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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

- 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 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.
- 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

STATE OF THE PROPERTY.	ACCIDENT STATEMENT
Date Of Report	
Date Of Accident	29/10/2020 17:43
Exact Location Of Accident	28/10/2020 20:20
Country/State of Loss	SELETAR EXPRESSWAY AFTER LENTOR AVENUE EXIT
OF RESIDENCE AND ADDRESS OF THE PERSON OF TH	SINGAPORE
Vehicle Registration Number	DETAILS OF OWN VEHICLE
	SLK1837X
Insured/Policyholder	
Name Of Registered Owner	TIANG SWEE LING
NRIC No	SXXXX644J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94891518
Alternative Phone No	OTHERS-94891518
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 DUAL VVT-I (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	2100497125-03
Cover Note Number	
Driver	
Name of Driver	LING LIONG SING
NRIC No	SXXXX372D
Date Of Birth	15/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1990
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
	ATTO No. Inc.

(LOCAL) +65-94891518

OTHERS.0/801518

Address BLK 413 SAUJANA ROAD

#05-06

- Postcode 670413

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

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

Amilia 14

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?

YES

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:

: PASSANGER

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG

Police Station Address

ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201029/2043

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FY6658K

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

AZMIL

NRIC/Passport Number

'Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

FY6658K

AZMIL

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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 completely 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 fact 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 as 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.
- By the lodgment of this report to insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ law firms, the Monetary Authority of Singapore and any relevant government agency/ authority (such as the police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
 - Complying with applicable law in administering, processing, handling and/ or dealing with my claims.
 (Collectively the "Purposes")
 - all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are
 permitted to collect, use or 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 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:
 - 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 purposed stated, or;

ii. For complying with the requirements under any regulations, law or court orders.

eolicyholder's Signature

Date & Time:

Drive 's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's

Name:

NRIC/ FIN No:

SKETCH PLAN

B: E16628K

Reser	to Police	2043	

DECLARATION

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

Politinolder's Signature

Date & Time:

Driver's Signature

(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

Personal Particulars of Owner & Driver (Vehicle A)

Vehicle No.: SIK 1837X Vehicle Make & Model: To yo Ta	Date of Accident: 27 10 1	LO (dd/mm/yy)	Time of Accident:	20 : 50	(24-HR-FORMAT)
Exact purpose for which the vehicle was being used at time of accident? Private used Work purpose Passenger Name: Weather Condition & Road Conditions? (On the day of accident) Clear & Dryl Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others: Was there any video captured by your Car Camera? Many Injuries: Yes/ No (If YES) Which Police Station: Driver's Name/ IC No.: Private Station: Private Sustain: Private Use/ No (If YES) Which Police Station: Insurance Company (If any): Priver's Name/ IC No.: Priver's Contact No.: Priver's Contact No.: Insurance Company (If any): Insurance Company (If any): Vehicle No. Priver's Contact No.: Insurance Company (If any): Insurance Company (If any): Contact No.: Contact	(IVIOETY	Makinia Maka &	Model: To V	O TA HI	11>
Policyholder's Name/ IC No.: TIAM SNEE IN (929 10 12) Driver's Name/ IC No.: 52((4 \$72 D Ling Ling) \$ (As Above) Driver's Name/ IC No.: 52((4 \$72 D Ling Ling) \$ (As Above) Driver's Contact No.: 9479 13 8	Englanding of Auddent. Col	efer Expre	27 MAY	Attes to	
Driver's Name/ IC No.: 9479 13 8 Company Contact No.: Driver's Contact No.: 9479 13 8 Company Contact No.: Driver's Address: 418 SAUJOVA Read #OS - O 6 6 70 413 Insurance Company: Ai 6 Email address (if any): Relationship between Owner & Driver: Owner / Spous / Children / Friend / Parent / or Others specify: Owner / Spous / Children / Friend / Parent / or Others specify: Own Insurance / Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose) Occupation (nature of job): Indoor / Outdoor Was then used at time of accident? Private use / Work purpose Passenger Name: Gender: Meather Condition & Road Conditions? (On the day of accident) Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others: Was there any video captured by your Car Camera? Yes/ No (If YES) Injured Person's Name: Fy 66 S&K A 2 n; L Injured Person's in which vehicle: Fy 66 S&K Police Report filed: Yes/ No (If YES) Which Police Station: The Other Party(s) Details: The Other Party(s) Details: Ochicar & No.: Priver's Contact No.: Az n; L Priver's Contact No.: Insurance Company (If any): Driver's Contact No.: Insurance Company (If any): Priver's Contact No.: Insurance Company (If any): Ochicar No.: *Independent Witness (If Any): Contact No.: Contact No.: Contact No.: Contact No.:	Delin haldeds Name / IC No. T	ANG CLICE	Lina	(>16 4 "	0174
Driver's Contact No.: 9479 13 8 Company Contact No.: Driver's Address: 4 18 SAUJOVA Read #05 - 06 6 70 413 Insurance Company: Ai6 Email address (if any):	Driver's Name/IC No.: 53(15	1372D Line	Tiend ?	110	(As Above) L
Insurance Company: Hile Email address (if any):	Qu-n	TIP Com	namy Contact No.:		
Insurance Company: Hile Email address (if any):	Driver's Address: 418 SA	ujang Roa	¥05.	- 06	67041
Owner / Spouse / Children / Friend / Parent / or Others specify: What do you wish to claim? [Please TICK ONE only] Own Insurance/ Other Vehicle (The one you want to claim against)/ Reporting (For Record Purpose) Exact purpose for which the vehicle was being used at time of accident? Private use/ Work purpose Passenger Name: Gender: Meather Condition & Road Conditions? (On the day of accident) Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others: Westher Condition & Road Conditions? (On the day of accident) Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others: Was there any video captured by your Car Camera? Yes/ No (If YES) Injured Person's Name: FY 66 S&K A 2 mill Injured Person's In which vehicle: FY66 S&K Injuries Sustain: Injured Person's in which vehicle: FY66 S&K The Other Party(s) Details: 1. Driver's Contact No.: 97 \$ 2 4 9 13 Insurance Company (If any): Vehicle No. Driver's Contact No.: Insurance Company (If any): Contact No.: *Independent Witness (If Any): Contact No.:	Insurance Company: Ai6	Email addre	ess (if any):	-	
Own Insurance Other Vehicle (The one you want to claim against) Reporting (For Recurs of Journal of Jour	Owner / Spouse / Children / Friend	/ Parent / or Others sp TICK ONE only)			
Exact purpose for which the vehicle was being used at time of accident? Private use/ Work purpose	Own Insurance/ Other Ve	nicle (The one you wan	it to claim against)	/ Reporting (For	Record Purpose)
Was being used at time of accident? Private use/ Work purpose Passenger Name: Passenger Name: Passenger Name: Gender: Weather Condition & Road Conditions? (On the day of accident) Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others: Was there any video captured by your Car Camera? Yes/ No Injured Person's Name: Fy66 S8K Aznil Injured Person's in which vehicle: Fy66 S8K Aznil Injured Person's in which vehicle: The Other Party(s) Details: 1. Driver's Name/ IC No.: Driver's Contact No.: Police Report filed: Or Same IC No.: Driver's Contact No.: Insurance Company (If any): Ocontact No.: Insurance Company (If any): Contact No.: Contact No.:			on (nature of job):	Indoor/	△ Outdoor
Passenger Name: Passenger Name: Weather Condition & Road Conditions? (On the day of accident) Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others: Was there any video captured by your Car Camera? Yes/ No Injuries: Yes/ No (If YES) Injured Person's Name: Injured Person's in which vehicle: Police Report filed: Yes/ No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name/ IC No.: Priver's Contact No.: 2. Driver's Name/ IC No.: Driver's Name/ IC No.: Insurance Company (If any): Vehicle No. Vehicle No. Insurance Company (If any): Contact No.: *Independent Witness (If Any): Contact No.: *Independent Witness (If Any): Contact No.:	was being used at time of accident	1	ssengers (Includin	g Driver): 2	
Passenger Name: Weather Condition & Road Conditions? (On the day of accident) Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others: Was there any video captured by your Car Camera? Yes/ No			Gender:	M	
Weather Condition & Road Conditions? (On the day of accident) Clear & Dry/ Raining & Wet/ After-Rain & Wet/ Drizzling & Wet/ Others: Was there any video captured by your Car Camera? Yes/ No Injuries: Yes/ No (If YES) Injured Person's Name: FY66 S&K AZMIL Injuries Sustain: Injured Person's in which vehicle: FY66 S&K Injuries Sustain: Injured Person's in which vehicle: FY66 S&K Injuries Sustain: Injured Person's in which vehicle: FY66 S&K Injuries Sustain: Vehicle No.: FY66 S&K Injuries Sustain: Injured Person's in which vehicle: FY66 S&K Injuries Sustain: Vehicle No.: FY66 S&K Injuries Sustain: Injured Person's in which vehicle: FY66 S&K Injuries Sustain: Vehicle No. FY66 S&K Injuries Sustain: Injured Person's in which vehicle: FY66 S&K Injuries Sustain: Vehicle No. FY66 S&K Injuries Sustain: Injured Person's in which vehicle: FY66 S&K Injuries Sustain: Injured Person's in which vehicle: FY66 S&K Injured Person's in which vehicle: FY66			_ Gender: _	No.	
Any Injuries: Yes/ No (If YES) Injured Person's Name: Yes/ No Injured Person's in which vehicle: FYLLS&K No No No No No No No N	Weather Condition & Road Conditi	After-Nam & th	CO	& Wet/ Others:	
Injured Person's In which vehicle:	Was there any video captured by y	our Car Camerar	rson's Name:	F Y 66 S8	K AZMIL
The Other Party(s) Details: 1. Driver's Name/IC No.: AzriL Vehicle No. FYICS8K 1. Driver's Contact No.: 97524915 Insurance Company (If any): Vehicle No. Driver's Contact No.: Insurance Company (If any): Vehicle No. Driver's Contact No.: Insurance Company (If any): Contact No.: Contact No.: Contact No.:	Any Injuries: Yes/ No	(IT YES) Injured re	and Person's in W	hich vehicle:	FY1658K
The Other Party(s) Details: 1. Driver's Name/IC No.: AZMIL Vehicle No. FYICS8K Driver's Contact No.: 97 S 2 4 9 1 S Insurance Company (If any): Vehicle No. 2. Driver's Name/IC No.: Insurance Company (If any): Contact No.: Contact No.: Contact No.:	Injuries Sustain:	inje	Ilea Ctation:		
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1. Driver's Name/ IC No.: 97 S 2 4 9 IS Insurance Company (If any): Vehicle No. 2. Driver's Name/ IC No.: Insurance Company (If any): Contact No.: Contact No.: Contact No.:		The Other Pa	rty(s) Details:		EVI(S8K
Driver's Contact No.:	1 Driver's Name/IC No.:	AZMIL			
*Independent Witness (If Any): Contact No.: Contact No.:	Driver's Contact No.: _ 97	224 113 1130		Vehicle No	
*Independent Witness (If Any):Contact No.:		Insu	rance Company (I	fany):	
Contact No.:		AND PARTY.	William St.	Contact No.:	NEDE DE LA COMPANION DE LA COM
			1/2	Contact No.: _	- 100

[&]quot;If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





T/20201029/2043

1 of 3

Report No. T/20201029/2043

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

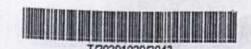
29/10/20	ne Report N 020 14:04	Made:	Vide Report No.: L/20201028/0153	Station Diary No.:
Informa	nt's Partic	ulars	1020,010	27
LING LIC ID Type	Informant: ONG SING		Address: APT BLK 413 SAUJANA ROA Contact No.:	AD #05-06 SINGAPORE 670413
National MALAYS	D / S26643 ity: SIAN	72D	Home/Office: Email:	Mobile: 94891518
Sex: Male	Age: 58	Date of Birth: 15/11/1961	Type of Informant:	
Race: Chinese Occupation: Welder			Language: English	Institution / School Name:
			Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulan	Drink Drive: No	Date/Time of Accident: 28/10/2020 20:50	Type of Location Straight Road
SELETAR EX	PRESSWAY			
	Secretary Control of the Control of			
		load Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way Type of Collis	T T	load Surface; lry raffic Control; raffic Light - Wo	rking	Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FY6658K	Motorcycle	HONDA		Black	Slightly Damaged	0
SLK1837X	Car	TOYOTA		Red	Slightly	†

Details of Person Involved	Charles and the second of the
Any Pedestrian Involved: No	A CONTRACTOR OF THE PROPERTY O
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 3 Report No. T/20201029/2043

CONTINUATION OF REPORT

Rider	Unica Material Constitution and Constitution of the Constitution o				
Name	AZMIL	斯拉尔里	ID No		NIL
Related Vehicle	FY6658K (Motorcycle)		Contact No.		97524915
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of			
Driver	A CONTRACTOR OF THE PARTY OF TH	S CATE LA LA SIL	REAL PROPERTY.	- Control	
Name	LING LIONG SING		ID No		S2664372D
Related Vehicle	SLK1837X (Car)		Contact No.		94891518
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: 2B;3 Date of Expiry: NIL
Date Treatment	NIL	Date Disci	-	NIL	THE RESERVE
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 28/10/2020 at about 2050hrs, I was travelling along SLE(BKE) on Lane 2 of 5 lanes after Lentor Ave exit when suddenly an unknown car in front of me applied brakes to slow down therefore I applied brakes with the intention of slowing down. Suddenly I felt an impact from the rear. I then alighted to discover that a motorcycle had collided onto my rear left of my car.

Ambulance was at scene to convey the rider to hospital and Traffic Police was also at scene. No Government property was involved.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 3 Report No. T/20201029/2043

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 / Staff Sgt MUHAMMAD JUMALI BIN JAMAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time.\ 29/10/2020 14:04
Officer in Charge Of Case: TP / GIT /	Classification Of Case:
Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	7 7 7
Authentication Stamp NP168	Aund



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Tlang Swee Ling

Period of Insurance

: 09 Jan 2020 To 08 Jan 2021

Engine No. Chassis No.

: 1ZRY321260

: MR053REH104555435

Vehicle No.

1 SLK1837X

Policy No.

: 2100497125-03

Endorsement No.

Issued Date

: 26 Dec 2019

ABOUT THE COVER

Make/Model

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

: NA

Off Peak Car : No

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 herbite meets the specified age condition.

You have to pay an additional aum 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, dumestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, driving test, recing, pece-making, relicing, the centrage 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 - 1500cc Optional

* Limitations rendered inoperative by Section 6 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

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tiang Swee Ling - \$600 (Own Damage), \$600 (Flood Cover)

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

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

Any accident repairs carried out at the Sole Aperts workshop.

For other Approved Reporting Centres/AIG Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Aperts workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottline at +65 6338 8200. Alternatively, You may refer to AIG website www.aig.ag or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of insurance rolates is asset in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1867 (Maleysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1859 (Maleysia). 10022862352

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AJG ASIA PACIFIC INSURANCE PL

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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