

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAH20083384

Date In: 21/9/10-17:30	Job description	Date & Time Completed	Done by
Ref No: NA/1612010179/24	SAS e-filing		
Veh No: 5F-H658M	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 21/9/10-10:35	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SICF/28E

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:

Date/Time	Actions

NA2005075	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
Pat. 1:	Invoice dated	Fee Charged	
Pat. 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	24/09/2020 17:32
Date Of Accident	24/09/2020 10:35
Exact Location Of Accident	UBI RD 2 TWDS AIRPORT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN6588L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YIOW SIEW LI RAYNER (YANG XIULI)
NRIC No	SXXXX330F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93299275
Alternative Phone No	OFFICE-93299275

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER ELEGANCE 2.0 CVT
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	2100461018-04
Cover Note Number	

### Driver

Name of Driver	YIOW SIEW LI RAYNER (YANG XIULI)
NRIC No	SXXXX330F
Date Of Birth	20/08/1972
Occupation	INDOOR
Date Of Driving Pass	07/11/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93299275
Fax Number	
Contact Number	OFFICE-93299275
EEmail Address	NOEMAIL

Address	6 UPPER EAST COAST ROAD #03-01
Postcode	455200
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	2
Passenger 1	NAME: : YAM GEE LEAG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200924/2080.

#### 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	SKF1258E
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)

2

#### DETAILS OF INJURED PERSON 1

Name YIOW SIEW LI RAYNER (YANG XIULI)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFN6588L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name YAM GEE LEAG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SFN6588L

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 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.

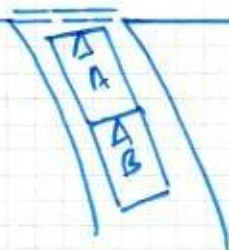
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

A: JFN6J88L  
B: S19-1238 E.



ubi rd 2 twds airport rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report - 7/020924/2080.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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



## ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 9 / 20) (DD/MM/YYYY), TIME: (10 : 35) (HH:MM)

LOCATION: Airport Rd. 2 ubi Rd 2 junction

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SEN6J8FL  
b) INSURANCE COMPANY: ALH  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Yiow Jiew Li Rayner (Yang Xiu Li) (MALE / FEMALE) MALE  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 93299275  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( / / ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR  
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO) 2 injury

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKF1258E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email =

fax =

VIDEO = ☒



# SINGAPORE POLICE FORCE



T/20200924/2080

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 4

Report No. T/20200924/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/09/2020 15:35	Vide Report No.:	Station Diary No.: 85
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: YIOW SIEW LI RAYNER			Address: 6 UPPER EAST COAST ROAD #03-01 SINGAPORE 455200		
ID Type / ID No.: NRIC NO / S7233330F			Contact No.: Home/Office: Mobile: 93299275		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 48	Date of Birth: 20/08/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SUPPLY CHAIN SOLUTIONS MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2020 10:35	Type of Location: X-Junction
Location:  AIRPORT ROAD				
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
SFN6588L	Car	TOYOTA	HARRIER ELEGANCE 2.0 CVT	White	Slightly Damaged	1
SKF1258E	Car	VOLKSWAGO N	NEW GOLF 1.4 TSI AT 5K14Q5	White		1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------





Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20200924/2080

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFN6588L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100461018-04	12/04/2020	11/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Passenger				
Name	YAM GEE LEAG	ID No.	S6823645B	
Related Vehicle	SFN6588L (Car)	Contact No.	96787038	
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	24/09/2020	Date Discharge	24/09/2020	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	YIOW SIEW LI RAYNER	ID No.	S7233330F	
Related Vehicle	SFN6588L (Car)	Contact No.	93299275	
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	24/09/2020	Date Discharge	24/09/2020	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	MUHAMMAD SALIM S/O SAHUL HAMID	ID No.	S9237568D	
Related Vehicle	SKF1258E (Car)	Contact No.	96734016	
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	



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20200924/2080

**CONTINUATION OF REPORT**

**Brief Details.**

On the 24/09/2020 at about 1033hrs, I was driving my white color Toyota (SFN6588) with my boyfriend in the passenger seat and was travelling along Ubi Road 2 and came onto a cross junction between Ubi Road 2 and Airport Road. I was travelling on the left lane and was filtering into Airport Road, but came to a halt just before filtering out as there were oncoming traffic.

I made a check and was preparing to filter out when I noticed another vehicle that was travelling on the middle lane, switching into my lane. As such, I stopped my vehicle. Suddenly, I felt an impact followed by a loud thud. I turned and realized that there was another vehicle (SKF1258E) behind me and had collided onto the rear of my vehicle. We then came out to inspect the vehicle and exchanged particulars.

Due to the collision, my vehicle sustained scratches to the rear bumper and my rear bumper had protruded out. There was a piece of the rear bumper that had broken off and was hanging beneath the vehicle. For myself, I suffered aches along my shoulders and felt giddy while my boyfriend had giddy spells as well and was feeling nauseous.

We went to a clinic and was given 3 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20200924/2080

4 of 4

Report No. T/20200924/2080

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 1 CHAN JUN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

24/09/2020 15:35

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE





# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

**Name of Policyholder** : YIOW SIEW LI RAYNER (YANG XIULI)  
**Period of Insurance** : 12 Apr 2020 To 11 Apr 2021  
**Engine No.** : 3ZR-B736452  
**Chassis No.** : ZSU60-0073339

**Vehicle No.** : SFN6588L  
**Policy No.** : 2100461018-04  
**Endorsement No.** :  
**Issued Date** : 01 Apr 2020

### ABOUT THE COVER

**Make/Model** : TOYOTA HARRIER 2.0 PREMIUM  
**Engine Capacity/Tonnage** : 1,986.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2016  
**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 1800cc - 2000cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

**Named Driver and Excess** (where applicable)

YIOW SIEW LI RAYNER (YANG XIULI), YIOW SIEW CHENG, YAM GEE LEAG, Zherning Jovan Lee

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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.sg](http://www.aig.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: Standard Chartered Bank (Singapore) 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0692897000

ONG AH KHIM GERLYN

8 JALAN RUMAH TINGGI #05-473

SINGAPORE 150008 SP-MARGE-MARKLIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

AH KHIM GERLYN ONG