

NATIONAL Assessment Centre Services.

[ref 1 Jan 05]

NA469042814

Date In: 05/04/09 15:18	Job description	Date & Time Completed	Done by
Ref No: NA469042814	SAS e-filing		
Veh No: SLJ 9286m	E-mail (Update this, AIC this)		
D.O.A: 27/03/09 08:25	I-Motor Claim Form		
OID (TP) Reporting Only	I-Motor W/O (Within: OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WRSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLJ 9286m	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Driver/Owner:	1) AR: Accident Reporting (330)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/145	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idax DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	

QC Checked by (Engi-In-Charge):	9) NI: Idax Mobile	
	10) NI: Idax Mobile	
	11) NI: Idax Mobile	
	12) NI: Idax Mobile	
	13) NI: Idax Mobile	
	14) NI: Idax Mobile	
	15) NI: Idax Mobile	
	16) NI: Idax Mobile	
	17) NI: Idax Mobile	
	18) NI: Idax Mobile	
	19) NI: Idax Mobile	
	20) NI: Idax Mobile	

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	02/04/2019 15:18
Date Of Accident	27/03/2019 08:25
Exact Location Of Accident	AYE TOWARDS TUAS AFTER LOWER DELTA ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9286M
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	PHILLIP.STEPHENS@DYSON.COM
Mobile Phone No	(LOCAL) +65-92314824
Alternative Phone No	OFFICE-92314824

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	STEPHENS PHILLIP ANDREW
Passport No/FIN	G3350441T
Date Of Birth	28/06/1989
Occupation	INDOOR
Date Of Driving Pass	09/03/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92314824
Fax Number	
Contact Number	OTHERS-92314824
Email Address	PHILLIP.STEPHENS@DYSON.COM

Address	9 KIM TIAN ROAD #31-17 HIGHLINE RESIDENCES
Postcode	168593
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 - 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190327/2106

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	SKK4484Y
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KUAN HIANG
NRIC/Passport Number	S7406280F
Contact Number	93699111
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	STEPHENS PHILLIP ANDREW
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SLJ9286M
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.
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 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 Traffic Police Department for investigation.
 6. This report will be forwarded by the insurers to 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.
6. **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' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

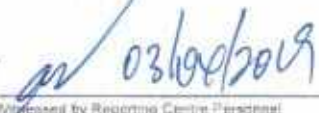
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

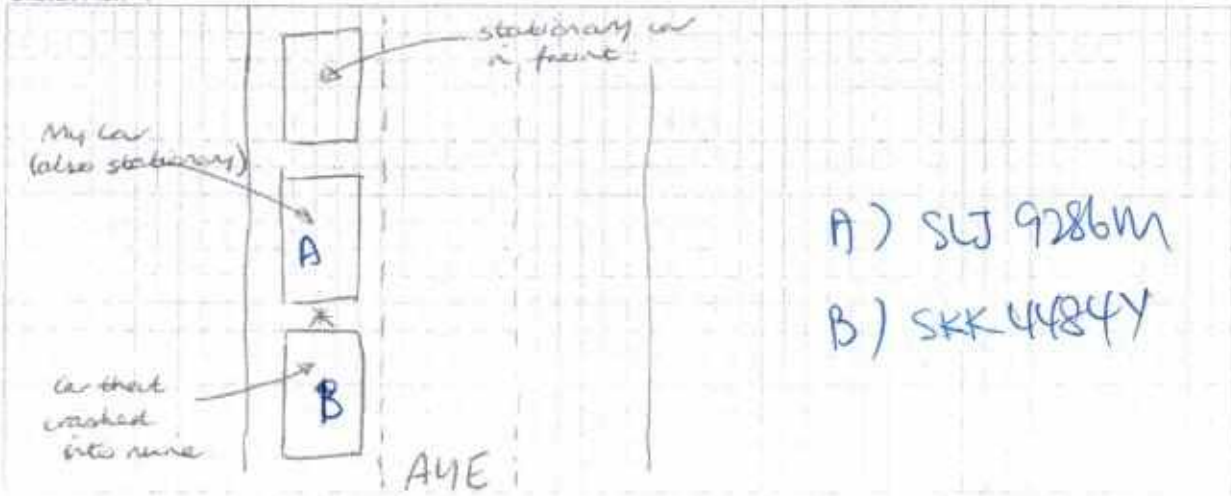
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature:  Date & Time

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

Witnessed by Reporting Centre Personnel:  Date & Time

Sketch Plan: 



Describe Circumstance of the Accident *

At 08.25, I was driving along the A14 towards Thax. I was in the inside lane. There was stationary traffic in all lanes. The cars in front began to brake so I gently put on the brakes to bring the car to a ^{complete} stop. Throughout, I did not change lanes.

A few seconds later, the car behind me hit my car in the rear. I got out the car after ~~some time~~ some time to inspect the damage. We were on a very busy road, so I summoned the other driver to pull onto the hard shoulder. We stopped there and exchanged details.

My car was drivable, so we drove off after exchanging information. The other driver explained that he was very tired, which is why he didn't stop.

POLICE REPORT 1/20190327/2106

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

*

Driver's Signature (if driver is not the policyholder) / Date & Time

27.03.19 10:50

Witnessed by Reporting Centre Personnel

03/04/2019



**SINGAPORE
POLICE FORCE**



T/20190327/2106

1 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20190327/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 15:18		Vide Report No.:		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: STEPHENS PHILLIP ANDREW			Address: APT BLK 9 KIM TIAN ROAD #31-17 HIGHLINE RESIDENCES SINGAPORE 168593		
ID Type / ID No.: FIN NO / G3350441T			Contact No.: Home/Office: Mobile: 92314824		
Nationality: BRITISH			Email:		
Sex: Male	Age: 29	Date of Birth: 28/06/1989	Type of Informant: Driver		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3 Date of Expiry: 08/03/2023		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2019 08:25	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Towards Tuas after Lower Delta Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SKK4484Y	Car				Slightly Damaged	0
SLJ9286M	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/20190327/2106

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20190327/2106

CONTINUATION OF REPORT

Driver			
Name	TAN KUAN HIANG	ID No.	S7406280F
Related Vehicle	SKK4484Y (Car)	Contact No.	93699111
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	STEPHENS PHILLIP ANDREW	ID No.	G3350441T
Related Vehicle	SLJ9286M (Car)	Contact No.	92314824
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 08/03/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/03/2019 at about 0825hrs, while I was driving along AYE on left most lane towards Tuas, I slow down and came to a stop as the traffic was heavy. When my car came to a stop the vehicle behind me collided onto the rear of my car. No one was injured. We exchanged particulars and left. I called my insurance company and was told by them to file a police report.



**SINGAPORE
POLICE FORCE**



T/20190327/2106

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20190327/2106

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:

A /

Sgt 2 LOO CHIN HWEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2019 15:18

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Signature

Singapore Police Force

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 27.03.2019 Time: 08:25
 Exact Location of Accident * AYE towards Tuas. After LANE DELTA 2A JUNCTION.

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLJ9286M

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer _____ Model _____

Type of Vehicle*

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ Micycle ☐ Others _____

Exact Purpose for which vehicle was being used at time of accident *

COMMUTING TO WORK

Are you claiming under your own insurance policy for repair to your vehicle?

☐ Yes ☐ No (If No, Pls select ☒ Third Party ☐ Reporting)

Vehicle Category*

☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

Type of Policy

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

First Policy

☐ Yes ☐ No

Policy Number

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver *

PHILLIP ANDREW STEPHENS

Personal Identification - NRIC (Singaporean/PR) *

- FIN/Passport Number

G3350441T

Date of Birth *

28 dd/ 06 mm/ 1989 /yy

Driving Date Pass *

09 dd/ 03 mm/ 2018 /yy

Year of Driving Experience *

12 Year(s) 4 Month(s)

Occupation *

TECHNICAL LEAD ☒ Indoor ☐ Outdoor

Gender *

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. *

9231 4824

Address of Driver	* #31-17 9 KIM HIAN RD HIGHTONE RESIDENCES	Postcode (168593)
Email Address	+ philip.stephens@dyson.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	+ CAR CRASH INTO BACK OF MY CAR	
Weather Conditions	+ <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	+ <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others	
OTHER INFORMATION		
a. Was anybody injured in the accident?	* <input checked="" type="radio"/> Yes <input type="radio"/> No	
b. Was any other vehicle or property damaged? (Including Witness)	+ <input checked="" type="radio"/> Yes <input type="radio"/> No	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	* <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	+ SKK 4484Y	
Vehicle Make/ Model/ Colour	MERCEDES SILVER	
Details of Properties		
Name of Driver	TAN KUAN HIANG	
Personal Identification - NRIC (Singaporean/PR)	S7406280F	
- FIN/Passport Number		
Contact Number	+65 9369 9111	
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)	1	
(Note - Please use page 6 if you need to add more vehicles)		

Details of Witness 1

Name

Phone

Email Address

Details of Witness 2

Name

Phone

Email Address

Details of Injured Person 1

Name

PHILLIP ANDREW STEPHENS

Address

431-17 HILMING RESIDENCE

Approximate Age

29

Injuries Sustained

SOFT NECK, HEAD PAIN

If vehicle occupants, state in which vehicle?

Were seat belts worn?



Yes



No

Was injured conveyed to hospital by ambulance?



Yes



No

Details of Injured Person 2

Name

Address

Approximate Age

Injuries Sustained

If vehicle occupants, state in which vehicle?

Were seat belts worn?



Yes



No

Was injured conveyed to hospital by ambulance?



Yes



No

Details of Injured Person 3

Name

Address

Approximate Age

Injuries Sustained

If vehicle occupants, state in which vehicle?

Were seat belts worn?



Yes



No

Was injured conveyed to hospital by ambulance?



Yes



No

(Note - Please use page 7 if you need to add more injured person)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

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

EFFECTIVE DATE

09 Mar 2018

EP 4770A



License H033504411

REPUBLIC OF SINGAPORE DRIVING LICENCE

G33504411

STEWENS PHILLIP ANDREW



Date of Birth: 29 Jun 1969
Valid Until: 09 Mar 2018
Valid Till: 09 03 2023



VISIT PASS

Issued by: Immigration & Checkpoints Authority

STEWENS PHILLIP ANDREW



Category: ADJUDICANT
Date of Birth: 29-06-1969
Nationality: BRITISH

YOU ARE NOT ALLOWED TO ENTER SINCE YOU DO NOT HAVE A VALID PASSPORT



Immigration & Checkpoints Authority
App No: 123456789



EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Ministry of Manpower

STEWENS PHILLIP ANDREW



Category: ADJUDICANT
Date of Birth: 29-06-1969
Nationality: BRITISH



K1070655

**CERTIFICATE OF INSURANCE**

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.Z.400

Comprehensive Commercial Motor		(The below excess is subject to GST)	
CERTIFICATE NO.	999994316	POLICY EXCESS	S\$800.00 ** (I)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SLJ9286M		
2) NAME OF POLICYHOLDER	Goldbell Car Rental Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	01 January 2019		
4) DATE OF EXPIRY OF INSURANCE	31 March 2020		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*	Any person who is driving on the Insured's order or with their permission.		
	Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months		
	Additional excess of \$500 applies to all claims for accident outside Singapore		
	** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.		
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.		
	The Policy does not cover		
	1) Use for 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 the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.		
	4) Use for any purpose in connection with Motor Trade.		
LOSS OF USE	Not Included		
HIRE PURCHASE COMPANY	DBS Bank Ltd		
*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 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ