

# NATIONAL Assessment Centre Services.

(wef 1 Jan 08) **NA00224**

Date In: <b>31/12-12:3</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA00224</b>	SAS e-filing		
Veh No: <b>QV5512K</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>30/12/12 - 17:55</b>	i-Motor Claim Form		
OD: <b>(TP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: <b>J4D351MD</b>	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2008)		
	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		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2/3:			



## 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 Submission	31/12/2020 12:30 (SGT)
Date of Accident	30/12/2020 17:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	twds changi before stevens rd exit
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV5517K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG JUN JIA (HUANG JUNJIA)
NRIC No	SXXXX268C
Email Address	jjing85@hotmail.com
Mobile Phone No	(Phone) +65-94513022
Alternative Phone No	+--

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800015115-01
Cover Note Number	-

#### DRIVER

Name of Driver	NG JUN JIA (HUANG JUNJIA)
NRIC No	SXXXX268C
Date Of Birth	13/11/1985
Occupation	Indoor

Date Of Driving Pass .....	31/07/2007
Driving experience .....	13 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94513022
Alt. Phone Number .....	+--
Email Address .....	jjng85@hotmail.com
Address .....	BLK 609B TAMPINES NORTH DRIVE 1
Address complement .....	#03-370
Postcode .....	522609
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	TRINA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201230/7048.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD3512D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-



Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1:

Name of injured person .....	NG JUN JIA (HUANG JUNJIA)
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SLV5517K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



## 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 lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

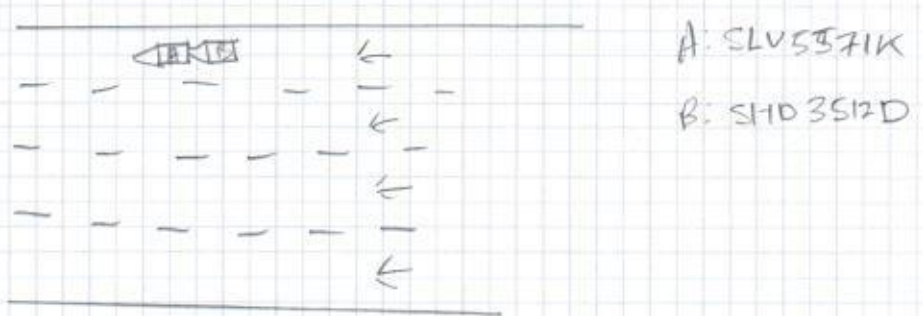
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan



A: SLV5371K  
B: SHD3512D

Refer to police report - 7/2025/30/2048.

We declare the foregoing particulars are true in every respect.

Policyholder  
Time

Policyholder's Signature / Date &  
Time

A graph showing the relationship between Driver's S (Y-axis) and Time (X-axis). The curve starts at the origin and increases at a decreasing rate, indicating a concave down relationship.

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

Witnessed by Reporting Centre  
Personnel

Witnessed by Reporting Centre  
Personnel



## GIA ACCIDENT REPORT

## ACCIDENT DETAILS

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

☐ Yes - Claiming Own Insurance☒ No - Claiming Third Party☐ No - Reporting Only

Date: 30-12-2020	Time: 1755HRS	Location: PIE Changi Bef. Stevens Road Exit.
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## Type of Accident:

- ☐ Chain collision  
☐ Collided into bicyclist  
☐ Collided into parked vehicle  
☐ Collided into pedestrian  
☐ Collided into property  
☐ Collision - change/cross lane  
☐ Collision - cross junction

- ☐ Collision - head on collision  
☒ Collision - head to rear  
☐ Collision - major/minor road  
☐ Collision - opening door of vehicle  
☐ Collision - roundabout  
☐ Collision - U-turn  
☐ Drink driving/drug influence

- ☐ Fire, explosion or lightning  
☐ flood  
☐ Hit & run/vandalism/damaged whilst parked  
☐ Hit by fallen tree/other objects  
☐ No collision  
☐ Side swipe  
☐ Theft

## Weather Condition:

☒ Clear☐ Raining☐ Others: \_\_\_\_\_

## Road Surface:

☒ Dry☐ Wet☐ Others: \_\_\_\_\_

Was any foreign vehicle involved in accident?

☐ Yes☒ No

Number of vehicles involved in the accident (including own vehicle): 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

☐ Yes☒ No

Was the accident reported to the police?

☐ Yes☒ No

Police station name: \_\_\_\_\_

Was notice of intended prosecution given?

☐ Yes☒ No

Against whom: \_\_\_\_\_

## VEHICLE DETAILS

## Own Vehicle

## Third Party Vehicle or Property

Vehicle Registration No: SLV5517K		Vehicle Registration No: SH03512D	
Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Taxi <input type="checkbox"/> Private hire <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Motor trade <input type="checkbox"/> Tanker <input type="checkbox"/> Government <input type="checkbox"/> Mobile equipment		Vehicle Category: <input type="checkbox"/> Private car <input type="checkbox"/> Commercial vehicle <input checked="" type="checkbox"/> Taxi <input type="checkbox"/> Private hire <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Motor trade <input type="checkbox"/> Tanker <input type="checkbox"/> Government <input type="checkbox"/> Mobile equipment	
Vehicle Manufacturer:	Vehicle Model:	Vehicle Manufacturer:	Vehicle Model:
Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:	Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:
Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Private Use		Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use	
Number of passengers (including driver): 02		Number of passengers (including driver): 02	
Passenger name: Trina	Passenger gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Passenger name:	Passenger gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

## INSURANCE DETAILS

## Own Vehicle Insurance Policy

## Third Party Vehicle Insurance Policy

Handling Insurer: AIG		Handling Insurer:	
Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT		Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT	
Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy/Cover Note Number: 1800015115	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy/Cover Note Number:
Registered Owner Name: Ng Jun Jia		Registered Owner Name:	

## GIA ACCIDENT REPORT

ID Type: <input type="checkbox"/> Company registration No. <input checked="" type="checkbox"/> NRIC No.		<input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.	
Registered owner ID: S8538268C		Registered owner ID:	
Address: Blk 609B Tampines North Drive 1 #03-370		Address:	
Email: J3ng85@hotmail.com	Mobile No: 94513022	Email:	Mobile No.:
Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:	Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:

## DRIVER DETAILS

Own Vehicle Driver Information		Third Party Vehicle Driver Information	
Is the driver the policyholder? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is the driver the policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of driver: Ng Jun Jia		Name of driver:	
Driver ID Type: <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN		Driver ID Type: <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN	
Driver ID: S8538268C		Driver ID:	
Driver Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Driver Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Driver Date of Birth: 13-11-1985	Driving Pass Date: 31-07-2007	Driver Date of Birth:	Driving Pass Date:
Address: Blk 609B Tampines North Drive 1 #03-370		Address:	
Email: J3ng85@hotmail.com	Mobile No.: 94513022	Email:	Mobile No.:
Driver Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship: Owner	Driver Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship:
Does driver own other vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Does driver own other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Registration No: SLV5517K	Handling Insurer: AIG	Vehicle Registration No:	Handling Insurer:

## INJURY DETAILS

Was anybody injured in the accident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Any injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name: Ng Jun Jia	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Approximate age: 35	
Address: Blk 609B Tampines North Drive 1 #03-370		Injuries sustained:	Injured person in which vehicle: SLV5517K
		Were seatbelt worn? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was injured conveyed by ambulance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## WITNESS DETAILS

Was there any witnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Witness name:	Witness phone:	Witness email:





# SINGAPORE POLICE FORCE



T/20201230/7048

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

1 of 3

Report No. T/20201230/7048

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2020 22:27		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NG JUN JIA			Address: 609B TAMPINES NORTH DRIVE 1 #03-370 SINGAPORE 522609		
ID Type / ID No.: NRIC NO / S8538268C			Contact No.: Home/Office: Mobile: 94513022		
Nationality: SINGAPORE CITIZEN			Email: jjng85@hotmail.com		
Sex: Male	Age: 35	Date of Birth: 13/11/1985	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: IT service manager		Driving Licence Information: Class:		Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2020 17:55	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3512D	Car					1
SLV5517K	Car	MAZDA	MAZDA2 5-DOOR HATCHBACK 1.5L SP.6EAT	Grey		1



**SINGAPORE  
POLICE FORCE**



T/20201230/7048

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

2 of 3

Report No. T/20201230/7048

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV5517K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800015115-01	03/01/2020	02/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG JUN JIA		ID No. S8538268C
Related Vehicle	SLV5517K (Car)		Contact No. 94513022
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was traveling straight along PIE towards Changi before Stevens road exit when suddenly I felt a impact on the rear of my vehicle.

I then head down to take scene photos and exchange particulars with the taxi uncle but he refused to provide any of his particulars and proceed to leave the scene upon taking scene photos.

I am making this report for investigation and claim purposes.





**SINGAPORE  
POLICE FORCE**



T/20201230/7048

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

3 of 3

Report No. T/20201230/7048

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
30/12/2020 22:27

Classification Of Case:



# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : NG JUN JIA (HUANG JUNJIA)  
**Period of Insurance** : 03 Jan 2020 To 02 Jan 2021  
**Engine No.** : P520491719  
**Chassis No.** : JM6DJ2HAA01200253

**Vehicle No.** : SLV5517K  
**Policy No.** : 1800015115-01  
**Endorsement No.** :  
**Issued Date** : 04 Dec 2019

### ABOUT THE COVER

**Make/Model** : MAZDA 2 1.5 SKYACTIV

**Engine Capacity/Tonnage** : 1,496.00 CC

**Sum Insured** : Market Value

**First Year of Registration** : 2018

**Driver Restriction** : NA

**Off Peak Car** : No

**Insuring with COE/PAF** : 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 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 - \$600 Theft - \$0 Flood Cover - \$600

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

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

NG JUN JIA (HUANG JUNJIA) - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

For other 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**: NA

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).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

AIGSGMOBILEAPP