

NATIONAL Assessment Centre Services

(over 1 Jan 2005)

MA919060247

Date In: 09/05/09 15:11	Job description	Date & Time Completed	Done by
Ref No: N/A/1919008212/Y	SAS e-filing		
Veh No: SMC 5494E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/05/09 06:50	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:

JTA 879

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

MA91903301

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comment(s):

Cal. 1:

Cal. 2/3:

Invoice Preparation Checklist

Am't (\$)

In Bill

Am't (\$)

Add. Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

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: Idno DA + SMRT Survey \$160

8) NTUC Additional Services:-

(11)

*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 (N1a INC) against INC \$20

*N12: Idno Mobile \$10

Invoice dated

Fee Charged

Invoice dated

Fee Charged

07-MAY-2019 16:39

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	09/05/2019 15:11
Date Of Accident	08/05/2019 06:50
Exact Location Of Accident	ALONG PIE TOWARDS TUAS GOING TO CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5494E
Insured/Policyholder	
Name Of Registered Owner	KOH TEE BENG CHRISTOPHER
NRIC No	S1737761B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91297179
Alternative Phone No	OTHERS-91297179

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ECLIPSE CROSS-1.5 CVT S/R (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	1800075032
Cover Note Number	

Driver

Name of Driver	KOH TEE BENG CHRISTOPHER
NRIC No	S1737761B
Date Of Birth	08/08/1966
Occupation	INDOOR
Date Of Driving Pass	03/07/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91297179
Fax Number	
Contact Number	OTHERS-91297179
Email Address	NOEMAIL

Address	BLK 223 LORONG 8 TOA PAYOH #02-751
Postcode	310223
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTA879 (MOTORCYCLE)
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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190508/2111

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTA879
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NAGARAJ MUTHUCUMARU
NRIC/Passport Number	A50451635
Contact Number	84114208
Address	

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

DETAILS OF INJURED PERSON 1

Name	KOH TEE BENG CHRISTOPHER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMC5494E
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:

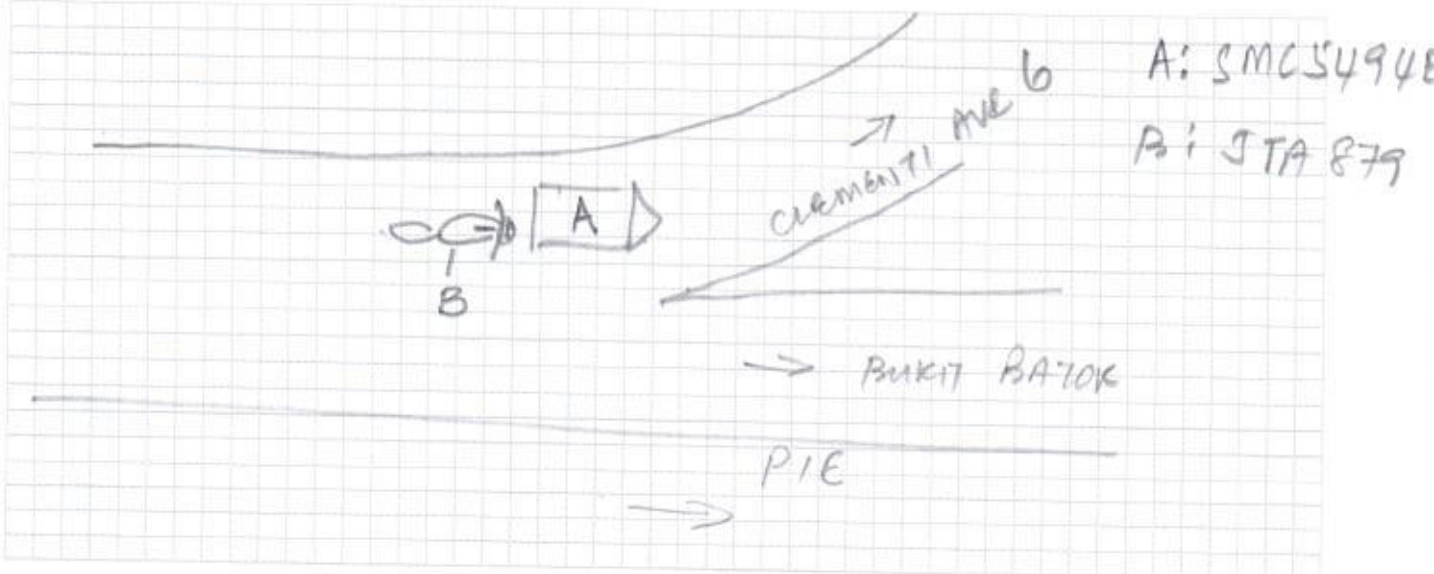
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

09/05/2019
Reporting Centre Personnel's Signature
Name: Reshwanth
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20190508/211

[A large blue checkmark is drawn across the entire section.]

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/20190508/2111

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20190508/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 14:33		Vide Report No.:	Station Diary No.: 45
Informant's Particulars			
Name of Informant: KOH TEE BENG CHRISTOPHER		Address: APT BLK 223 LORONG 8 TOA PAYOH #02-751 SINGAPORE 310223	
ID Type / ID No.: NRIC NO / S1737761B		Contact No.: Home/Office: Mobile: 91297179	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 08/08/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Project Manager		Driving Licence Information: Class: 2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 08/05/2019 06:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY CLEMENTI AVENUE 6 Along PIE towards Tuas, going to Clementi Avenue 6				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
JTA879	Motorcycle				Slightly Damaged	1
SMC5494E	Car	MITSUBISHI	ECLIPSE CROSS 1.5 CVT SUNROOF	Brown	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190508/2111

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190508/2111

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC5494E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800075032	09/07/2018	08/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NAGARAJ MUTHUCUMARU	ID No.	A50451635
Related Vehicle	JTA879 (Motorcycle)	Contact No.	84114208
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	KOH TEE BENG CHRISTOPHER	ID No.	S1737761B
Related Vehicle	SMC5494E (Car)	Contact No.	91297179
Hospital/Clinic	CHONG'S CLINIC	Class of Driving Licence & Expiry Date	Class: 2A,2,3 Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 08/05/2019 at about 0650hrs, I was travelling along PIE towards Tuas on the leftmost lane of a 2 lane road going towards Celeменти Avenue 6 in my vehicle(SMC5494E). Suddenly I felt an impact come from the rear of my vehicle and I thus exited to make a check. I thus discovered that a foreign motorcycle(JTA879) had collided into the rear right side of my vehicle causing damage, and its rider and pillion had fallen down. I exchanged particulars with the rider, who also declined for me to call for an ambulance, and thus left the scene. I do have in car camera, however it was not functioning at that point in time. I did feel pain on my neck and back, and subsequently sought medical attention at Chong's Clinic, and received 5 days of MC. I am lodging this report for insurance and police follow up actions.



SINGAPORE
POLICE FORCE



T/20190508/2111

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20190508/2111

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:
E /
Sgt 2 LEE QI, THEODORE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
08/05/2019 14:33

Classification Of Case:

SIGNATURE

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:	8/5/19	Time:	
Date of Accident:	8/5/19	Time:	6:50 am.
Exact Location of Accident:	PIE TOWARDS TVAS, COLUMBIA AVE 6 EXIT.		

DETAILS OF OWN VEHICLE

Vehicles Registration Number:	SMC 5494 E	Contact No.:	91297179
Name of Registered Owner:	CHRISTOPHER KOH		
NRIC/Passport No./FIN:	S1737761B	Co. Reg. No. (for Co. Vehicle only):	
Owner Address:	223, #02-751 TUA PAUOH LORONG 8 S(310223).		
Owner Email Address:	christopherkoh@rocketmail.com.		

Vehicle Particulars

Manufacturer:	Toyota <input type="checkbox"/> Lexus <input type="checkbox"/> BMW <input type="checkbox"/> Merc <input type="checkbox"/>	Model:	MITSUBISHI ECLIPSE CROSS 1.5.
Exact purpose for which vehicle was being used at the time of accident	Normal Usage <input checked="" type="checkbox"/> Others <input type="checkbox"/> (Please state)		
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> No. Reporting Only <input type="checkbox"/> No. Third Party <input checked="" type="checkbox"/>		
Vehicle Category:	Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Private Hire <input type="checkbox"/> Others <input type="checkbox"/>		

Insurance Company

Name of Insurance Company:	AIG
Type of Coverage:	Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>
Fleet Policy:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Policy/Cover Note Number:	

Driver

Name of Driver:	CHRISTOPHER KOH	NRIC/Passport No./FIN:	S1737761B
Date of Birth:	8/8/1966	Occupation:	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass:	03/07/1995	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No:	91297171	Fax No:	
Address:	AS ABOVE	Alternative Phone No:	
Email Address:	NO EMAIL	(Postal Code:)	

Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Passenger (Including Driver):	
State relationship of driver with the insured:			
Vehicle Registration Number of Driver's Own Vehicle (if applicable):			
Insurance Company of Driver's Own Vehicle (if applicable):			

Other Information of the Accident

Type of Accident:	HEAD TO REAR		
Weather Conditions:	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <input checked="" type="checkbox"/> (Please state condition):	WET	
Road Surface:	Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/> (Please state condition):	AFTER RAIN	
Was any body injured in the accident?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was any other vehicle or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Are accident photos available for attachment?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Audio <input type="checkbox"/>		
Was the accident reported to the Police?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If Yes, which police station?:		
Was notice of intended Prosecution given?	No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?:		

DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicle Registration No:	STA 879	Vehicle Make/Model/Colour:	
Foreign vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Vehicle Category:	Private Car <input type="checkbox"/> Commercial <input type="checkbox"/> Others <input type="checkbox"/>
Details of Property Damaged in Accident:			
Name of Driver:	NAGARAS MUTHUCUMARAN	NRIC/Passport Number:	A50451635
Contact Number:			
Address:	(Postal Code:)		
Insurance Company Name:	No. of Passenger (Including Driver):		

Details of Witness - Name:

Details of Witness - Contact Number:	Details of Witness - Email Address:
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DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)

Name:	CHRISTI	Approximate Age:	
Address:	(Postal Code:)		
Injuries Sustained:	BACK INJURY	Injured person in which vehicle:	SMC 5494 E
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to the hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1737761B



Name
KOH TEE BENG CHRISTOPHER




高智明
Race
CHINESE
Date of Birth
08-08-1966
Country of Birth
SINGAPORE


Sex
M

S1737761B

0647070



NRIC No. S1737761B



Blood Group
A+

Date of issue
02-12-1992

Address
APT BLK 223 LORONG 8 TOA PAYOH #02-751
SINGAPORE 310223

NRIC No: S1737761B Date: 06-01-1999 No: 2615601

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1737761B**

Name:

KOH TEE BENG CHRISTOPHER

Birth Date: **08 Aug 1966**

Issue Date: **01 Jul 2013**



002196255B

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	06 Apr 1987
Class 2A	Motorcycles between 201 cc and 400 cc	06 Apr 1987
Class 2	Motorcycles > 400 cc	23 Dec 2008
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	03 Jul 1995

NP 428A

Licence No: S1737761B



CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : KOH TEE BENG CHRISTOPHER
 Period of Insurance : 09 Jul 2018 To 08 Jul 2020
 Engine No. : 4B40DP0931
 Chassis No. : JMAXTGK1WJZ002657

Vehicle No. : SMC5494E
 Policy No. : 1800075032
 Endorsement No. :
 Issued Date : 16 Jul 2018

ABOUT THE COVER

Make/Model : MITSUBISHI Eclipse Cross 1.5

Engine Capacity/Tonnage : 1,499.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PAFF : 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 - 1800cc

* 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)

KOH TEE BENG CHRISTOPHER - \$800 (Own Damage)

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

1 Cycle & Carriage Authorised Service Centre Add: 20 Leng Kee Rd Singapore 159294 64708888

2 Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

3 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 605339 65684501

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: Standard Chartered Bank (Singapore) Limited

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).

0504620207

C&CMCP2 - KERENY
 235 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

ESCONP

78 Selegie Road #07-16 AIG Building 5078120 | T: +65 6419 3000 | F: +65 6415 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.