

**NATIONAL Assessment Centre Services.** [ver 1 Jan'08] **19/04/2009 15:59**

Date In: <b>29/04/2009 15:59</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/0149007346/4</b>	SAS e-filing		
Veh No: <b>SL7 52902</b>	E-mail P (Vehicle 2hrs, AIC 2hrs)		
D.O.A: <b>26/04/2009 16:10</b>	I-Motor Claim Form		
OD: <b>TP</b> 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: ( ) Tel: Fax:

TP Particulars: Ych No: **CB 6584R** 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( )

Actions: ( )

**19/04/2009 15:59**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Additional Comments: ( )

Int. 1: ( )

2/3

1) AR: Accident Reporting (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$100
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) FT: Follow-Through Survey (Resurvey)	\$75
6) TR: Re-inspection	\$160
7) NI: Idao DA + SMRT Survey	
8) NTUC Additional Services:	
ON:	\$1
• NS: Courtesy Car / TPR Allowance	\$10
• NR: Repair Coordination	\$25
• NI: Post Repair Inspection	\$5
• NC: DV / Collect Excess Coordination	\$30
• TP (NI): TP (Non INC) e-filing	\$30
9) NI: Idao Mobile	
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	29/04/2019 19:59
Date Of Accident	26/04/2019 16:10
Exact Location Of Accident	ALEXANDRA ROAD TOWARDS TELOK BLANGAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5290Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW PUAY HIA (LIU PEIXIA)
NRIC No	S7637192Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91263044
Alternative Phone No	OTHERS-91263044
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	CX-3-2.0 SKYACTIV-G 6AT (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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700079835-01
Cover Note Number	

### Driver

Name of Driver	CHOY KIT YEE (CAI JIEYI)
NRIC No	S8112932J
Date Of Birth	11/04/1981
Occupation	INDOOR
Date Of Driving Pass	01/03/2000
Driving Experience	19 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91263044
Fax Number	
Contact Number	OTHERS-91263044
EMail Address	NOEMAIL

Address	6 DOVER RISE #04-10
Postcode	138678
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
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: : NATHAN LOW LUCK KAI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190426/7017

#### 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	CB6534R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD3489M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SBS8560Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHOY KIT YEE (CAI JIEYI)  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLT5290Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NATHAN LOW LUCK KAI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLT5290Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address



## 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:



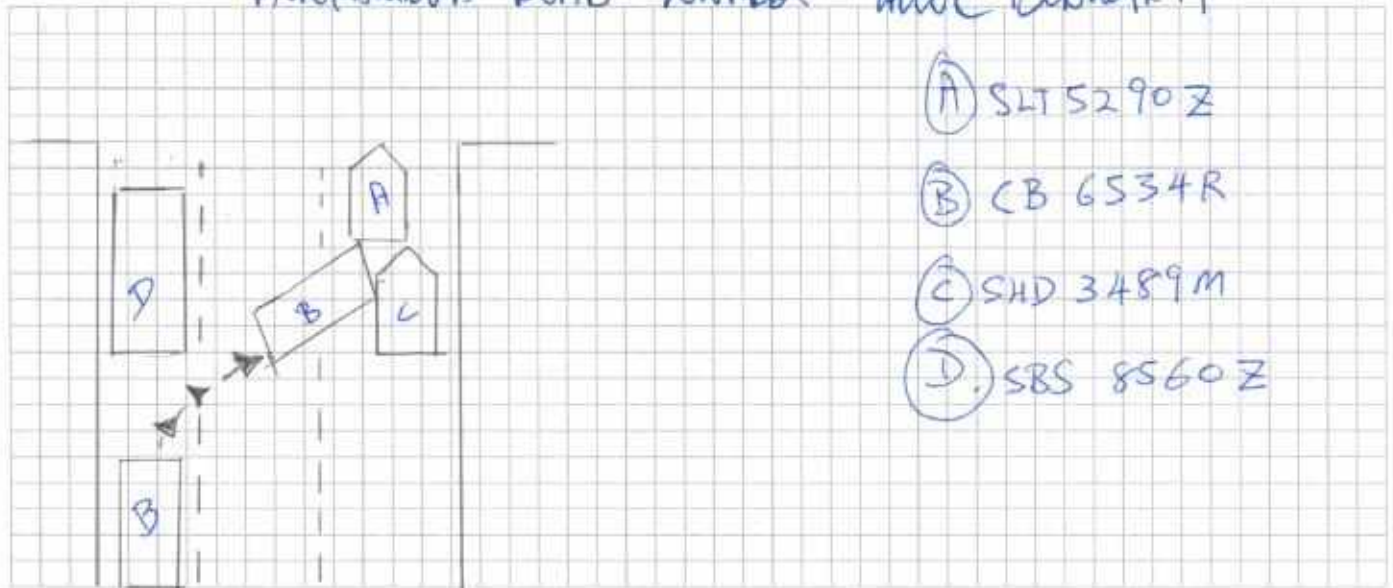
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



29/04/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

ALEXANDRA ROAD TOWARDS TRUK BENDAH



① SLT 5290Z

② CB 6534R

③ SHD 3489M

④ SBS 8560Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20190426/7017.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 29/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190426/7017

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190426/7017

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2019 18:48		Vide Report No.: D/20190426/0069		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHOY KIT YEE			Address: 6 DOVER RISE #04-10 SINGAPORE 138678		
ID Type / ID No.: NRIC NO / S8112932J			Contact No.: Home/Office:		Mobile: 93679494
Nationality: SINGAPORE CITIZEN			Email: kitchoy@gmail.com		
Sex: Female	Age: 38	Date of Birth: 11/04/1981	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Housewife		Driving Licence Information: Class:		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2019 16:10	Type of Location: Straight Road
Location: ALEXANDRA ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
CB6534R	Bus/Coach/Minibus (School Children)			White	Seriously Damaged	20
SBS8560Z	Bus/Coach/Minibus			Red	Slightly Damaged	0
SHD3489M	Car			Blue	Seriously Damaged	0
SLT5290Z	Car					0



**SINGAPORE  
POLICE FORCE**



T/20190426/7017

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190426/7017

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	NATHAN LOW LUCK KAI	ID No.	T1124855H
Related Vehicle	SLT5290Z (Car)	Contact No.	NIL
Hospital/Clinic	NORTHEAST (BUONA VISTA) MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/04/2019	Date Discharge	26/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	CHOY KIT YEE	ID No.	S8112932J
Related Vehicle	SLT5290Z (Car)	Contact No.	93679494
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	Slight

**Brief Details.**

I WAS WAS WAITING FOR THE TRAFFIC LIGHT TO TURN INTO MY FAVOR. I WAS STATIONARY ON LANE 1 OF 3 LANES AND WAS THE FIRST VEHICLE OF THE QUEUE. OUT OF A SUDDEN, I FELT AN GREAT IMPACT FROM THE REAR, THE IMPACT WAS SO HUGE THAT IT PUSHED ME FORWARD ACROSS THE PEDESTRIAN CROSSING. I ALIGHTED FROM MY CAR AND REALISED THAT A PRIVATE BUS (CB6534R) HAD LOST CONTROL AND COLLIDED ONTO THE REAR OF MY VEHICLE AFTER THE COLLISION WITH A SBS BUS (SBS8560Z). A TAXI (SHD3489M) WAS ALSO INVOLVED IN THE ACCIDENT. IN TOTAL, 4 VEHICLES WERE INVOLVED.





**SINGAPORE  
POLICE FORCE**



T/20190426/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190426/7017

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YEO CHUN JIAN  
Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
26/04/2019 18:48

Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 26 APR 2017		TIME: 1610 HRS.		(hh:mm) 24 hrs Format	
LOCATION ALEXANDRA RD TWDJ TELUK BLANLAM.					
VEHICLE NUMBER SLT 5290 Z					
INSURED NAME LOW PHAY HIA					
NRIC / FIN 57637192 Z		CONTACT: 9126 3044.			
MAKE MAZDA		MODEL CX3 2.0 SKY ACTIV			
Are you claiming under your own insurance policy for repair to your vehicle?					
( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only					
INSURANCE COMPANY AIG INSURANCE.					
TYPE OF POLICY ( / ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT					
POLICY NUMBER : 1700079835.					
NAME DRIVER : CHOI KIT YEE ( ) SAME AS INSURED					
NRIC / FIN 58112932 J		CONTACT:			
DATE OF BIRTH: 11 APR 1981.					
DRIVING PASS DATE: 01 MAR 2000					
OCCUPATION: ( / ) INDOOR ( ) OUTDOOR					
GENDER: ( ) MALE ( / ) FEMALE					
EMAIL ADDRESS: ( ) NO EMAIL					
ADDRESS OF DRIVER: 6 DOVER RISE #04-10 S(138678).					
Number Of Passenger Include Driver: 01 DRIVER + 01 PASSENGER. (NATHAN LOW LUCK KAI) 71124855H.					
Was driver an employee of the Insured's Company? ( ) YES ( / ) NO					
If No, Relationship Of The Driver With The Insured					
( ) Owner ( ) Spouse ( ) Friend ( / ) Relative ( ) Children ( ) Sibling ( ) Others					
Does The Driver Own Any Other Vehicle? : ( ) YES ( ) NO					
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:					
Insurance Company Of Driver's Own Vehicle					
Weather Conditions: ( ) Clear ( / ) Raining ( ) Drizzling ( ) Others					
Road Surface : ( ) Dry ( / ) Wet ( ) Others					
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( / ) NO					
Was Anybody Injured In The Accident? ( / ) YES ( ) NO					
If YES, Injured details : DRIVER & PASSENGER					
Convey By Ambulance: ( ) YES ( / ) NO					
Was There Any Video Capture By Car Camera? ( / ) YES ( ) NO WITH TRAFFIC POLICE.					
Was There Accident Reported To The Police? ( / ) YES ( ) NO If Yes Attach Police Report					
Police Report Number (if any) T/20190426/7017.					
Details Of 3rd Party		Name / NRIC		No. of Paxs (incl'driver)	
Veh B CB 6534R				( ) / Not Sure ( / )	
Veh C SHD 3439M				( ) / Not Sure ( / )	
Veh D SBS 8560Z				( ) / Not Sure ( / )	
Veh E				( ) / Not Sure ( )	
Veh F				( ) / Not Sure ( )	
Veh G				( ) / Not Sure ( )	



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8112932J



Name  
CHOI KIT YEE  
(CAI JIEYI)  
蔡洁仪

Race  
CHINESE

Date of birth  
11-04-1981

Sex  
F

Country of birth  
SINGAPORE



4782828



NRIC No. S8112932J



Date of issue  
14-11-2011



18 DOVER RISE #04-10  
SINGAPORE 138678

NRIC No. S8112932J Date: 21/08/2016

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Portrait photo of a woman.

Licence Number: **S8112932J**

NAME: **CHOY KIT YEE (CAI JIEYI)**

Birth Date: **11 Apr 1981**

Issue Date: **17 Nov 2012**

Barcode: 0021332364

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

	EFFECTIVE DATE
<b>Class 3</b> Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 3500kg	01 Mar 2000

NP 428A

Barcode: Licence No: S8112932J



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7637192Z



 **LOW PUAY HIA**  
(LIU PEIXIA)  
**劉佩霞**  
Race  
**CHINESE**  
Date of Birth  
**10-11-1976** Sex  
**F**  
Country of Birth  
**SINGAPORE**



1357879



NRIC No. S7637192Z



NRIC No. S7637192Z

APR 22 2015

AB\* 22-09-1993

APT BLK 91 TANGLIN HALL ROAD #40-312  
SINGAPORE 142091

NRIC No. S7637192Z Date: 29/10/2015

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LOW PUAY HIA (LIU PEI XIA)  
 Period of Insurance : 31 Oct 2018 To 30 Oct 2019  
 Engine No. : BE31118641  
 Chassis No. : JM6DK2W7AJ0310056

Vehicle No. : SLT5290Z  
 Policy No. : 1700079835-01  
 Endorsement No. :  
 Issued Date : 05 Oct 2018

## ABOUT THE COVER

Make/Model : MAZDA CX3 2.0 SkyActiv  
 Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2017  
 Driver Restriction : NA Off Peak Car : No 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 Inexperienced Driver Excess" ("YIDR") if You are a Your Authorized Driver (named or unnamed) is under the age of 25 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 - 1500cc 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 - \$600 Theft - \$0 Flood Cover - \$0

## Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LOW PUAY HIA (LIU PEI XIA) - \$600 (Own Damage)

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

1. Trans Eurocars Pte Ltd Add: 5 Ubi Close, Singapore 408605 83058090

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: HONG LEONG FINANCE 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) and Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1988 (Malaysia).

0500399190

KRF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE