| Date In: 12 8 19-1154  | Job description                           |   | Date & Time Completed  | Done   | p).            |
|--|---|---|--|--|----------------|
| Rei No: NA ALLIGOITIVA   | SAS e-filing                              |   |  |  |                |
| Veh No: GOCTOZOG   | E-mail (within Shr                        | rs, AIC 2hrs)   |  |  |                |
| D.O.A: 198/19-14:30  | i-Motor Claim                             |   |  |  |                |
|  | I-Motor W/O                               | Within: OD 2hrs   | TP 4brs)   |  |                |
| OD . (TP) ' Reporting Only   | i-Photo Upload                            |   | !  |  |                |
|  | Assessment/Surv                           |   |  |  |                |
| TP Insurer:  | Ass't Report by Fax / Hand t              |   | Owner/Wksp   |  | ** ***         |
| Preferred Wksp / INC Assign Wksp / QW:   | (   |   | Tol: F   | ax:  |                |
| TP Particulars: Veh No:  | Jahri .                                   | . INC(  | )/Non-INC( )   | 21   |                |
| Owner / Driver: (  |   |   | Tel:   | )  |                |
| Policy No: ( )   | Period: (                                 | )   | Cover Type: (  | )  |                |
| Confirmed by : (   |   | Date:   | Time:  | )  | Version in the |
|  | 6) [Note-Est. Status (WO                  | D): N: 0-20   | %; P: 21-79%. P: 80-   | 100%]  |                |
| Year of Registration: (  | ) Warranty: YES (                         | )/NO(   | )  |  |                |
|  | \$1,000()/\$2,000(                        | )   |  |  |                |
|  |   | O SANS  |  | "188 S 18  | = 1            |
|  |   |   |  |  |                |
| ( ) Walk-In Customer: Customer's   |   | dential & Str   | Cuy NO Taler of Tepaner.   |  |                |
| ( ) Total Loss Case : to e-mail In   |   |   |  | · <del></del>  |                |
| Drive-In ( )/ Towed-In ( ); Inv  | voice: YES ( ) / NO                       | ) ( ) ; To  | owing Co: (  |  | )              |
| Remarks:- (INC hotline: 6788 661   | 6)  | 100   | Date& Time Completed   | Done   | by ·           |
| The state of the s | ) / Courtesy Car ( )                      | V-100 100 100 100 100 100 100 100 100 100   | • •  |  |                |
| 2) QC Check / Post Repair Inspection   | ( )                                       |   | -  | -  |                |
| -) to chear, i con itopour improvisor  |   |   |  |  |                |
| 3) Unload Perunyay Photo [Renair Cost  | > \$30001 ( )                             |   |  |  |                |
| 3) Upload Resurvey Photo [Repair Cost  | > \$3000] ( )                             |   |  |  |                |
| 3) Upload Resurvey Photo [Repair Cost Injury:  | > \$3000] ( )                             |   |  |  |                |
| Injury:  | > \$3000] ( )                             |   |  |  | 7, 744, p      |
| 3) Upload Resurvey Photo [Repair Cost  Injury:  Date/Time: Actions   | > \$3000] ( )                             |   |  |  | 7 ( Tarris 10) |
| Injury:  | > \$3000] ( )                             | 13774134  |  |  |                |
| Injury:  | > \$3000] ( )                             |   |  |  |                |
| Injury:  | > \$3000] ( )                             |   |  |  |                |
| Injury:  | > \$3000] ( )                             |   |  |  | - 1            |
| Injury:  | 4   |   |  | Anit (S)   | Amil           |
| Injury:  | 4   | nvoice Prej   | aration Checklist.   | Ant (5)  | Y              |
| Injury:  Date/Time Actions   | 1   | AR : Accident   | Reporting (\$30);  | fá Bill  | Y              |
| Injury:  Date/Time Actions   | 1 1 1 2                                   | ) AR : Accident<br>) DA : Damage  | Reporting (\$30);<br>Assessment (\$100); INC (\$   | f#Bill 80)   | Y              |
| Injury:  Date/Time Actions  Actions  sumant's Particulars:   | 1<br>1<br>2<br>3<br>4                     | ) AR : Accident<br>) DA : Damage /<br>) TF : Towing Fo<br>) FT : Follow-Th  | Reporting (\$30); Assessment (\$100); INC (\$ 6 \$4 Brough Survey  | fá Bill  | Y              |
| Injury:  Date/Time Actions  Actions  La 156515  aimant's Particulars:  | 1<br>1<br>2<br>3<br>4                     | AR : Accident ) DA : Damage A ) TF : Towing Fe ) FT : Follow-Ti ) FT : Follow-Ti  | Reporting (\$30); Assessment (\$100); INC (\$ te \$4 trough Survey trough Survey (Resurvey)  | 66 Bill<br>80)<br>0/545<br>5120<br>530   | Y              |
| Injury:  Date/Time Actions  Actions  aimant's Particulars:  iver/Owner:  ntact No:   | 1<br>1<br>2<br>3<br>4<br>5                | AR: Accident DA: Damage A TF: Towing Fe FT: Follow-Th FT: Fullow-Th For claiming as   | Reporting (\$30); Assessment (\$100); INC (\$ se \$4 rough Survey rough Survey (Resurvey) ainst INC Only (wef 10 Jan 200   | 66 Bill<br>80)<br>0/545<br>5120<br>530   | Y              |
| Injury:  Date/Time Actions  Actions  La 156515  Limant's Particulars:  iver/Owner:  Intact No:   | 1<br>1<br>2<br>3<br>4<br>5<br>6<br>7      | AR: Accident DA: Damage A TF: Towing Fe FT: Follow-Ti FT: Follow-Ti For claiming as TR: Re-inspec N1: Idac DA +   | Reporting (\$30); Assessment (\$100); INC (\$ se \$4 irough Survey irough Survey (Resurvey) ainst INC Only (wef 10 Jan 200 tion SMRT Survey  | 80)<br>0/\$45<br>\$120<br>\$30   | Y              |
| Injury:  Date/Time Actions  Actions  La 156515  Limant's Particulars:  iver/Owner:  Intact No:   | 1<br>1<br>2<br>3<br>4<br>5<br>6<br>7      | AR: Accident DA: Damage A TF: Towing F FT: Follow-Th FT: Follow-Th For claiming as TR: Re-inspec N1: Idao DA+ NTUC Additio  | Reporting (\$30); Assessment (\$100); INC (\$ se \$4 irough Survey irough Survey (Resurvey) ainst INC Only (wef 10 Jan 200 tion SMRT Survey  | 80)<br>0/\$45<br>\$120<br>\$30<br>\$75   | Y              |
| Injury:  Date/Time Actions  aimant's Particulars: iver/Owner: ntact No: maged Portion:   | 1<br>1<br>2<br>3<br>4<br>5<br>6<br>7      | AR: Accident DA: Darriage TF: Towing Fe FT: Follow-Th FT: Follow-Th For claiming as TR: Re-inspec N1: Idac DA + NTUC Additio  | Reporting (\$30); Assessment (\$100); INC (\$ se \$4 irough Survey (Resurvey) ainst INC Only (wef 10 Jan 200 tion SMRT Survey nal Services.  | \$60)<br>0/\$45<br>\$120<br>\$30<br>\$5)<br>\$75<br>\$160  | Y              |
| Injury:  Date/Time Actions  aimant's Particulars: iver/Owner: maged Portion:   | 1<br>1<br>2<br>3<br>4<br>5<br>6<br>7      | AR: Accident DA: Darriage TF: Towing F FT: Follow-Th FT: Follow-Th FOI claiming as TR: Re-inspec N1: Idao DA+ NTUC Additio OD+ *N5: Courtesy *N6: Repair Cc                                     | Reporting (\$30); Assessment (\$100); INC (\$ se \$4 srough Survey (Resurvey) ainst INC Only (wef 10 Jan 200 tion SMRT Survey nal Services:- Cer / Tpt Allowence   | \$60<br>0/\$45<br>\$120<br>\$30<br>\$75<br>\$160   | Y              |
| Injury:  Date/Time Actions  aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):  | 1<br>1<br>2<br>3<br>4<br>5<br>6<br>7      | AR: Accident DA: Darriage TF: Towing Fe FT: Follow-Th FT: Follow-Th FT: Follow-Th For claiming as TR: Re-inspec N1: Idac DA + NTUC Additio OD*  *N5: Courtesy *N6: Repair Ce *N7: Fost Repair   | Reporting (\$30); Assessment (\$100); INC (\$20); See \$4 Irough Survey (Resurvey) Irough Survey Iroug | \$60)<br>0/\$45<br>\$120<br>\$30<br>\$5)<br>\$75<br>\$160  | Y              |
| Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge): iditors' Comments:-  | 1<br>1<br>2<br>3<br>4<br>5<br>6<br>7      | AR: Accident DA: Darnege / TF: Towing Fo FT: Follow-Th FT: Follow-Th For claiming as TR: Re-inspec N1: Idao DA + NTUC Additio OD * *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll | Reporting (\$30); Assessment (\$100); INC (\$ se \$4 irough Survey (Resurvey) ainst INC Only (wef 10 Jan 200 tion SMRT Survey nal Services  Cer / Tpt Allowence cordination ir Inspection eet Excess Coordination  | \$00<br>00/\$45<br>\$120<br>\$30<br>\$30<br>\$75<br>\$160<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3<br>\$3 | Y              |
| Injury:  | 1<br>1<br>2<br>2<br>3<br>4<br>5<br>6<br>7 | AR: Accident DA: Darnege / TF: Towing Fo FT: Follow-Th FT: Follow-Th For claiming as TR: Re-inspec N1: Idao DA + NTUC Additio OD * *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll | Reporting (\$30); Assessment (\$100); INC (\$ se   | \$00<br>00/\$45<br>\$120<br>\$30<br>\$30<br>\$35<br>\$160<br>\$35<br>\$10<br>\$25<br>\$5<br>\$20<br>\$30   | Amt (          |

Lagrand Com

#### 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 witholding 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,   |                                       |
|--|---------------------------------------|
| error of the state | ACCIDENT STATEMENT                    |
| Date Of Report   | 20/08/2019 11:54                      |
| Date Of Accident   | 19/08/2019 14:30                      |
| Exact Location Of Accident   | SLIP RD TAI SENG AVE TWDS AIRPORT RD  |
| Country/State of Loss  | SINGAPORE                             |
| The state of the s | DETAILS OF OWN VEHICLE                |
| Vehicle Registration Number  | GBC7020G                              |
| Insured/Policyholder   |                                       |
| Name Of Registered Owner   | GREENWAY MAINTENANCE SERVICES PTE LTD |
| Co Reg No  | 199605491K                            |
| Email Address  | NOEMAIL                               |
| Mobile Phone No  |                                       |
| Alternative Phone No   | OFFICE-68442921                       |
| Vehicle Particulars  |                                       |
| Manufacturer   | TOYOTA                                |

Manufacturer TOYOTA

Model HIACE MANUAL

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 2100345044-06

Cover Note Number

Driver

Name of Driver ONG CHENG SOON

 NRIC No
 \$1635954H

 Date Of Birth
 04/03/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 05/04/1983

Driving Experience 36 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93367723

Fax Number

Contact Number OFFICE-93367723

EMail Address NOEMAIL

Address

**BLK 437 TAMPINES STREET 43** 

#08-141

Postcode

520437

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)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

YQ612Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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)
  - (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
- 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.

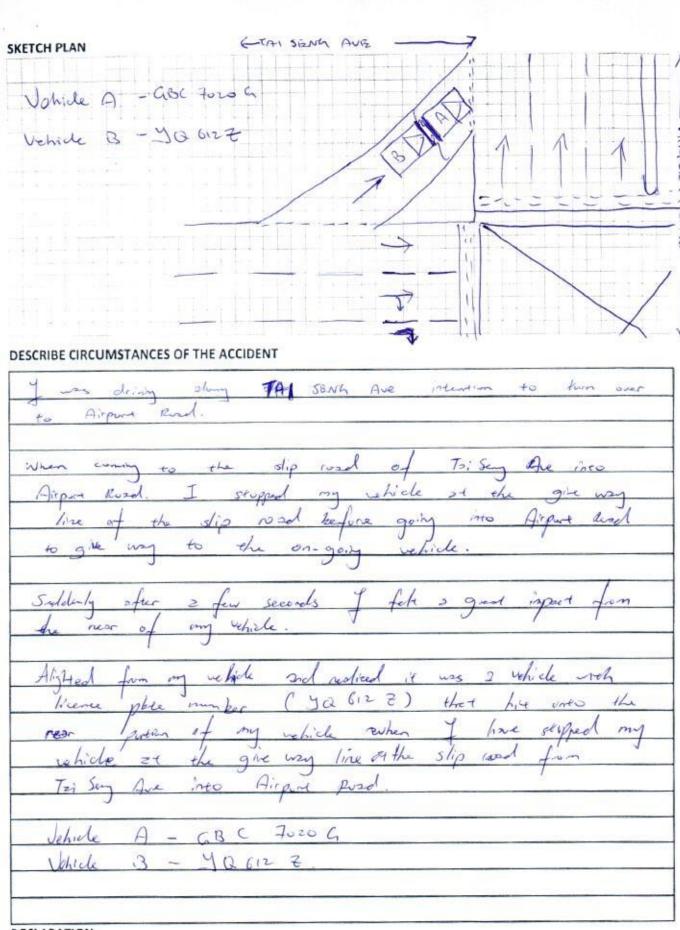
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:



#### 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.:

| ehicle No.                    | abe tolo a Model/Make Tolara Highe                  |  |  |
|-------------------------------|---|--|--|
| ate of Accident               | 19/08/19  |  |  |
| ime of Accident               | 1430 HRS  |  |  |
| ocation of Accident           | SLIP WAR FROM TAI SENT AME INTO AIRPORT TWAD        |  |  |
| xact purpose use during accid | dent women nown                                     |  |  |
| lame of Owner                 | CARBALLAN WALLEN ONCE STANLING PTE (T)              |  |  |
| elephone No.                  | H/P: Home: Office: 69442921                         |  |  |
| IRIC                          | 19960549114   |  |  |
| Address                       | 51 NAWTON ROAD #15-06 "CLOUDHILL PLAZA              |  |  |
| Claim type                    | OD THIRD PARTY REPORTING ONLY                       |  |  |
| nsurance Company              | ALC   |  |  |
| Type of Coverage              | Comprehensive Third Party Third Party / Fire /Theft |  |  |
| Policy No.                    | 2100348044-06                                       |  |  |
|                               |   |  |  |
| Name of Driver                | As Above If No, ONG CHANG SOON                      |  |  |
| NRIC                          | S 163 5954 H Any Passengers: NIL                    |  |  |
| Date of birth                 | 04/03/1964  |  |  |
| Occupation                    | Outdoor / Indoor                                    |  |  |
| Driving License Pass Date     | 05 APR 1983   |  |  |
| Gender                        | Mate / Female                                       |  |  |
| Contact No.                   | H/P: 9336773 Home: Office:                          |  |  |
| Address                       | BLK 437 TAMPINES ST 43 \$ 08-141 5(520457)          |  |  |
| Driver have any own vehicle   | No, If yes, Reg No.                                 |  |  |
| Relationship                  | Employee, If no, state                              |  |  |
| Weather condition             | Clear Raining Other                                 |  |  |
| Road Surface                  | Dry Wet Other                                       |  |  |
| Any Injuries                  | No, If Yes, Who?                                    |  |  |
| Name And Contact No.          |   |  |  |
| Name And Contact No.          |   |  |  |
| Police Report                 | No, If Yes, Where?                                  |  |  |
| Vehicle B No.                 | Yabiz Z Any Passengers:                             |  |  |
| Name of Driver                | Contact No. :                                       |  |  |
| Vehicle C No.                 | Any Passengers :                                    |  |  |
| Vehicle D No.                 | Any Passengers :  Any Passengers :                  |  |  |
| Vehicle E no.                 | Any Passengers :                                    |  |  |
| Vehicle F No.                 | Any Passengers :                                    |  |  |
| Vehicle G No.                 | Witness Contact :                                   |  |  |
| Witness Name                  |   |  |  |
| Accident Portion              | rear  |  |  |
| Camera Recorder               | Yes / No  |  |  |
| Email Address                 |   |  |  |
|                               |   |  |  |
| PARTICULAR WORKSHOP           | N-51 Automotivit PTR LTD                            |  |  |
| CONTACT NO.                   | 6842 0051 / 6744 0510                               |  |  |
| CONTACT PERSON                | ION   |  |  |
| FAX NO                        | 6741 0510   |  |  |
| WORKSHOP EMAIL APDRESS        | sales @ n51. com. 59                                |  |  |

- REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1635954H



7.1635954H

Name.

ONG CHENG SOON

順 Ŧ. 清

CHINESE

04-03-1964 M

SINGAPORE

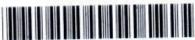
For LKK/NAC Use 0

Licence Number: S1635954H

**DRIVING LICENCE** 

ONG CHENG SOON

Burto Date: 04 Mar 1964 ue Date 03 Nov 2003



MRIC No. S1635954H

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

PASS DATE

Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of

which unladen does not exceed 2500 kilograms

09 Sep 1981 05 Apr 1983

For LKK/NAC Use Only

24-02-2005

APT BLK 437 TAMPINES STREET 43 #08-141 SINGAPORE 520437

NP 428A





# CERTIFICATE OF INSURANCE

# COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder

: Greenway Maintenance Services Pte Ltd

Period of Insurance

: 04 Jul 2019 To 03 Jul 2020

Engine No. Chassis No.

: JTFHT02P800118261

: 1KD2306284

Vehicle No.

: GBC7020G

Policy No.

: 2100345044-06

Endorsement No.

**Issued Date** 

: 11 Jun 2019

#### **ABOUT THE COVER**

Make/Model

: TOYOTA HIACE 1 ton [Van]

Engine Capacity/Tonnage: 1 Tonnage

Sum Insured : Market Value

First Year of Registration : 2013

Driver Restriction

Off Peak Car : No

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

itation as to use\*

e in connection with the Policyholder's busine

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 drawing 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 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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

# PPROVED REPORTING CENTRES/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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.com.ag or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

### **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/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 g the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501679000

TAN CHENG YAN MELODY 371 ALEXANDRA ROAD #05-05 AIA ALEXANDRA SINGAPORE 159963 SP-JP-LCADVISORY

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSCNEY