THE STATE OF THE S	Warranty: YBS (	)/NO(	)%; P: 21-79%. P: 80-		The same
Excess: (\$ ) Loading: \$1,0				••	
				TEN STATE	
( ) Walk-In Customar : Customor's Info	the of the contract of the same and the same of the sa	Table 1 and 1 and 1 and 1 and 1 and 1			<u> </u>
( ) Total Loss Case : to e-mail Insure					
Drive-In ( )/ Towad-In ( ); Invoice		10 ( ); To	owing Co: ( · , '		)
Commercia (INC Market 670816616)				N. September 1	y · ·
	Courtesy Car (		S STANDARD ALASY TAY	ASSESSED ASSESSED	
TEAMER OF TERRSTORY ATTOWARDS 1 17 C	oddrios) Car (	/	A CONTRACTOR OF THE PARTY OF TH		
	( .			22	
2) QC Check / Post Repair Inspection	.( :)	) : .		2	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	.( :)	) : :			
2) QC Check / Post (Cepair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3  Injury:	.( : )		oreway was the same of the sam	SPAR TO	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	( .			The pro-grave	enter.
2) QC Check / Post (Cepair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3  Injury:	. ( · .		oreway was the same of the sam	11320-C-K-744-	V (1) 2 (1)
2) QC Check / Post (Cepair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3  Injury:	(			STIPPELITY AND STREET	\$ 711 <sub>2</sub> \$ 72
2) QC Check / Post (Cepair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3  Injury:	( · )			Elpzin, 7.6.	
2) QC Check / Post (Cepair Inspection 3) Upload Resurvey Photo (Repair Cost > \$3  Injury:	(				V 77), F 7.
2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$3  Injury :  Defermine Authorization (Applied Cost > \$3	(			ASI THE KINGESTY IN	ZAMI(I)
2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$3  Injury :  Defections	(	WHITE SHEET BOOK AND AND ADDRESS OF THE PARTY OF THE PART		ASI THE KINGESTY IN	CAMIL(U) : kvad Dill
2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$3  Injury :  Defermine Authorization (Applied Cost > \$3	(	1) AR : Anddentl 2) DA : Damage A	ararton Chruitin and the control (330); assument (5100); INC (3	(5)	: Ahi(it) :
2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$3  Injury :  Defections	(	1) AR; Assident! 2) DA; Damege A 3) TP; Towing Pe 4) PT; Pollow-The	Separating (530); INC (5 to 100); INC (5 to 10	(5) (5) (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Padic(d)
2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$3  Injury :  Defections Authorization   Authori	(	1) AR: Accident 2) DA: Damage A 3) TF: Towing Pe 4) FT: Follow-The 5) PT: Follow-The	Apporting (530); Apporting (530); Apporting (5100); Apporting (510	(30) (0/145 5120 530	Allig(\$)
2) QC Check / Post (Cepsir Inspection  1) Upload Resurvey Photo (Repair Cost > \$3  Injury:  Description (Agitum)  Agitum  Agit	(	1) AR: Academil 2) DA: Damage A 3) TP: Towing P- 4) PT: Pollow-The 5) PT: Pollow-The For claiming age 6) TR: Re-Inspect	arar(lon Clir Utilis John Straigh Survey (Resurvey) alust INC Only (wef 10 Jan 200 lon	(5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	:Ahi(t)
2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$3  Injury :  Date Times Automos	(	1) AR: Acoldenti 2) DA: Damage A 3) TP: Towing P- 4) PT: Follow-Th 5) PT: Follow-Th For claiming ag 6) TR: Re-Impedi 7) NI: Idae DA+	arn(for Gli Uffis John Grant (or Gli Uffis Grant (or Grant (or Gli Uffis Grant (or Gli Uffis Grant (or Grant (or Grant (or Grant (or Gli Uffis Grant (or Gra	(5) (5) (5) (5) (5) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	Alin((3)
2) QC Check / Post Repair Inspection  1) Upload Resurvey Photo [Repair Cost > \$3  Injury :  Defections	(	1) AR: Academii 2) DA: Dannage A 3) TP: Towing Pe 4) PT: Follow-The 5) PT: Follow-The For claimbing an 6) TR: Re-Impost 7) N1: Idae DA + 8) NTUC Addillian	arneton Chruffis John Christian (San); assument (S190); INC (Strongh Survey (Resurvey) alust INC Only (wef 10 Jan 200 lon SMRT Survey at Services:-	(5) (15) (15) (15) (15) (15) (15) (15) (	Padi(d)
2) QC Check / Post (Cepsir Inspection  1) Upload Resurvey Photo (Repair Cost > \$3  Injury:  Description (Agitum)  Agitum  Agit	(	1) AR: Academii 2) DA: Dannage A 3) TP: Towing Pe 4) PT: Follow-The 5) PT: Follow-The For claimbing at 6) TR: Re-Impedi 7) N1: Idae DA + 8) NTUC Addillian QD: *N5: Courtery C	arneron Chruffis John Christoph (330); seesment (5100); INC (5 cough Survey (Resurvey) alustINC Only (wef 10 Jan 200 lon SMRT Survey al Services:-	(5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Addition
2) QC Check / Post (tepsir Inspection  1) Upload Resurvey Photo (Repair Cost > \$3  Injury :  Defections (Astleman Angle)  Approximate Particular Property (Particular Property of Particular Particular Property of Particular Particul		1) AR: Acoldenti 2) DA: Dningg A 3) TP: Towing Pe 4) PT: Follow-The 5) PT: Follow-The For claiming age 6) TR: Re-Inspect 7) NI: Idae DA + 8) NTUC Addition QD: *NS: Courtery C *NG: Repair Cu *N7: Fast Repair	All Arthor Cliff of the Ar	\$100 \$100 \$100 \$100 \$120 \$30 \$75 \$160 \$25 \$310 \$225	Padi(d)
2) QC Check / Post (tepsir Inspection  1) Upload Resurvey Photo (Repair Cost > \$3  Injury :  Defections (Astlendard Section Se		1) AR: Acoldenti 2) DA: Dningg A 3) TP: Towing Pe 4) PT: Follow-The 5) PT: Follow-The For claiming age 6) TR: Re-Inspect 7) NI: Idae DA + 8) NTUC Addition QD: *NS: Courtery C	arar(lon Clir Utilis Long) assument (\$100); INC (\$  fough Survey alust INC Only (wef 10 Jan 200 lon SMRT Survey at Services: arf / Tpi Allowance ardination	\$300 \$100 \$100 \$100 \$120 \$30 \$75 \$160	Adm(t)

#### SINGAPORE ACCIDENT STATEMENT

#### 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 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

- 41	-7	n١	DER	VT S	ТΛ	$\mathbf{r} = \mathbf{w}$	150	Car.
/A\	-	u	UEI	41 O		1 - 17		

03/08/2020 11:09 Date Of Report 31/07/2020 11:45 Date Of Accident

CTE TWDS CITY NEA BRADDELL RD EXIT Exact Location Of Accident

SINGAPORE Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

SFU8655B Vehicle Registration Number

Insured/Policyholder

CHEAH CHEOK YIN Name Of Registered Owner

SXXXX185J NRIC No NOEMAIL Email Address

(LOCAL) +65-96326027 Mobile Phone No Alternative Phone No OTHERS-96326027

Vehicle Particulars

Manufacturer TOYOTA ALTIS Model

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

If No, Please state action to be taken

Are you claiming under your own insurance policy for repair to your vehicle?

THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100417256-05 Policy Number

Cover Note Number

Driver

CHEAH CHEOK YIN Name of Driver

NRIC No SXXXX185J 07/08/1956 Date Of Birth Occupation INDOOR 03/10/1977 Date Of Driving Pass

42 YEARS AND 9 MONTHS Driving Experience

MALE

(LOCAL) +65-96326027 Mobile Number

Fax Number

OTHERS-96326027 Contact Number

NOEMAIL EMail Address

Page 1 of 15

BLK 417 BUKIT BATOK WEST AVE 4

#10-292 650417

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Address

Postcode

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

#### Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: CHAI HEN KIM

FEMALE GENDER:

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

## Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG CTE TWDS CITY ON THE 3RD LANE OF A-5 LANES RD.INFRT OF MY VEH SLOW DOWN AND I FOLLOWED SUIT SUDDENLY I FELT THE IMPACT FROM MY REAR . WHEN I CAME OUT FROM MY VEH ,I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLES.

# Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKB143E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 15

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SMS7915K

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)

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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:

3-8-20

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	1,6						
	BRAL	DAELL	RA	EXIT		-	
SF48655B _							
00000					4		
2 CB 143 E			-				
SF48655B - SKB143E - SMS7913K _					4		
		HA	4 0	14 (	4		
		A	30	14			
					16		
<del></del>		-		-			
					K	-	
SCRIBE CIRCUMSTANCES OF THE	ACCIDENT						
Pls refu to the	8/91	temen	e.				
							0.1
	2						
			1)				
			7)				
			1)				
			))				
			7/-				
			7)				
			))				
			7)				
			<i>Y</i> /				
			<i>y</i>				
ECLARATION							
CLARATION Ve declare the foregoing particulars ar	e true in every re	spect.	))				

Policyholder's Signature
Date & Time:
3-8-20
GIARMC SketchPlanForm\_V3

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

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

	ACCIDENT STA	A CONTRACTOR OF THE PROPERTY O	
100	5/07/	11.45 Am	26
ACC	DENT DATE: (2/8/20)(DD/MM	/YYYY), TIME:( 10:39 )(HH:MM)	
LOCA	TION: CTE TWOS CITY	NIERR EXIT BRAD	DEC RD
1.	DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: CHEAH CHE	9( Y/N	
	b)INSURANCE COMPANY:		88
**	c)POLICY NUMBER:		
	d)POLICY TYPE: (COMPREHENSIVE / THIR		***
	e)MAKE & MODEL: ToyoTA A	LTIS	194
	f)TYPE:(SALOON / COUPE / MPV /V AN /	LORRY / MOTORCYCLE, / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COM/	MERCIAL / MOTORCYCLE)	
	h) PURPOSE OF USING AT ACCIDENT TIME	PRIVATE USE	¥11
	I) ARE YOU CLAIMING UNDER YOUR OWN		
	IF NO, PLEASE STATE THIRD PARTY CLAIR	M DREPORTING ONLY)	
2.	INSURED / POLICY HOLDER	(A) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
	A)NAME:	(MALE / FEMALE)	_
	[1] 사람 (1) [2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	CONTACT: 9632602	7
	cJADDRESS:		
	Service Control of the Control of th		
Min A	* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLDER	
\$ Ho of passenges	DRIVER		
(Including driver)	a) NAME: AS A BOOK	(MALE / FEMALE)	
(2) j	DJINNIC/FIN/FASSFORT.	CONTACT:	
-=-/	c) ADDRESS:		£6 (8)
HAI HEN KIM	*d) DATE OF BIRTH: ( / /)	(DD/MM/YYYY)	
(1)	e)OCCUPATION: (INDOOR) OUTDOOR)	[00](00)(1111)	
	f) YEARS OF DRIVING EXPRERIENCE: 03/	0/1977	
4.	WAS DRIVER AN EMPLOYEE OF THE IN	A CONTRACTOR OF THE CONTRACTOR	18
	IF NO, RELATIONSHIP OF THE DRIVER	할 것이 없는 어린 사람들이 있는 것이 없는 것이다.	
5.	a) WEATHER CONDITION; (CLEAR ) RAININ		
	bJROAD SURFACE: (DRY) WET / OTHERS_		
6.	WAS ANYBODY INJURED (YES / NO)		137
	a) REPORTED TO POLICE (YES / NO)	**	
	IF YES, PLEASE STATE WHICH POLICE STA	TION:	
	THIRD PARTY VEHICLE		
the of passenger	a) VEHICLE NUMBER: SKB/KS (	MODEL:	9
(Including driver)	b) DRIVER'S NAME:		-
( )	c) NRIC/FIN/PASSPORT:	CONTACT:	
9.	THIRD PARTY VEHICLE		*
this of passenger	d) VEHICLE NUMBER: SMS 7915 K	MODEL: **	
(Including driver)	e) DRIVER'S NAME:	to the second	
Themeling anivar	f) NRIC/FIN/PASSPORT:	CONTACT:	
()	. 60   16	8	
10 as	*	W5	
		į.	
		7.50	

email =

VIDEO =



# CERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

 Name of Policyholder
 : Cheah Cheok Yin

 Period of Insurance
 : 23 Jun 2020 To 22 Jun 2021

 Engine No.
 : 1ZRX518670

 Chassis No.
 : MR053REH104535223

: SFU8655B : 2100417256-05 Policy No. Endorsement No.

: 09 May 2020

#### ABOUT THE COVER

Make/Model TOYOTA COROLLA ALTIS 1.6 DUAL Engine Capacity/Tonnage : 1.598.00 CC Sum Insure Driver Restriction : NA Off Peak Ca First Year of Registration : 2015 Insuring with COE/PARF : Yes Sum Insured : Market Value Off Peak Car : No

Person or Classes of Persons Entitled to Drive\* :

to The Procytroster. to Any differ person who is divergion the Policyhooder's order or with higher personaum. The Policy will deleterally the Policyhooder or any subforced driver only directive media the specified age cor

The flow is pay an additional sum of \$1,000 as "Young and/or hesperienced Driver Discost" ("YERF") FYOL are or Your Authorised Driver (named or unnamed) is under the age of \$1 and/or has a flam of construction.

Age Condition All Age Condition

Limitation as to use.\*

Use only for soon, consists and preasure purposes and for the Policyholasin's business. This Pricty (lives not some use for fine or investo, driving bullon, driving best, racing, page reaseing, resability that or specificacy or connection with foliator finals.

Lose of Use 1500cc - 1600cc Optional

\*Limitations rendered inoperatine by Section 6 of the Note Vehicles (Third Party Roas and Compensations Act (Cac. 188), Section 95 of the Road Transport Act, 1987 (Material) and Road Transport Act, 1987 are not to be reconsider once these headings.

#### EXCESS

Section 5 Fire - S0 Cwn Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2 Property Damage - 50

Named Driver and Excess (www.qquuter)

#### APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres ACO Authorised Reporter (Rior claims related reports).

Any accolent reports to the Vehicle must be defined out by one of our Authorised Reports. Within the first 3 years of the first registration of the Vehicle on Singapore. You have the option of heaving the accolent reports according to the Singapore of the Authorised Reports according to the Approval Approv

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

Whe remain certify that the policy to which this Certificate of Inscissor relates in issued in accordance with the provious of the Motor Veschar(Third Parts Rose and Compensation) Act plus 1985, Part N of the Rose Transport Act. 1987 (Alexapse). Road Transport Act Transport Act. 1987 (Alexapse). Road Transport Act Transport Act. 1987 (Alexapse).

0030210134 AIG - AUTO DIRECT AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

78 Sherton Way 889-16 AIG Surting \$679120 ( C +00 6419 2000 ) www aig sig

#### 24-HOUR AIG AUTO HOTLINE: +65 6338 6200 IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

# What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
   Emergency breakdown service
   Towing service sociolent or non-accident renated;
   Advice on Molor Claims procedures
   Medical Referral Assistance

#### What should I do in the event of an accident?

- Neep trains and move your car to a safe place.
   Do not admit or discuss fault or filams exits the other partycles;
   Report the accelent to a with your accelent vehicle (phetine clamaged or not) via our approved reporting certines or authorised repairers within 24 hours or the next vehicles day of the accelent.
   Submit Mindlamenona/Consequence how third partycles; to APG present accelent.

- You are not required to make any police report. Record vehicle number, name and address, instance company and policy number of the other driverits) and vehicless. Confect details frame, actives and contact numbers of elevasors and/or by to take prolographs of the science of the accident Report the accident to us with your accident vehicle (whether damaged or not) we our approved reporting centres or authorised repairers within 24 to enting they of the accident.

# If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case: - Report the accident to the police, providing full octails of the circumstances of the accident. - Record winkle number, name and actives, insurance company and policy further of the other dimension; if applicable. - Collect details foreign, enables and orginal numbers of witnesses and/or by it has positive the content of the other collection. - Report the accident to is with your accident vehicle certains damaged or not) we our appropriate contents or authorised repairs within 24 hours or the next wider (any of the accident).

#### LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.