

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MWA 20033215

Date In: 16/3/05-14:41	Job description	Date & Time Completed	Done by
Ref No: 149/116200408524	SAS e-filing		
Veh No: 56X10024	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/3/05-16:25	i-Motor Claim Form		
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: 56M 9654	INC ( ) / Non-INC ( )	
Owner / Driver: (		Tel:	
Policy No: (	Period: (	Cover Type: (	
Confirmed by: (	Date:	Time:	
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]		
Year of Registration: (	Warranty: YES ( ) / NO ( )		
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )		

General Remarks:	
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: _____
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Date/Time	Actions

149/2007168	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (Non INC) against INC \$20		
Auditors' Comments:	9) N12: Idac Mobile \$0		
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:	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	16/03/2020 19:41
Date Of Accident	15/03/2020 16:25
Exact Location Of Accident	EUNOS LINK TWDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX1002U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN HUA ENG
NRIC No	SXXXX439Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91993968
Alternative Phone No	OFFICE-91993968

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3 1.6A SUNROOF
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	1800023811
Cover Note Number	

### Driver

Name of Driver	CHAN YI QIN TIFFANY
NRIC No	SXXXX472A
Date Of Birth	28/09/1995
Occupation	INDOOR
Date Of Driving Pass	17/05/2017
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93390318
Fax Number	
Contact Number	OFFICE-93390318
EEmail Address	NOEMAIL

Address	6 HOUGANG STREET 92 #02-01
Postcode	538685
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	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/20200315/7012.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM9605Y
Vehicle Make/Model/Colour	AUDI
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 CHAN YI QIN TIFFANY

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLX1002U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## SKETCH PLAN


### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

\_\_\_\_\_  
Policy holder's signature  
Date / time:

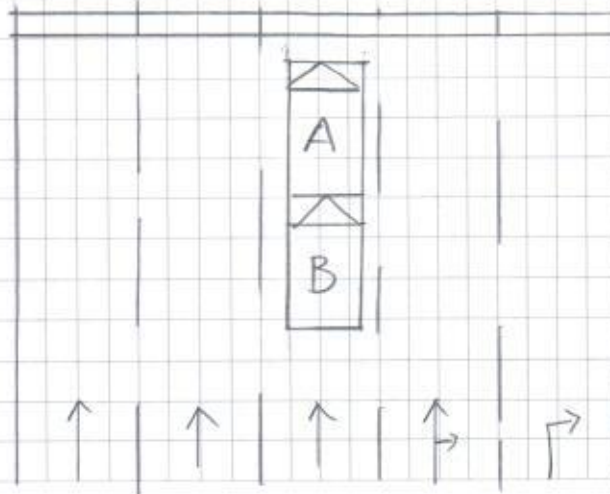
  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN

Veh A: SLX1002M

Veh B: SKM 9605Y



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police  
Report

## DECLARATION

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

Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
Date & time:

reporting centre personnel's Signature  
NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	16/03/2020	(DD/MM/YY)
Time of accident	4:25 pm	(HH:MM)
Exact location of accident	Euras link towards Hougang BVE 3	

## DETAILS OF VEHICLE

Vehicle registration number	SLX 1002 U		
Vehicle make and model	Kia K3		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	AIG		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	Chan Hua Eng	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 01214392		
Contact	9199 3968.		
Address	6 Hougang St 92 #02-01 S(538685)		

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Chan Yi Qin Tiffany	Male <input type="checkbox"/>	Female <input checked="" type="checkbox"/>
NRIC / Fin / Passport number	S9536472A		
Contact	9339 0318		
Address	6 Hougang St 92 #02-01 S(538685)		
Email address			
Date of birth	28/09/1995		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	17/05/2017		



**GENERAL INFORMATION OF THE ACCIDENT**

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Daughter</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>1</u> (Inclusive of driver)

**PASSENGER 1**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 2**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 3**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 4**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 5**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**PASSENGER 6**

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**OTHER INFORMATION**

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**DETAILS OF POLICE STATION ACTION**

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>10 wbi Avenue 3.</u>

**WITNESS 1**

Name	
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**WITNESS 2**

Name	
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THIRD PARTY VEHICLE 1	
Vehicle registration number	SKM 9605 Y
Vehicle make model	Audi
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

**INJURED PERSON 1**

Name	chan Yi Ain Tiffany	
Injuries sustained	Neck & Back	
Which vehicle person in?	Driver	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**INJURED PERSON 2**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 3**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 4**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 5**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**INJURED PERSON 6**

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2020 18:45		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHAN YI QIN TIFFANY			Address: 6 HOUGANG STREET 92 #02-01 SINGAPORE 538685		
ID Type / ID No.: NRIC NO / S9536472A			Contact No.: Home/Office:		Mobile: 93390318
Nationality: SINGAPORE CITIZEN			Email: find.tiffanychan@gmail.com		
Sex: Female	Age: 24	Date of Birth: 28/09/1995	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Marketing and sales representative (technical)		Driving Licence Information: Class:		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/03/2020 16:30	Type of Location: X-Junction
Location:  EUNOS LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SLX1002U	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200315/7012

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

2 of 3

Report No. T/20200315/7012

**CONTINUATION OF REPORT**

Driver			
Name	CHAN YI QIN TIFFANY	ID No.	S9536472A
Related Vehicle	SLX1002U (Car)	Contact No.	93390318
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

**Brief Details.**

At 15/03/2020 at about 1630hrs, I was traveling straight on Eunos link towards Hougang in my car (SLX1002U). The traffic light turned amber and I stepped on my brakes. Suddenly I felt a very huge impact from my rear. My car propelled 1 meter forward. Then I realised I was hit by (SKM9605Y). I went to Mount Alvernia to see a doctor and was awarded 5 days of medical leave.





**SINGAPORE  
POLICE FORCE**



T/20200315/7012

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

3 of 3

Report No. T/20200315/7012

**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 /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

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:  
15/03/2020 18:45

Classification Of Case:





# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chan Hua Eng  
Period of Insurance : 16 Mar 2018 To 15 Mar 2020  
Engine No. : G4FGHH691700  
Chassis No. : KNAFZ411MJ5761741

Vehicle No. : SLX1002U  
Policy No. : 1800023811  
Endorsement No. :  
Issued Date : 29 Mar 2018

### ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 SX  
Engine Capacity/Tonnage : 1,591.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- a) 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)

Chan Hua Eng - \$600 (Own Damage)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 607331 65044601  
2 Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800  
3 Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 87481000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from Google Play.

### IMPORTANT NOTES

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

We hereby certify that the policy to which this Certificate of Insurance relates is subject to and governed by 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 and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia).


0504624204

FULCOKICP2 - FN

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

840329

78 Sentral Way, #12-01

AIG Asia Pacific Insurance Pte. Ltd.