

NATIONAL Assessment Centre Services (wef 1 Jan'05) *MHA 19/01/05*

Date In: <i>18/19-09-07</i>	Job description	Date & Time Completed	Done by
Ref No: <i>HA/19/19/13698/24</i>	SAS e-filing		
Veh No: <i>5466885</i>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <i>28/19-09-15</i>	i-Motor Claim Form		
OD: <i>TP</i> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax</u> / <u>Hand to Owner</u> / <u>Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: *5MNG3JA* 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			for Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
Dat. 2/3:	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpl 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			
	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	05/08/2019 09:37
Date Of Accident	02/08/2019 09:15
Exact Location Of Accident	ECP TWDS CHANGI AFTER TANJONG KATONG FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCK6988S
Insured/Policyholder	
Name Of Registered Owner	SIEW PENG LIM
NRIC No	S1640767D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96326866
Alternative Phone No	OFFICE-96326866

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 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	1800145027
Cover Note Number	

Driver

Name of Driver	SIEW AI LEE
NRIC No	S2575867F
Date Of Birth	09/09/1967
Occupation	INDOOR
Date Of Driving Pass	08/01/1992
Driving Experience	27 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90062997
Fax Number	
Contact Number	OFFICE-90062997
Email Address	NOEMAIL

Address	95 LUCKY HEIGHTS
Postcode	467635
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	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	5
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/20190802/7014.

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	SMN675A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 SHB3364A
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 SKM1462U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 4

Vehicle Registration Number SBT433E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
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 SIEW AI LEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SCK6988S
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:

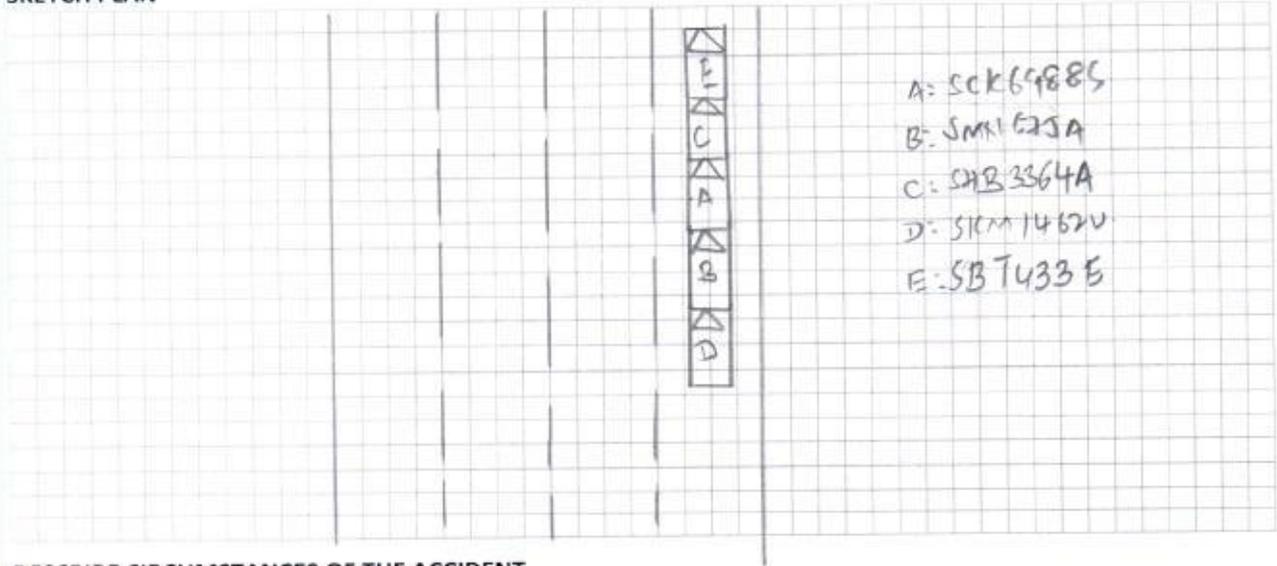


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2019 0802/2014.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 8 / 19) (DD/MM/YYYY), TIME: (09:15) (HH:MM)

LOCATION: ECP tuds city after Tanjung karting flyover.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKR 6988G
- b) INSURANCE COMPANY: AIG
- c) POLICY NUMBER: 180214507
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private use
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Siew Ping Lim (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1640767D CONTACT: 9622 6866
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Siew Ai Lee (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S2573867F CONTACT: 9006 2997
- c) ADDRESS: 95 Lucky Heights (407635)

* d) DATE OF BIRTH: (9 / 9 / 1967) (DD / MM / YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8.1.1992

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: relative

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JMN 675A (B) MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SHB 3364A (C) MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

JKM 1462 U (D)

SB7433E (E)

Email =

fax =

VIDEO = X

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()



**SINGAPORE
POLICE FORCE**



T/20190802/7014

1 of 3

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

Report No. T/20190802/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2019 15:49	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SIEW AI LEE		Address: 95 LUCKY HEIGHTS SINGAPORE 467635	
ID Type / ID No.: NRIC NO / S2575867F		Contact No.: Home/Office:	Mobile: 90062997
Nationality: SINGAPORE CITIZEN		Email: aileesiew@yahoo.com	
Sex: Female	Age: 51	Date of Birth: 09/09/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Information technology project manager		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2019 09:05	Type of Location: ECP towards city (Tanjong Katong Flyover)
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCK6988S	Car	TOYOTA	Wish	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCK6988S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800145027	17/01/2019	17/01/2020



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

Report No. T/20190802/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIEW AI LEE	ID No.	S2575867F
Related Vehicle	SCK6988S (Car)	Contact No.	90062997
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/08/2019	Date Discharge	02/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

There are total 5 cars that are involved in this accident.

1. Around 9.05am, I am driving from ECP towards city (after Tanjong Katong fly over)
2. Noticed the front car (SHB336A) has a sudden break.
3. I managed to stop in time.
4. Within seconds, just heard banging sound from behind. My car was hit from behind and my car has smashed to the car in front. There is a big impact from the cars behind that has pushed my car towards.
5. The vehicle behind (SMN675A) knocked into my car. When I go down the car, I also noticed there is another BMW car (SKM1462U) behind SMB675A.
6. Apparently, the fifth car (SKM1462U) bang into the 4th car (SMB675A) and the 4th car pushes my car (SCK6988S) forward to bang into the 2nd car. There is also another car in front of the 2nd car (SBT433E) which has light impact hit by 2nd car.



**SINGAPORE
POLICE FORCE**



T/20190802/7014

3 of 3

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

Report No. T/20190802/7014

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 / TPHQ /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

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:
02/08/2019 15:49

Classification Of Case:



T/20190803/2063

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190802/7014

Report Number T/20190803/2063

Vide Report Number

Date/Time of Report Made 03/08/2019 12:28

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant SIEW AI LEE

ID Type / ID No. NRIC NO / S2575867F

Home/Office -

Mobile 90062997

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 02/08/2019 09:05

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCK6988S	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20190803/2063

2 of 3

Report No. T/20190803/2063

Continuation of CSF For NP168

Driver			
Name	SIEW AI LEE	ID No.	S2575867F
Related Vehicle	SCK6988S (Car)	Contact No.	-
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/08/2019	Date Discharge	02/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Facts.

There are total 5 cars that are involved in this accident.

1. Around 9.05am, I am driving from ECP towards city (after Tanjong Katong fly over)
2. Noticed the front car (SHB3364A) has a sudden break.
3. I managed to stop in time.
4. Within seconds, just heard banging sound from behind. My car was hit from behind and my car has smashed to the car in front. There is a big impact from the cars behind that has pushed my car towards.
5. The vehicle behind (SMN675A) knocked into my car, When I go down the car, I also noticed there is another BMW car (SKM1462U) in front of SMN675A
6. Apparently, the fifth car (SKM1462U) bang into the 4th car (SMN675A) and the 4th car pushes my (SCK6988S) forward to bang into the 2nd car. There is also another car in front of the 2nd car (SBT443E) which has light impact hit by 2nd car



T/20190803/2063

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Report No. T/20190803/2063

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MOHAMMED FERAZ BIN HUSSEIN
Classification of Case	1) INJURY / ATTENDED BY POLICE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2575867F**
 Name **SIEW AI LEE**

Birth Date **09 Sep 1967**
 Issue Date **06 Feb 2009**

001706411E

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S2575867F**

Name **SIEW AI LEE**
 萧爱莉
 Race **CHINESE**
 Date of birth **09-09-1967** Sex **F**
 Country of birth **MALAYSIA**

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

PASS DATE **08 Jun 1992**

NP 423A

Licence No: **S2575867F**

For LKK/NAC Use Only

4286057

NRIC No. **S2575867F**

Date of issue **29-09-2008**

Address
**95 LUCKY HEIGHTS
 SINGAPORE 467635**

For LKK/NAC Use Only



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : SIEW PENG LIM
Period of Insurance : 17 Jan 2019 To 16 Jan 2020
Engine No. : 1ZZ2449037
Chassis No. : ZNE100281680

Vehicle No. : SCK6988S
Policy No. : 1800145027
Endorsement No. :
Issued Date : 05 Dec 2018

ABOUT THE COVER

Make/Model : TOYOTA WISH 1.8
Engine Capacity/Tonnage : 1,798.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2006
Insuring with COE/PARF : Yes

- 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 - 1600cc 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)

SIEW PENG LIM, LIM SIEW MING - \$600 (Own Damage), SIEW AI LEE - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 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: NA

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).

0503508000

WESTING AGENCY PTE LTD

BLK 26D JALAN MEMBINA #15-164

SINGAPORE 167026

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE
 Teck Hung Ong