

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA190852W**

| | | | |
|-----------------------------------|--|-----------------------|---------|
| Date In: 11/1/19-16:38 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC19 01162W/24 | SAS e-filing | | |
| Veh No: 646463J | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 29/1/19-21:45 | 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: 63894 | 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% 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: ()

| | | |
|---|-----------------------|---------|
| 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|---------------------|----------------------|
| NA1904859 | Invoice Preparation Checklist | | Ant (\$) In Bill | Ant (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 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: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| QC Checked by (Engr-In-Charge): | OD* | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| Auditors' Comments:- | TP (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile 30 | | | |
| | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 01/07/2019 16:38 |
| Date Of Accident | 29/06/2019 21:45 |
| Exact Location Of Accident | MOUNT EMILY RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | SGV6463J |
| Insured/Policyholder | |
| Name Of Registered Owner | ORANGE CARS |
| Co Reg No | 53314768M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-89999999 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8 A |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 999994461 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHOO CHEE BENG |
| NRIC No | S8231064I |
| Date Of Birth | 12/10/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/03/2004 |
| Driving Experience | 15 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90939749 |
| Fax Number | |
| Contact Number | OFFICE-90939749 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 603 WOODLANDS DRIVE 42 #03-17 |
| Postcode | 730603 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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 | 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

REFER TO POLICE REPORT - T/20190701/7010.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SH6389Y |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | SIM AH SENG |
| NRIC/Passport Number | S0093317A |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHOO CHEE BENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGV6463J

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:

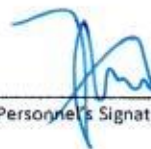
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



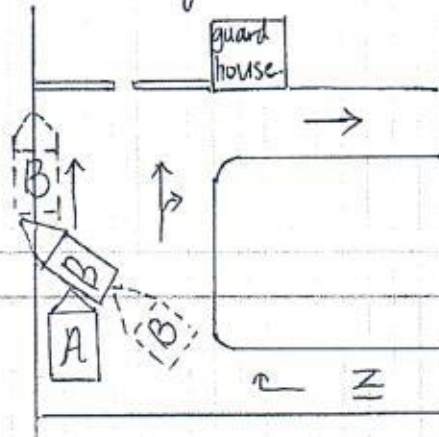
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Mount Emily Rd



① SGV8463J

② SH6389Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police report No: T/20190701/7060
 whole accident was captured by my vehicle built-in video
 recorder.

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.:

Date of Accident : 29/6/19. Accident Time: 21:45. (24-HR-Format)
 Accident Place : Mount Emily Rd
 Vehicle Reg. No. (Car Plate No.) : SGV 6463J
 Vehicle Make/Model : TOYOTA WISH
 Insurance Company : AIG Policy No. 999994461
 Owner or Company Name /IC No. : Orange Cars / 53314768M.
 Owner or Company Contact No. : - Owner's Hp - Company Tel -
 DRIVER'S Name / IC No. : CHOO CHEE BENG / S8231064 I
 DRIVER'S Date Of Birth : 12/10/1982 DRIVER'S License Pass Date 09/3/2004
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Hier.
 DRIVER'S Address : ATTN BUK 603 Woodlands Drive 42 # 03-17 (S) 720688
 DRIVER'S Contact No. / Alt No. : 1) 9093 9749 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : -
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 driver only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

| | |
|---|-------------------------------|
| Vehicle Reg. No: <u>B SH6389Y</u> | Vehicle Reg. No: _____ |
| Vehicle Make/Model: <u>Hyundai I30</u> | Vehicle Make/Model: _____ |
| Name Driver: <u>SIM AH SENG</u> | Name Driver: _____ |
| IC No. Driver: <u>500 93317A</u> | IC No. Driver: _____ |
| Driver's Contact & Add: <u># Injured Person ① Choo Chee Beng / S8231064 I</u> | Driver's Contact & Add: _____ |



SINGAPORE POLICE FORCE



T/20190701/7010

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

1 of 3

Report No. T/20190701/7010

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 01/07/2019 13:55 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHOO CHEE BENG | | | Address: APT BLK 603 WOODLANDS DRIVE 42 #03-17 SINGAPORE 730603 | | |
| ID Type / ID No.: NRIC NO / S8231064I | | | Contact No.: Home/Office: Mobile: 90939749 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: edenbeng@gmail.com | | |
| Sex: Male | Age: 36 | Date of Birth: 12/10/1982 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Chauffeur | | | Driving Licence Information: Class: 3 | | Date of Expiry: 09/03/2004 |

General Information of the Accident

| | | | | |
|--|---------------------------|------------------------------------|--|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 29/06/2019 21:45 | Type of Location: Drop off point @ Parc Emily Condo |
| Location: Mount Emily Rd | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 20 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|-------|-------|-------------------|-----------------|
| SGV6463J | Car | TOYOTA | Wish | White | Seriously Damaged | 0 |
| SH6389Y | Car | HYUNDAI | i30 | Blue | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--------------------------------------|--------------|------------|-------------|
| SGV6463J | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 999994461 | 16/05/2019 | 06/09/2019 |



**SINGAPORE
POLICE FORCE**



T/20190701/7010

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

2 of 3

Report No. T/20190701/7010

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|-------------------|--------------|-----------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SH6389Y | | N/A | | |

| Details of Person Involved | | | | |
|-----------------------------------|--------------------------|-----|--|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | CHOO CHEE BENG | | ID No. | S8231064I |
| Related Vehicle | SGV6463J (Car) | | Contact No. | 90939749 |
| Hospital/Clinic | HEALTHWAY MEDICAL CENTRE | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: 09/03/2004 |
| Date Treatment | 30/06/2019 | | Date Discharge | 30/06/2019 |
| No. of Days granted Medical Leave | | 03 | Degree of Injury | Slight |
| Driver | | | | |
| Name | SIM AH SENG | | ID No. | S0093317A |
| Related Vehicle | SH6389Y (Car) | | Contact No. | NIL |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: 10/12/1976 |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | NIL |

Brief Details.

I was parking at the side of the entrance of Parc Emily Condo, waiting for passenger to load luggage. Suddenly, the taxi, SH6389Y, came quickly from the side, crashes my car on the front right, and went through the entrance of Parc Emily Condo.



**SINGAPORE
POLICE FORCE**



T/20190701/7010

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

3 of 3

Report No. T/20190701/7010

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 /
MA JUNXIANG
Contact No.: 65476251

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:
01/07/2019 13:55

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8231064I

Name

CHOO CHEE BENG

Birth Date: 12 Oct 1982

Issue Date: 17 Feb 2010

For LKK/NAC Use Only



001831008G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8231064I



Name

CHOO CHEE BENG

朱子明

Race

CHINESE

Date of birth

12-10-1982

Sex

M

Country of birth

SINGAPORE

S8231064I

For LKK/NAC Use Only

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S8231064I

Name: CHOO CHEE BENG



For LKK/NAC Use Only

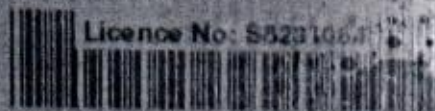


Please visit www.lta.gov.sg to check the status of this vocational licence

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

- | | | |
|---------|--|--------------------------|
| Class 3 | Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ | PASS DATE 09 Mar 2004 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ *Motor vehicles which are not constructed to carry load and the unladen weight $< 7250\text{kg}$ | 08 Apr 2009 |
| Class 5 | Motor vehicles not constructed to carry any load and the unladen weight $> 7250\text{kg}$ | 02 Feb 2010 |

For LKK/NAC Use Only



Licence No: S5231064I

NP 428A



4928042



NRIC No. S8231064I

For LKK/NAC Use Only

Date of Issue
25-01-2013

APT BLK 603 WOODLANDS DRIVE 42 #03-17
SINGAPORE 730603

NRIC No: S8231064I

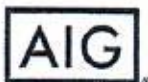
Date: 02/08/2018

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|---------------------|------------|
| 13 | PRIVATE HIRE CAR VL | 05/06/2018 |

For LKK/NAC Use Only





HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.Z.400

| | | (The below excess is subject to GST) | |
|--|------------------|--------------------------------------|----------------------|
| THIRD PARTY | COMMERCIAL MOTOR | POLICY EXCESS | S\$2000.00 (Sect II) |
| CERTIFICATE NO. | SGV6463J | WINDSCREEN EXCESS | NA |
| POLICY NO. | 999994461 | SUM INSURED | NA |
| | | INSURING WITH COE/PAF | NA |
| | | SGV6463J | |
| | | Orange Cars | |
| 1) VEHICLE REGISTRATION NO. | | 16 May 2019 | |
| 2) NAME OF INSURED | | 06 September 2019 | |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | | | |
| 4) DATE OF EXPIRY OF INSURANCE | | | |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE* | | | |
| Any person who is driving on the Insured's order or with their permission. | | | |
| S\$2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience. | | | |
| The policy does not cover drivers who are below 21 years old and/or with less than 2 year driving experience. | | | |
| 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. | | | |
| 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired. | | | |
| The Policy does not cover: 1) Use for tuition, driving test, 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 any purpose in connection with the Motor Trade. | | | |
| LOSS OF USE | | Not Included | |
| HIRE PURCHASE COMPANY | | NA | |


*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 21 May 2019

AIG Asia Pacific Insurance Pte. Ltd.

220001-000
Choy Weng Hong Eric
25 Toh Tuck Walk
Singapore 596504


AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC