

NATIONAL Assessment Centre Services.

(part 1 Jan 05)

MA10419026187

Date In: 18/03/2019 19:55	Job description	Date & Time Completed	Done by
Ref No: NCA/NBA019190049254	SAS e-filing		
Veh No: SLK 1959C	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 18/03/2019 13:46	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/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJF 4971X	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates:	Times:
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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date of Incident:	Location:

MA1902024	INC () / Non-INC ()
Driver/Owner:	1) AR: Accident Reporting (330)
Contact No:	2) DA: Damage Assessment (3100) INC (330)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: 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) NI: Idau DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	9) NI: Courtesy Car / TP Allowance \$3
	10) NI: Repair Co-ordination \$10
	11) NI: Post Repair Inspection \$25
	12) NI: DV / Collect Excess Coordination \$5
	13) NI: TP (Non INC) \$20
	14) NI: Idau Mobile \$30
	Fee Charged
	Invoice dated
	Invoice total

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 19:55
Date Of Accident	18/03/2019 13:40
Exact Location Of Accident	NEAR BLK 745 BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1959C
Insured/Policyholder	
Name Of Registered Owner	YEO SIN HUAT ALAN
NRIC No	S7234580J
Email Address	CHUASCJ@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81834553
Alternative Phone No	OTHERS-97627890

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	2100499465-01
Cover Note Number	

Driver

Name of Driver	CHUA SOK CHENG (CAI SHUZHEN)
NRIC No	S7212834F
Date Of Birth	15/04/1972
Occupation	INDOOR
Date Of Driving Pass	31/05/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81834553
Fax Number	
Contact Number	OTHERS-97627890
Email Address	CHUASCJ@YAHOO.COM.SG

Address	49 JURONG EAST ANENUE 1 #08-03
Postcode	609781
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	3
Passenger 1	NAME: : SIM LEA TONG GENDER: : FEMALE
Passenger 2	NAME: : LIM JIA HUEY GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190318/2144

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	SJF4971X
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG KENG PAU

NRIC/Passport Number	S1511644G
Contact Number	96836640
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM JIA HUEY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLK1959C
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.

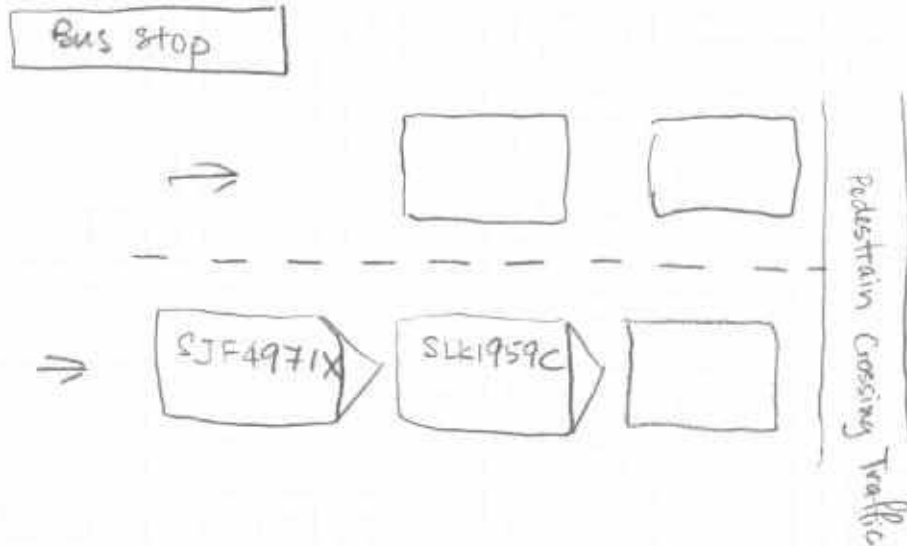
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/3/2019 4.17pm


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

745 Bedok Reservoir Road

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopping at the Red traffic light and waiting for the light to turn green. Once the light turn Green, I feel the bang immediately before I can move off. The behind car bang me on the back. I step out of the car and check with the behind car, he also get down and say that he thought that I have move off, and claim that the reflection of the sun, and he cannot see my car properly. so he accelerate and bang onto my car.

PS REFER TO POLICE REPORT 7/20190318/2144

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 POLICE FORCE



T/20190318/2144

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

1 of 4

Report No. T/20190318/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2019 18:08	Vide Report No.:	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: CHUA SOK CHENG		Address: 49 JURONG EAST AVENUE 1 #08-03 SINGAPORE 609781	
ID Type / ID No.: NRIC NO / S7212834F		Contact No.: Home/Office:	Mobile: 97627890
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 46	Date of Birth: 15/04/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2019 13:40	Type of Location: Minor pedestrian crossing traffic light
Location: BEDOK RESERVOIR ROAD Along Bedok Reservoir Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SJF4971X	Car					0
SLK1959C	Car				Slightly Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20190318/2144

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20190318/2144

CONTINUATION OF REPORT

Driver			
Name	NG KENG PAU	ID No.	S1511644G
Related Vehicle	SJF4971X (Car)	Contact No.	96836640
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	CHUA SOK CHENG	ID No.	S7212834F
Related Vehicle	SLK1959C (Car)	Contact No.	97627890
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/03/2019 at about 1340hrs, I was driving my vehicle bearing the registration number SLK1959C along Bedok Reservoir Rd with my mother was seated at the rear passenger seat and my friend was seated at the front passenger seat. When I was driving beside block 745 of Bedok Reservoir Rd, I approached a red traffic light. I stopped my vehicle at the stopping line while waiting it to turn green.

After the traffic light turn green, I just wanted to move off when a vehicle bearing the registration number SJF4971X collided onto the rear part of my vehicle. The impact had caused my vehicle to inch forward. I then went out from the car to check my car and my car suffered dent on the bumper area. We exchange particulars and as there was no one required any immediate medical attention at that point of time, we both left the scene. I have an in-build car camera install in my vehicle.

I wish to state that my friend felt pain on her back and neck area thus she went to seek medical attention at LC Clinic and was given 3 days of medical leave. I wish to state that my mother also felt some pain at her chest area when I was driving her back home however she has yet see any doctor.

My friend particular as follows:

Name: Lim Jia Huey
NRIC: S7274107B
H/P: 91281057



**SINGAPORE
POLICE FORCE**



T/20190318/2144

3 of 4

Report No. T/20190318/2144

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190318/2144

4 of 4

Report No. T/20190318/2144

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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:
D /
Sgt 3 MUHAMMAD RAFIQ KHAN BIN DAUD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/03/2019 18:08

Classification Of Case:

SIGNATURE

LC CLINIC MEDICAL SURGERY AESTHETICS

Blk 446 Clementi Ave 3 #01-191 Singapore 120446

Tel: 64640932 Fax: 64640241

Medical Certificate

Date : 18 Mar 2019

MC No. : 0000034158

This is to certify that :

Name : LIM JIA HUEY

NRIC : S7274107B

is Unfit for work for 3 days

from 18/03/2019 to 20/03/2019 inclusive.



LC Clinic
Medical Surgery Aesthetics
Blk 446 Clementi Ave 3
#01-191 Singapore 120446
Tel: +65 6464 0932 Fax: +65 6464 0241
Licence No.: 14M0014/02/152

DR LIM CHOO

MBBS, GDFM

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

LC Clinic 林诊所
Medical Surgery Aesthetics

TO: DR THNG LEONG KENG PAUL

ORTHOPAEDIC SURGERY

ADD: PTL SPINE & ORTHOPAEDICS

38 IRRAWADDY ROAD #07-34

MOUNT ELIZABETH NOVENA SPECIALIST CENTRE
SINGAPORE 329 563

TEL: 6734 7005

APPT DATE / TIME : 20/3/2019 (WED) , 11am

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 03 / 2019) (DD/MM/YYYY). TIME: (13 : 40) (HH:MM)

LOCATION: 745 Bedok Reservoir Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 1959C
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2100499465-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz, E250 CGI BE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USED
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

Sim Lea Tong (F)
 Lim Jia Huey (F)

2. INSURED / POLICY HOLDER

- a) NAME: YEO SIN HUAT ALAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7234580J CONTACT: 81834553
 c) ADDRESS: 49 Jurong East Ave 1 #08-03
 Singapore 609781

* CONTINUE TO 3.8 IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHUA SOK CHENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7212834F CONTACT: 97627890
 c) ADDRESS: As above

* No of passengers
 (including driver)
 (3)

* d) DATE OF BIRTH: (15 / 04 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband & wife

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: SJF 4971X MODEL: COROLLA ALTIS
 b) DRIVER'S NAME: NG KENG PAU
 c) NRIC/FIN/PASSPORT: S1511644G CONTACT: 96836640

* No of passenger
 (including driver)
 (1)

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 ()

Email = chuascj@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7212834F



CHUA SOK CHENG
(CAI SHUZHEN)

蔡淑贞

NAME

CHINESE

Date of Birth

15-04-1972

Country of Birth

SINGAPORE

Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7212834F

Name

CHUA SOK CHENG
(CAI SHUZHEN)

Birth Date 15 Apr 1972

Issue Date 25 Apr 2003



NRIC No. S7212834F



Group 2/3/4 Date of issue

O+ 30-03-1994

49 JURONG EAST AVENUE 1 #08-03
SINGAPORE 600781

NRIC No. S7212834F

Date: 03/05/2017

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

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASSED DATE

31 May 1995



NP 428A

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : YEO SIN HUAT ALAN
 Period of Insurance : 21 Jun 2018 To 20 Jun 2019
 Engine No. : 27186030356598
 Chassis No. : WDD2120472A524854

Vehicle No. : SLK1959C
 Policy No. : 2100499465-01
 Endorsement No. :
 Issued Date : 01 Jun 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ E250 CGI BE
 Engine Capacity/Tonnage : 1,796.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2011
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

All the Policyholder
 to any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any Authorized Driver only if he/she meets the specified age condition.

Not liable to pay an additional sum of \$2,000 as "Young novice inexperienced Driver Excess" ("YDRE") if you are as Your Authorized Driver claimed to be insured to under the age of 25 and/or has less than 3 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 school, driving test, racing, stunt-driving, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or industry or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations imposed respectively by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180) 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)

YEO SIN HUAT ALAN - \$600 (Own Damages), CHUA SOK CHENG - \$800 (Own Damages)

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

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

Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Side Agent's workshop.

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6300. Alternatively, You may refer to AIG website www.aig.com.sg or AIG 50 Mobile App. Simply search and download "AIG 50" 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. 180), Part (I) of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).)

6503962000

KHC HOLDINGS PTE. LTD.

309A BALESTIER ROAD

SINGAPORE 329706

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile
 AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

030906