

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	14/12/2019 10:52
Date Of Accident	14/12/2019 00:15
Exact Location Of Accident	PIE TOWARDS TUAS NEAR TO CLEMENTI ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3726Y
Insured/Policyholder	
Name Of Registered Owner	WONG YUEN SEN
NRIC No	S1277800G
Email Address	EDWINHBA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96193984
Alternative Phone No	Office-96193984

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (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	2100454592-03
Cover Note Number	

Driver

Name of Driver	HUANG BAO'AN, EDWIN
NRIC No	S9020210C
Date Of Birth	09/06/1990
Occupation	INDOOR
Date Of Driving Pass	27/02/2009
Driving Experience	10 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96193984
Fax Number	
Contact Number	
E-Mail Address	EDWINHBA@HOTMAIL.COM
Address	APT BLK 244, JURONG EAST STREET 24 #10-583
Postcode	600244
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SJD5061B
Vehicle Make/Model/Colour	SUZUKI SWIFT SPORT
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	NG JUN JIE
NRIC/Passport Number	S9331331C
Contact Number	98767518
Address	BLK 856, JURONG WEST ST 81 #0-534
Postcode	640856
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX4108E
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 3

Vehicle Registration Number	SHB5407Y
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)	

Sketch Plan

SKETCH PLAN

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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:

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628099
TEL: 6262 2212
FAX: 6262 3992
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Diagram illustrating a 4-bit bus system with four components (A, B, C, D) connected to a common bus line.

- Component A: SLA372L
- Component B: SJ0506
- Component C: SKX410
- Component D: SHB540

Refer to Police Report

I/We declare the foregoing particulars are true in every respect.

11/12/19 10:12 am
C:\Users\Student\Documents\19

Date & Time: 14/12/19 10.12 am

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

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 14/12/2019 Time 12:15pm		2 Exact location of accident PIE towards Tuas near to Clementi Road Exit	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. (VEHICLE A) SLA37264

6 Insured / policyholder (see insurance cert.)
Name WONG YUEN SEN
 (capital letters)
Address Blk 744 Jurong East St 81 #10 582
 5160244
NRIC / Passport no. S1277800G
Tel no. (from 9am till 5pm)
HP 96193984

7 Vehicle
Make, type Nissan Sylphy 1.6 Premium

8 Insurance company
Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
Policy No. (if available) 2100454592-03

9 Driver (See driving licence)
 (if different from insured A above)
Name HUANG BAO AN EDWIN
 (capital letters)
NRIC / Passport no. S9020210C
Class of licence 3

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	1 parked / stopped (at the roadside)
<input type="checkbox"/>	2 leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3 entering a parking space (at the roadside)
<input type="checkbox"/>	4 emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5 entering a car park, private grounds, a minor road
<input type="checkbox"/>	6 entering a roundabout or similar traffic system
<input type="checkbox"/>	7 circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8 striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9 going in the same direction but different lane
<input type="checkbox"/>	10 changing lanes
<input type="checkbox"/>	11 overtaking
<input type="checkbox"/>	12 turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13 turning to the left
<input type="checkbox"/>	14 reversing
<input type="checkbox"/>	15 encroaching in the opposite traffic lane
<input type="checkbox"/>	16 coming from the right (at road junctions)
<input type="checkbox"/>	17 not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← **State TOTAL number of boxes marked with a cross** →

13 Sketch of accident when impact occurred
 Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

Alternatively, please make reference to one of the sketches on page 4: ☐

15 Signatures of drivers

A

Registration No. (VEHICLE B) SJD5061B

6 Insured / policyholder (see insurance cert.)
Name NG JUN JIE
 (capital letters)
Address Blk 856 Jurong West St 81 #05-534 S1840856
NRIC / Passport no. S9331331C
Tel no. (from 9am till 5pm)
HP 98767518

7 Vehicle
Make, type Suzuki Swift Sport

8 Insurance company
Does the policy cover damage to vehicle B?
 No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
 (if different from insured B above)
Name
 (capital letters)
NRIC / Passport no.
Class of licence

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

INDIVIDUAL STATEMENT (Part II) <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>																
Insured Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (if more than one, state all) _____		Email: <u>edwinhba@hotmail.com</u>													
	2 Vehicle registration no. <u>SLA 3726Y</u>		C.C. _____		If commercial vehicle, state permissible carrying capacity _____											
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____															
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify _____															
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____															
	6 Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken _____															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>09 06 1990</u>	Occupation (if more than one, state all) <u>In door</u>	Years of driving experience <u>27 Feb 2009</u>	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____															
	9 Full details of all driving convictions including pending prosecutions in the last 36 months															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 45%;">Offence</th> <th style="width: 40%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty								
Date	Offence	Penalty														
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>											
					Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>											
					Yes <input type="checkbox"/> No <input type="checkbox"/>											
					Yes <input type="checkbox"/> No <input type="checkbox"/>											
					Yes <input type="checkbox"/> No <input type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage												
				Insurer's name and address (if known)												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____															
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____															
Accident details	14 Weather conditions: Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/>															
	15 Road surface: Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/>															
	16 Speed of vehicles: A <u>0</u> km/hr B <u> </u> km/hr															
	17 What warnings were given by driver or other party? _____															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>															
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____															
20 If your vehicle is commercial, state weight of load carried at time of accident _____																
21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary) _____ _____ _____																
Declaration I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																

NOTICE OF REPORTING

This is to confirm that Huang Bao'an, Edwin, NRIC: S9020210C, has reported to the Police a non-injury traffic accident which occurred along PIE towards Tuas, near to Clementi Road Exit on 14/12/2019 at about 12.15am involving the following vehicles:

On 14/12/2019, at about 0015hrs, I was driving my Red Nissan Sylphy, SLA3726Y, along PIE towards Tuas, near Clementi Road Exit, on the first lane. I noticed the vehicles along the lane in front of me all slowing down. In front of me was a purple SMRT taxi, SHB5407Y, which was also slowing down and I slowed down my vehicle as well to almost a stop. Out of a sudden, I felt my vehicle jerk forward twice, causing my vehicle to hit into the SMRT taxi in front. I then got out of the car and noticed that a Yellow Suzuki Swift, SJD5061B, had hit into my car from the back and a Black Infiniti Q50, SKX4180E, had subsequently hit into the back of the Suzuki Swift. I noticed that the SMRT taxi shifted his vehicle slightly forward and then got out of his car as well. Ambulance and EMS came shortly to make a check and decided their assistance was not required. All four of the drivers, including myself, exchanged particulars and subsequently left the scene of the accident.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt (1) Preston Teng



Date: 14/12/2019 Time: 0231hrs

S/D Ref: 8

Police Post/Unit : Jurong East NPC

Jurong East
Neighbourhood Police Centre
No 92 Boon Lay Way
Singapore 609962
Tel : 1800-8999999

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1277800G

Name: WONG YUEN SEN

Birth Date: 08 Apr 1957

Issue Date: 06 Aug 2003

000721870J

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1277800G

Name: WONG YUEN SEN

Race: CHINESE

Date of birth: 08-04-1957

Sex: M

Country/Place of birth: SINGAPORE

S1277800G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9020210C

Name: HUANG BAO'AN, EDWIN

Birth Date: 09 Jun 1990

Issue Date: 27 Feb 2003

001714067A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9020210C

Name: HUANG BAO'AN, EDWIN

黄宝安

Race: CHINESE

Date of birth: 09-06-1990

Sex: M

Country of birth: SINGAPORE

S9020210C

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	24 Jul 1978
Class 2A	Motorcycles between 201 cc and 400 cc	24 Jul 1978
Class 2	Motorcycles exceeding 400 cc	24 Jul 1978
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Sep 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Oct 1978

Licence No: S1277800G

NP 428A

5995317

NRIC No. S1277800G

Date of issue: 06-08-2018

Address: APT BLK 244 JURONG EAST STREET 24 #10-583 SINGAPORE 600244

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

Class	Description	PASS DATE
Class 3	Motor Cars < 3000 kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500 kg	27 Feb 2009

Licence No: S9020210C

NP 428A

3728326

NRIC No. S9020210C

Date of issue: 15-06-2005

Address: APT BLK 244 JURONG EAST STREET 24 #10-583 SINGAPORE 600244

CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : WONG YUEN SEN
Period of Insurance : 01 Mar 2019 To 29 Feb 2020
Engine No. : HR16983966B
Chassis No. : MNTBBAB17Z0026766

Vehicle No. : SLA3726Y
Policy No. : 2100454592-03
Endorsement No. :
Issued Date : 07 Feb 2019

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : No

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

* 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)

WONG YUEN SEN - \$600 (Own Damage)

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

1. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolotion Industrial Add: 19 Ubi Road 4 Singapore 408023 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

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

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).

0500810541

TAN CHONG CREDIT PTE LTD - NYJ
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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