

NATIONAL Assessment Centre Services

Wef 1 Jan 05 NA19092644

Date In: 5/1/14-19:07	Job description	Date & Time Completed	Done by
Ref No: NA19092644	SAS e-filing		
Veh No: ABA39097	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/1/14-19:00	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: 5 U 42 05X	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

NA1905300	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		Int Bill	Add Bill
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:-			
	QN*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Auditors' Comments :-	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 15/07/2019 19:03
 Date Of Accident 13/07/2019 14:00
 Exact Location Of Accident TPE (SLE) TWDS SENGKANG EAST WAY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH3909T
Insured/Policyholder
 Name Of Registered Owner LETSCOOL ENGINEERING
 Co Reg No 53329887C
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-91282881
 Alternative Phone No OFFICE-91282881

Vehicle Particulars

Manufacturer NISSAN
 Model NV350 PANEL VAN 2.5 5MT 5DR
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number
 Cover Note Number 1800056260

Driver

Name of Driver KRISHNAMOORTHY SELVAMANI
 Passport No/FIN G7941577X
 Date Of Birth 12/04/1981
 Occupation OUTDOOR
 Date Of Driving Pass 10/02/2009
 Driving Experience 10 YEARS AND 5 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-92439647
 Fax Number
 Contact Number OFFICE-92439647
 Email Address NOEMAIL

Address	BLK 275 YISHUN STREET 22 #03-128
Postcode	760275
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	NAME: : KARUPPAIYA PANDIYAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190714/2095.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU4205X
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG KIA LIM, WILLY
NRIC/Passport Number	S9034920A
Contact Number	85334370

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

DETAILS OF INJURED PERSON 1

Name KRISHNAMOORTHY SELVAMANI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBH3909T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KARUPPAIYA PANDIYAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBH3909T
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 Authorized 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 situated 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 (a) 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.



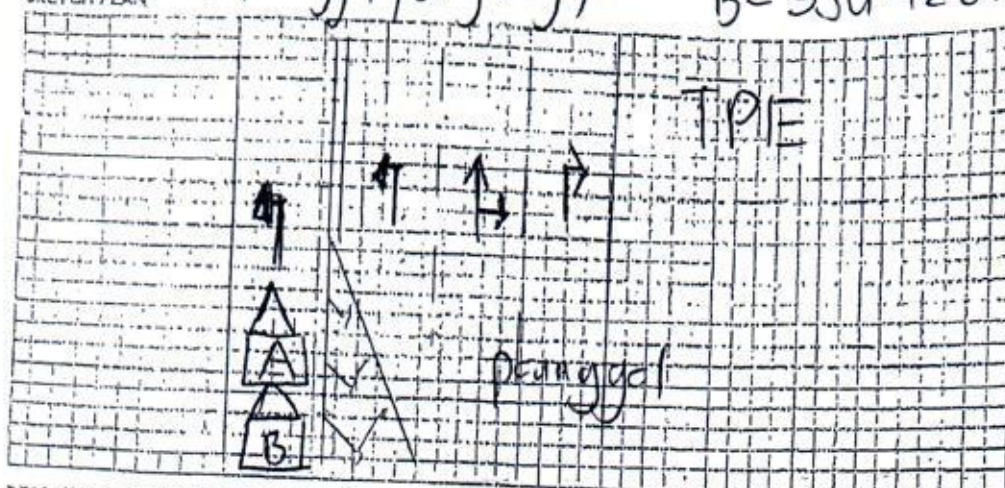
Policyholder's Signature
Date & Time:

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

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

A - GBH 39091
B - SJU 4205X

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police report.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Title _____



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

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

Date of Accident : 13/7/2019 Accident Time: 1352pm (24-HR-Format)
Accident Place : TPE / SLE Exit Sany Kang
Vehicle Reg. No. (Car Plate No.) : GBH 3909T
Vehicle Make/Model : Nissan NV350
Insurance Company : NTUC Policy No. :
Owner or Company Name / IC No. : Letscool Engineering
Owner or Company Contact No. : 9128 2881 Owner's Hp : Company Tel :
DRIVER'S Name / IC No. : Krishnamoorthi Selvamani
DRIVER'S Date Of Birth : 12/4/1981 DRIVER'S License Pass Date : 10/2/09
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others :
DRIVER'S Address :
DRIVER'S Contact No. / Alt No. : 1) 91243 9647 2) :
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Admin@mycar.sg
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): (2)
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: SJU 4205X	Vehicle Reg. No: _____
Vehicle Make/Model: Honda Civic	Vehicle Make/Model: _____
Name Driver: Weng Lian Lim Willy	Name Driver: _____
IC No. Driver: S9034920A	IC No. Driver: _____
Driver's Contact & Add: 9533 4370	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20190714/2095

1 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20190714/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2019 21:50	Vide Report No.:	Station Diary No.: 114
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Informant's Particulars

Name of Informant: KRISHNAMOORTHY SELVAMANI			Address: APT BLK 275 YISHUN STREET 22 #03-128 SINGAPORE 760275		
ID Type / ID No.: FIN NO / G7941577X			Contact No.: Home/Office: Mobile: 92439647		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 12/04/1981	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Mechanical engineering technician (general)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2019 14:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY Exit Sengkang East Way				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH3909T	Van				Slightly Damaged	1
SJU4205X	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/20190714/2095

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Report No. T/20190714/2095

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Passenger			
Name	KARUPPAIYA PANDIYAN	ID No.	G7378912K
Related Vehicle	GBH3909T (Van)	Contact No.	87325657
Hospital/Clinic	INTEMEDICAL 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KRISHNAMOORTHY SELVAMANI	ID No.	G7941577X
Related Vehicle	GBH3909T (Van)	Contact No.	92439647
Hospital/Clinic	INTEMEDICAL 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/07/2019	Date Discharge	14/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WONG KIA LIM, WILLY	ID No.	S9034920A
Related Vehicle	SJU4205X (Car)	Contact No.	85334370
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

Brief Details.

On 13/07/2019 at about 1400hrs, I was driving my company van plated GBH3909T along TPE Exit Sengkang East Way with my colleague namely Karuppaiya Pandiyan in the van. As we were approaching a traffic light, I gradually slowed down and stopped behind a black car. However, when I was stopping, I felt an impact from the rear of my van and immediately stepped onto my brake in order not to hit the car in front of me. After stopping my van, I came out of the vehicle and made a check and realized that a Black Honda plated SJU4205X had hit the rear of my vehicle. We exchanged particulars and subsequently left the scene. I had a in-car camera with the footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20190714/2095

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Report No. T/20190714/2095

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190714/2095

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Report No. T/20190714/2095

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /

Sgt 2 TAY HUI KEE, JEANIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/07/2019 21:50

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp

NP168



Singapore Police Force



S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

LETSCOOOL ENGINEERING

Sector: CONSTRUCTION

Name

KRISHNAMOORTHY SELVAMAN

Occupation

MECHANICAL ENGINEERING (TECHNICAL GENERAL)

Other No.

0 33664834

For LKK/NAC Use Only

13-11-2017

Date of Issue

20-12-2017

Date of Expiry

20-12-2019

46643



L8535251

VISIT PASS
Immigration Regulations

Name

KRISHNAMOORTH SELVAMANI

Date of Birth

12-04-1981 M

INDIA

FIN

12-04-1981

G7941577X 20-12-2017

USA

MULTIPLE JOURNEY

For LKK/NAC Use Only

YOU ARE TO SURRENDER THIS PASS
OR HAS EXPIRED, OR WHEN ASKED

CANCELLED
TO YOU



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G 7941577 X**

KRISHNAMOORTHY SELVAMANI

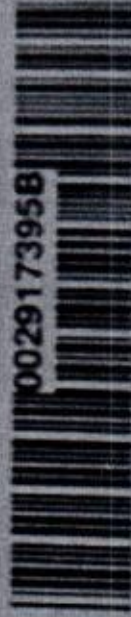


For LKK/NAC Use Only

Birth Date **12 Apr 1981**

Issue Date **28 Mar 2019**

Valid Till **06/04/2024**



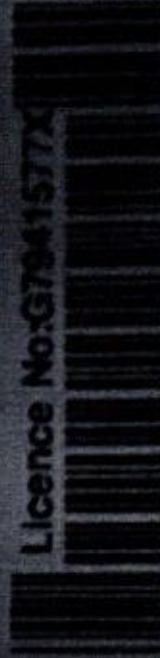
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

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	10 Feb 2009
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For LKK/NAC Use Only

NP 428A





WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
LETSCOOL ENGINEERING



Name
KARUPPAIYA PANDIYAN

Work Permit No.
0 32547435

For LKK/NAC Use Only
CONSTRUCTION

0 32547435



K1323355

VISIT PASS
Immigration Regulations

08.04.2019

Name

KARUPPAIYA PANDIYAN

FIN

G7378912K

Date of Birth

13-04-1979

Sex

M

Nationality

INDIAN

Download SGWorkPass
App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





COVER NOTE

NISSAN COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : Letscool Engineering

Period of Insurance : 17 May 2018 to 16 May 2020

Engine No. : YD25424879A

Chassis No. : JN1MC2E26Z0008911

Vehicle No. :

Cover Note No. : 1800056260

Endorsement No. :

Issued Date : 16 May 2018

ABOUT THE COVER

Make/Model : NISSAN NV350 PANEL VAN

Engine Capacity/Tonnage : 1.5 Tonnage

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) Any person who is driving on the Policyholder's order or with their permission.

b) 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* :

1) Use in connection with the Policyholder's business.

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst towing a trailer except the towing of anyone disabled using a mechanically propelled vehicle; c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

1. Tan Chong Motor Sales Add: 913 Bl Timah Road Singapore 589623 64894081 64894082 64894083

2. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212

3. Tan Chong Motor Sales Add: 17 Lor 8 Toa Payoh Singapore 319254 63570753 63570754

4. Autulion Industrial Add: 19 Ubi Road 4 Singapore 408623 6490666

5. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

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: United Overseas Bank Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
We hereby certify that this Cover Note 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, 1989 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0500610398

TAN CHONG CREDIT PTE LTD-THO

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE Gek Chee Sylvia Lim

78 Seletar Way #07-16 AIG Building 50751207 | T: +65 6419 3000 | F: +65 6419 2723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.