





## 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	03/02/2020 19:28
Date Of Accident	31/01/2020 17:30
Exact Location Of Accident	PIE (TUAS) THOMSON FLYOVER (LAMP POST 833F)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6871B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	HWWONG@ECOLAB.COM
Mobile Phone No	(LOCAL) +65-98622109
Alternative Phone No	OFFICE-98622109

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	

### Driver

Name of Driver	WONG HAN WEI (HUANG HANWEI)
NRIC No	SXXXX533H
Date Of Birth	15/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	30/05/2002
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98622109
Fax Number	
Contact Number	OTHERS-98622109
Email Address	HWWONG@ECOLAB.COM

Address	BLK 451B BUKIT BATOK WEST AVENUE 6 #14-683
Postcode	652451
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	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	3
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: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200131/2157

#### 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	SLE2638D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED HAZIMIN BIN ABDUL HAMID
NRIC/Passport Number	SXXXX677B
Contact Number	

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

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMN949K  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver YEO AH SENG  
NRIC/Passport Number SXXXX074D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1





Name UNKNOWN PASSENGER  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SLR6871B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



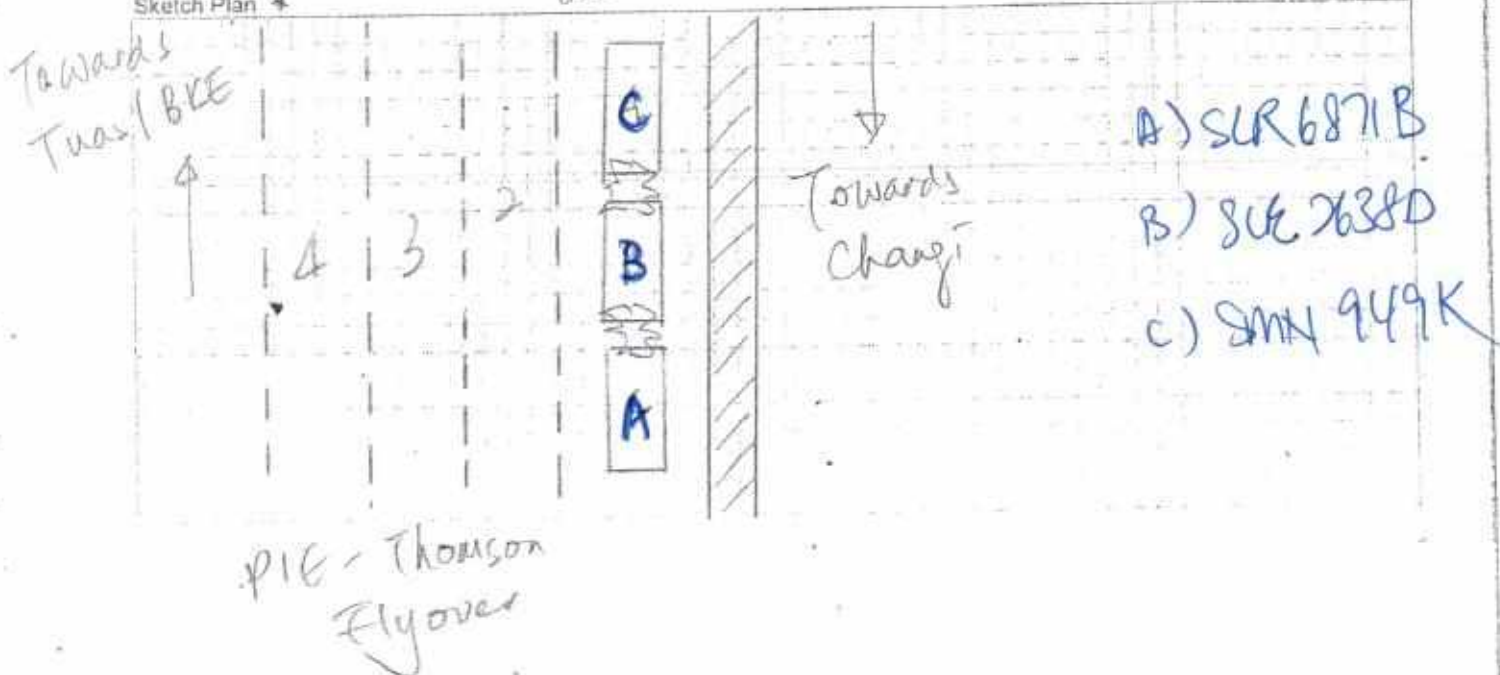
## SKETCH PLAN

### 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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' law firms/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.




 01/02/2020 12:20 hr  
 Policyholder's Signature & Time      Driver's Signature (if driver is not the policyholder) / Date & Time  
 Witnessed by Reporting Centre Personnel:  03/02/2020

Sketch Plan →





Describe Circumstance of the Accident \*


On (31/01/2020) at around 1730hrs, I was driving my car bearing SLR 6871B with a passenger along PTE (Tuas) Thomson Flyover near Jln Datoh on lane 1. Suddenly the car in front of me bearing SLE 2638D jammed brake upon seeing. I applied my brake. However, I was unable to brake in time and my car collided with the rear of SLE 2638D. I went out to make a check and discovered that SLE 2638D had collided with the rear of JMN 949K. It was a chain collision involving 03 cars including myself. My car sustained cracks on the front bumper and the bonnet dented. SLE 2638D sustained dents on the rear bumper. JMN 949K sustained a dent on the rear bumper. My passenger sustained injury on her lips. Nobody else was injured.

Police report 7/2020 0131/2157

Declaration

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

Policyholder's Signature:  

\* Driver's Signature (if driver is not the policyholder) / Date & Time:  01/02/2020 1220hr

Witnessed by Reporting Centre Personnel:  03/02/2020



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident \* Date: 31-10-2020 Time: 1720 hr  
 Exact Location of Accident \* PIE (TUAS), THOMSON FLYOVER (LAMPPOST 83F)

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SLR 6871 B

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) GOLDBELL CAR RENTAL PTE LTD  
 Personal Identification - NRIC (Singaporean/PR)  
 - FIN/Passport Number  
 - Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer MAZDA Model MAZDA 3  
 Type of Vehicle\* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others, \_\_\_\_\_  
 Exact Purpose for which vehicle was being used at time of accident \* ON THE WAY HOME  
 Are you claiming under your own insurance policy for repair to your vehicle? ☒ Yes ☐ No (If No, Pls select ☐ Third Party ☐ Reporting)  
 Vehicle Category\* ☐ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \*  
 Type of Policy ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only  
 Fleet Policy ☐ Yes ☐ No  
 Policy Number  
 Motor CI

## DRIVER

☐ Same as Insured above

Name of Driver \* WONG HAN WEI  
 Personal Identification - NRIC (Singaporean/PR) \* S7920533H  
 - FIN/Passport Number \* N.A  
 Date of Birth \* 15 dd/ 07 mm/ 79 yy  
 Driving Date Pass \* 30 dd/ 05 mm/ 02 yy  
 Year of Driving Experience \* 17 Year(s) 08 Month(s)  
 Occupation \* ☐ Indoor ☒ Outdoor  
 Gender \* ☒ Male ☐ Female  
 Contact Number / Mobile Phone / Fax No \* 98622109

Address of Driver	* BLK 451B BUKIT BATOK WEST AVE 6 #14-683	Postcode (652451)
Email Address	* hwwong@ecolab.com	
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	* FRONT TO REAR
Weather Conditions	* <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	* <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others

#### OTHER INFORMATION

a. Was anybody injured in the accident?	* <input checked="" type="radio"/> Yes <input type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	* <input checked="" type="radio"/> Yes <input type="radio"/> No

#### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	JURONG WEST N.P.C
Police Station Address	700 CORPORATION ROAD 8649818
Police Station Contact	Tel No. 1800-2689999 No
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

#### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* SLE 2638D
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Mohamed Hazim bin Abdul Hamid
Personal Identification - NRIC (Singaporean/PR)	574306773
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles)



**DETAILS OF OTHER VEHICLE / PROPERTY 2**

Vehicle Registration Number	SMN 949 K
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Yeo Ah Seng
Personal Identification - NRIC (Singaporean/PR)	S03090740
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

**DETAILS OF OTHER VEHICLE / PROPERTY 3**

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

**DETAILS OF OTHER VEHICLE / PROPERTY 4**

Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

**Details of Witness 1**

Name

Phone

Email Address

**Details of Witness 2**

Name

Phone

Email Address

**Details of Injured Person 1**

Name

Address

Approximate Age

Injuries Sustained

If vehicle occupants, state in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

FOO MUN YENG

817B KEAT HONG LNK #08-103

34

SWOLLEN LIPS

SLR 68713

☒ Yes ☐ No☐ Yes ☒ No**Details of Injured Person 2**

Name

Address

Approximate Age

Injuries Sustained

If vehicle occupants, state in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

☐ Yes ☐ No☐ Yes ☐ No**Details of Injured Person 3**

Name

Address

Approximate Age

Injuries Sustained

If vehicle occupants, state in which vehicle?

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

☐ Yes ☐ No☐ Yes ☐ No

(Note - Please use page 7 if you need to add more injured person)





# SINGAPORE POLICE FORCE



T/20200131/2157

1 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20200131/2157

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/01/2020 21:20	Vide Report No.:	Station Diary No.: 163
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<b>Informant's Particulars</b>			
Name of Informant: WONG HAN WEI		Address: APT BLK 451B BUKIT BATOK WEST AVENUE 6 #14-683 SINGAPORE 652451	
ID Type / ID No.: NRIC NO / S7920533H		Contact No.: Home/Office: Mobile: 98622109	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 15/07/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ENGINEER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2020 17:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY Along PIE(Tuas) near Jln Datoh				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SLE2638D	Car				Slightly Damaged	0
SLR6871B	Car				Slightly Damaged	1
SMN949K	Car				Slightly Damaged	0



# SINGAPORE POLICE FORCE



T/20200131/2157

2 of 4 -

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20200131/2157

## CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMED HAZIMIN BIN ABDUL HAMID		ID No.	S7430677B
Related Vehicle	SLE2638D (Car)		Contact No.	NIL
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
Driver				
Name	WONG HAN WEI		ID No.	S7920533H
Related Vehicle	SLR6871B (Car)		Contact No.	98622109
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Passenger				
Name	UNKNOWN PASSENGER		ID No.	NIL
Related Vehicle	SLR6871B (Car)		Contact No.	NIL
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	Slight





**SINGAPORE  
POLICE FORCE**



T/20200131/2157

3 of 4

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No. 1800-2689999

Report No: T/20200131/2157

**CONTINUATION OF REPORT**

Driver			
Name	YEO AH SENG	ID No.	S0309074D
Related Vehicle	SMN949K (Car)	Contact No.	NIL
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 31/01/2020 at around 1730hrs, I was driving my car bearing SLR6871B with 01 passenger along PIE(Tuas) near Jln Datoh on lane 1. Suddenly, there was another car bearing SLE2638D jammed brake. Upon seeing, I applied my break. However, I was unable to brake in time and my car collided with the rear of SLE2638D. I went out to make a check and discovered that SLE2638D had collided with the rear of SMN949K. It was a chain collision involving 03 cars including myself. My car sustained crack on the front bumper and the bonet was dented. SLE2638D sustained dents on the rear bumper. SMN949K sustained a dent on the rear bumper. My passenger sustained injury on her lips. Nobody else was injured. I am also lodging this report for insurance claims purposes.



**SINGAPORE  
POLICE FORCE**



T/20200131/2157

4 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20200131/2157

**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:

J /

SC2 MUHAMMAD HAIQAL BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/01/2020 21:20

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

SN 126

Authentication Stamp

NP168

Signature:

Singapore Police Force



**CERTIFICATE OF INSURANCE**

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

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.T.400

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS S\$800.00 \*\* (I)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLR6871B

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE  
FOR THE PURPOSES OF THE ACT

01 January 2019

4) DATE OF EXPIRY OF INSURANCE

31 March 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the Insured's order or with their permission.

Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months

Additional excess of \$500 applies to all claims for accident outside Singapore

\*\* Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE\*

1) Use for social, domestic, pleasure purposes and business purposes of Insured

2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

UOB

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles  
(Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd.

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ