLD3218G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LOH BOON KENG
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SLD3218G
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:

18/03/19

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

SKETCH PLAN

Slip Rd of Upper Paya Lebar towards Bartley Rd East (Bishan)



Veh A: SLD 3218 G

Veh B: GRE 1270 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Upper Paya Lebar towards Bartley Rd East. Somewhere on the single lane slip road, I stopped behind the slip road give way line due to traffic along the main road. Before I can move off, I suddenly felt a strong impact from the rear portion of my vehicle. After the accident, I alighted to see that vehicle B had collided into the rear portion of my vehicle. Hence I was involved in an accident of 2 vehicles. My seat belts were jammed as a result of the accident.

Veh A: SLD 3218 G

Veh B: GRE 1270 E

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:

 18/03/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20190316/2130

1 of 4

Report No. T/20190316/2130

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/03/2019 16:51

Vide Report No.:

Station Diary No.:
13

Informant's Particulars

Name of Informant:
ONG CHAI BENG

Address:
APT BLK 711 HOUGANG AVENUE 2 #01-147 SINGAPORE
530711

ID Type / ID No.:
NRIC NO / S1776467E

Contact No.:
Home/Office: Mobile: 90057629

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 52 Date of Birth: 17/05/1966

Type of Informant:
Driver

Institution / School Name:

Race:
Chinese

Language:

Occupation:
CONTRACTOR

Driving Licence Information:
Class: 2B,3,4

Date of Expiry:

General Information of the Accident

Type of Accident:

Injury
Others

Drink Drive:
No

Date/Time of Accident:
16/03/2019 07:15

Type of Location:
SLIP ROAD

Location:
Along Road 1
UPPER PAYA LEBAR ROAD

SLIP ROAD OF UPPER PAYA LEBAR TOWARDS BARTLEY ROAD EAST (TAMPINES)

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

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
GBE1270E	Lorry	TOYOTA		Blue		0
SLD3218G	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20190316/2130

2 of 4

Report No. T/20190316/2130

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD3218G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100469601-02	14/06/2018	13/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOKE CHEE YEN	ID No.	G6695811L
Related Vehicle	GBE1270E (Lorry)	Contact No.	86519509
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

Driver			
Name	ONG CHAI BENG	ID No.	S1776467E
Related Vehicle	SLD3218G (Car)	Contact No.	90057629
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2,3,4 Date of Expiry: NIL
Date Treatment	16/03/2019	Date Discharge	16/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Passenger			
Name	LOH BOON KENG	ID No.	S1674890J
Related Vehicle	SLD3218G (Car)	Contact No.	93881913
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/03/2019	Date Discharge	16/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20190318/2130

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 4

Report No. T/20190318/2130

CONTINUATION OF REPORT

Brief Details.

I was driving along Upper Paya Lebar road towards Bartley Road East. I stopped behind the slip road line to give way to oncoming traffic along the main road. Before I move off, suddenly I felt a strong impact from the rear of my vehicle. After the accident, I alighted from my vehicle to see that a lorry (GBE1270E) had collided onto the rear portion of my vehicle. Hence I was involved in an accident of two vehicle. My seat belts were jammed as a result of the accident too.

After the accident I went to Parkway East Hospital with my wife who is the passenger and both of us were given three days MC as we felt pain on our neck and back. I wish to state that I have front and rear in-car camera.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



Report No: T20190316-2190

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 ANWAR MUSHADAD BIN ABDUL
RAHMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/03/2019 16:51

Officer In Charge Of Case:

TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP163

SINGAPORE
POLICE FORCE

SIGNATURE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119035374 Vehicle Registration No: 5L032186

Name (as shown in NRIC) : ONG CHAI BENG NRIC/FIN/Passport No : 51776467E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 711 HOUGANG AVE 2 Singapore (530711)

Contact (Tel) : _____ Mobile No. : 90057629 / 93881913

Email Address : _____

Date of Accident : 16/03/19 Time of Accident : 07:00

Place of Accident : SLIP RD OF UPP PAYA CERAS TWAS BARTLEY RD EAST

Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN INSURY A POLICE REPORT

Policyholder / Driver's Signature
Date:

[Signature] 18/03/19

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

Date of Accident : 16-Mar-19 Accident Time: 0700hrs (24-HR-Format)

Accident Place : Slip Road of Upper Pays lebar toward Bantey Rd (East (Rishan))

Vehicle No. (Car Plate No.) : SLD 3218 G Make/Model: Mercedes C180

Insurance Company : AIG Policy No: 2100469601-02

Owner or Company Name / IC No. : ONG CHAI BENG S1776467E

Owner or Company Contact No. : 90057629 Owner's Hp 93881913 Company Tel (wife)

DRIVER'S Name / IC No. : ONG CHAI BENG

DRIVER'S Date Of Birth : 17-May-66 DRIVER'S License Pass Date 02-Dec-1992

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : Blk 711 Honggang Ave 2 #01-147 S(530711)

DRIVER'S Contact No./ Alt No. : 1) 90057629 2) _____

DRIVER'S Occupation : (INDOOR) \ OUTDOOR (e.g. working inside or outside office)

Email Address : _____ sales@mia.com.sg

Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (Including Driver): 01-Passenger (F), 01-Driver

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

Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>GBE 1270 E</u>	Vehicle No: _____
Vehicle Make/Model: <u>Toyota Dyna</u>	Vehicle Make/Model: _____
Name Driver: <u>Loke Chee Yem</u>	Name Driver: _____
IC No. Driver/Contact: <u>G6695811L</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

4863433



NRIC No. S1776467E

Date of issue
30-07-2012

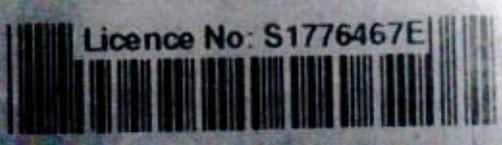
APT BLK 711 HOUGANG AVENUE 2 #01-147
SINGAPORE 530711

S1776467E

27/11/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	01 Jun 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Dec 1992
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	01 Aug 1994



Licence No: S1776467E

NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1776467E



Name
ONG CHAI BENG

王 才 明

Race
CHINESE

Date of birth 17-05-1966 Sex M

Country of birth
SINGAPORE

S1776467E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1776467E

Name
ONG CHAI BENG

Birth Date: 17 May 1966

Issue Date: 12 Aug 2003

000737239C





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ong Chai Beng
Period of Insurance : 14 Jun 2018 To 13 Jun 2019
Engine No. : 27491030601980
Chassis No. : WDD2050402R166950

Vehicle No. : SLD3218G
Policy No. : 2100469601-02
Endorsement No. :
Issued Date : 22 May 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
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 "Young and/or Inexperienced Driver Excess" ("YIDR") 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.

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 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ong Chai Beng - \$800 (Own Damage)

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: Daimler Financial Services Africa & Asia Pacific 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).

0632008000

TAN BOON SEONG LAWRENCE
 371 ALEXANDRA ROAD #10-11 AIA ALEXANDRA
 SINGAPORE 159963 SP-JBLEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCNFY