

ASS. REC. BY: JohnREF: CS/A1421002363/Rivd3

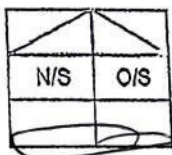
9324

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: SMS 92690
at Workshop m/s CYCLE & CARRIAGE
of 209, PARRISON GARDEN
Insured: AM
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: TBA
(Client's Record)
Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value: 84K
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMS 92690 Yr Regn: 2020 MAR
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Kia Cerato 1.6 A 6T c.c. 1591
Colour: RED A/C: Insured / Std / NI / NA
Sp. Reading: 16061 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: KNAP3416ML 5069456
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Order / Jammed / Leaked / Burnt or _____
Brake: Order / Jammed / Leaked / Burnt or _____
Mod: Nil / SRM / STD A/Rim or _____
Tyre Size: F: 205/55R16
R: 22
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Kumho
Front: _____ Rear: _____
R/Bal. 6 mm R/Bal. 6 mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. 19/02/2021 D.O.I. 19/02/2021
Survey held at CYCLE
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|---------------------------|
| | <u>Repair / Int = 43K</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Repair Format: _____

Lump Sum / L.S. (\$) _____



CYCLE & CARRIAGE

CYCLE & CARRIAGE KIA PTE LTD
PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE**

Co Reg No : 199405410K

GST Reg No : MR-8500111-X

| Invoice Name & Address | Owner Name & Vehicle Info | |
|--|---------------------------|----------------------------------|
| LUO JUNYANG 417 CLEMENTI AVENUE 1 #13-269 SINGAPORE 120417 Contact No Mobile: 98390627 | Cust No/Name | /LUO JUNYANG |
| | Reg No/Reg Date | SMS9269D / 23/03/202 |
| | Date In/Mileage | / 0 |
| | Chassis No | KNAF3416ML5069456 |
| | Engine No | G4FGKH755439 |
| | Make/Model | KIA/CERATO 1.6 A EX G333 |
| | Colour/Trim | CR5 RUNWAY RED / WK SATURN BLACK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No | | | |
|---------------------------------|--|-------------------|-----|--------------|--------|------------|-------|--------------|
| CSM00081 | Cash | 19/02/2021/ 10:59 | | 442 / CocoLu | 29149 | | | |
| Description of Goods / Services | | | | | Qty | Unit Price | Disc% | Amount |
| I | WWCV-Z | | | | | | | X 46.00 |
| | Wash, Wax, Clean, Vacuum & Partial Zerton. | | | | | | | 2000.00 |
| E | PNT88000 | | | | | | | 80 100.00 |
| | RENEW REAR BUMPER, BOOT ID, REAR END PANEL, REAR LAMP HOUSING RH | | | | | | | 120 200.00 |
| | REPAIR REAR FENDER RH & LH, REAR COMPARTMENT @ 400 | | | | | | | 1750 3260.00 |
| E | PNT88000 | | | | | | | |
| | REMOVE & INSTALL PARKING SENSOR | | | | | | | |
| E | PNT88000 | | | | | | | |
| | REMOVE & INSTALL REAR COMPARTMENT TRIMS | | | | | | | |
| E | PNT98000 | | | | | | | |
| | SPRAY PAINT FOR REAR BUMPER, BOOT ID, REAR END PANEL, REAR COMPARTMENT | | | | | | | |
| | REAR FENDER RH & LH, REAR LAMP HOUSING RH @ 300 | | | | | | | 30.00 |
| A | 90000001 | | | | | | | 120.00 |
| | CHECK WIRING & ELECTRICAL SYSTEM | | | | | | | |
| A | 10028901 | | | | | | | |
| | TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST | | | | | | | 40.00 |
| | USING HI-SCAN PRO TEST | | | | | | | |
| M | SUNDRY | | | | | | | 80.00 |
| | C&C LOGO | | | | | | | |
| M | SUNDRY | | | | | | | 20.00 |
| | APPLY SEALANT FOR ACCIDENT PORTION | | | | | | | |
| M | SUNDRY | | | | | | | |
| | Sundry | | | | | | | |
| P | COVER-RR BUMPER de | | | | 1.00 | 651.00 | 00.00 | 651.00 |
| M | COVER-RR BUMPER LWR con | | | | 1.00 | 241.00 | 00.00 | 241.00 |
| M | COVER-RR BUMPER FOG LAMP, RH con | | | | 1.00 | 19.00 | 00.00 | 19.00 |
| M | COVER-RR BUMPER FOG LAMP, LH ? | | | | 1.00 | 19.00 | 00.00 | 19.00 |
| M | LAMP ASSY-SIDE T/SIGNAL, RH con | | | | 1.00 | 181.00 | 00.00 | 181.00 |
| M | LAMP ASSY-SIDE T/SIGNAL, LH ? | | | | 1.00 | 181.00 | 00.00 | 181.00 |
| M | EXTN WIRING ASSY-BWS ? | | | | 1.00 | 207.00 | 00.00 | 207.00 |
| M | BRACKET-RR BEAM UPR MTG, RH ? | | | | 1.00 | 9.00 | 00.00 | 9.00 |
| M | BRACKET-RR BEAM UPR MTG, LH ? | | | | 1.00 | 9.00 | 00.00 | 9.00 |
| M | BEAM-RR BUMPER con | | | | 1.00 | 318.00 | 00.00 | 318.00 |

Confirm & accepted by

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



Reg No : 199405410K

ESTIMATE

GST Reg No : MR-8500111-X

| Invoice Name & Address | Owner Name & Vehicle Info | |
|--|---------------------------|----------------------------------|
| LUO JUNYANG 417 CLEMENTI AVENUE 1 #13-269 SINGAPORE 120417 Contact No Mobile: 98390627 | Cust No/Name | /LUO JUNYANG |
| | Reg No/Reg Date | SMS9269D / 23/03/202 |
| | Date In/Mileage | / 0 |
| | Chassis No | KNAF3416ML5069456 |
| | Engine No | G4FGKH755439 |
| | Make/Model | KIA/CERATO 1.6 A EX G333 |
| | Colour/Trim | CR5 RUNWAY RED / WK SATURN BLACK |

| Account No | Terms | Date/Time Printed | CSE | Operator | WIP No |
|-------------------------------------|-------|-------------------|------------|--------------|---------|
| CSM00081 | Cash | 19/02/2021/ 10:59 | | 442 / CocoLu | 29149 |
| Description of Goods / Services | | Qty | Unit Price | Disc% | Amount |
| M BRACKET-RR BEAM LWR,CTR ? | | 1.00 | 6.00 | 00.00 | 6.00 |
| M BRACKET-RR BEAM LWR MTG ? | | 2.00 | 6.00 | 00.00 | 12.00 |
| M ANTENNA ASSY-SMARTKEY ? | | 1.00 | 46.00 | 00.00 | 46.00 |
| M STAY-RR BUMPER RH ? | | 1.00 | 65.00 | 00.00 | 65.00 |
| M STAY-RR BUMPER LH ? | | 1.00 | 65.00 | 00.00 | 65.00 |
| M BRACKET-ASSY RR BPR SIDE UPR,R ca | | 1.00 | 31.00 | 00.00 | 31.00 |
| M BRACKET ASSY-RR BPR SIDE UPR,L ca | | 1.00 | 25.00 | 00.00 | 25.00 |
| M PANEL ASSY-TRUNK LID bt | | 1.00 | 1297.00 | 00.00 | 1297.00 |
| M HINGE ASSY-TRUNK LID,LH ? | | 1.00 | 97.00 | 00.00 | 97.00 |
| M HINGE ASSY-TRUNK LID,RH ? | | 1.00 | 97.00 | 00.00 | 97.00 |
| M PANEL ASSY-BACK bt | | 1.00 | 324.00 | 00.00 | 324.00 |
| M EMBLEM-CERATO re | | 1.00 | 28.00 | 00.00 | 28.00 |
| M LOGO ASSY-KIA SUB re | | 1.00 | 32.00 | 00.00 | 32.00 |
| M TRIM ASSY-TRUNK LID de | | 1.00 | 202.00 | 00.00 | 202.00 |
| M W/STRIP-TRUNK LID OPNG re | | 1.00 | 100.00 | 00.00 | 100.00 |
| M LATCH ASSY-TRUNK LID ? | | 1.00 | 112.00 | 00.00 | 112.00 |
| M PANEL ASSY-RR COMB LAMP HSG,RH ? | | 1.00 | 135.00 | 00.00 | 135.00 |
| M LAMP ASSY-REAR COMB OUTSIDE,RH ? | | 1.00 | 675.00 | 00.00 | 675.00 |
| M LAMP ASSY-REAR COMB OUTSIDE,LH ? | | 1.00 | 675.00 | 00.00 | 675.00 |
| M LAMP ASSY-REAR COMB INSIDE,RH ? | | 1.00 | 608.00 | 00.00 | 608.00 |
| M LAMP ASSY-REAR COMB INSIDE,LH ca | | 1.00 | 608.00 | 00.00 | 608.00 |
| M LAMP ASSY-CENTER GARNISH ca | | 1.00 | 690.00 | 00.00 | 690.00 |

SURVEYOR NAME: RASUL - Hp 90010568SURVEYOR SIGNATURE: [Signature]DATE: 19/02/2021 @ 1210REMARKS: 8 daysEXCESS: TBA / REVERT

Confirm & accepted by

Passing before print

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Nett

13,761.00

Date:

7% GST on

13761.00

963.27

Total Payable

14,724.27

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

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 19/02/2021 10:18 (SGT)
Date of Accident 19/02/2021 07:50 (SGT)
Exact Location of Accident Clementi Ave 6, Singapore
Additional Location Information CLEMENTI AVE 6 ENTRY TO AYE TOWARDS TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9269D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LUO JUNYANG
NRIC No SXXXX932H
Email Address JUNYANG.LUO@GMAIL.COM
Mobile Phone No (Phone) +65-98390627
Alternative Phone No +65-98390627

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070051262
Cover Note Number -

DRIVER

Name of Driver LUO JUNYANG
NRIC No SXXXX932H
Date Of Birth 18/10/1993
Occupation Indoor

| | |
|--|-----|
| 19/06/2014 | |
| 6 YEARS AND 8 MONTHS | |
| Male | |
| (Phone) +65-98390627 | |
| +65-98390627 | |
| JUNYANG.LUO@GMAIL.COM | |
| BLK 417 CLEMENTI AVENUE 1 #13-269 | |
| - | |
| 120417 | |
| 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? | Yes |

PASSENGER 1

| | |
|--------|------------|
| Name | LUO DECHEN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SLX5591J |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Vezel |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | MUHAMMAD KUSSHAIRYN BIN AHMAD |
| Contact Number | (Phone) +65-98311642 |

any Name NTUC
Image
of property damaged in accident
Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LUO JUNYANG
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained WHIPLASH
Injured person in which vehicle? SMS9269D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person LUO DECHEN
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained BACKPAIN
Injured person in which vehicle? SMS9269D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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

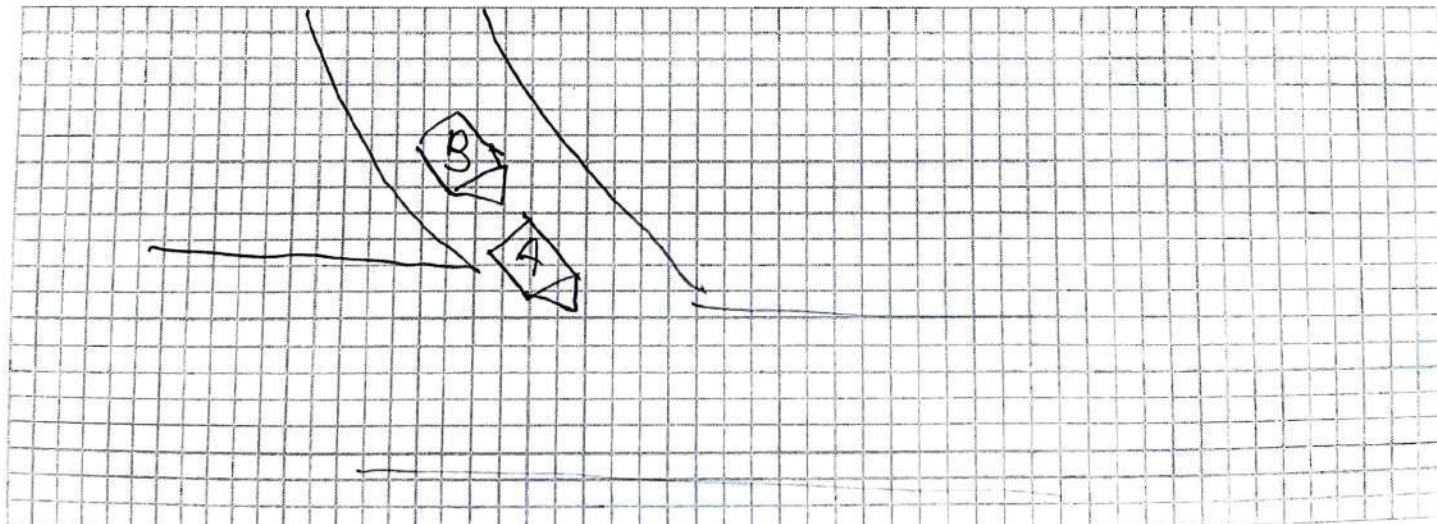
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



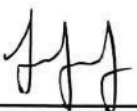
Circumstances of the Accident

I was filtering into the main expressway, I saw a car coming so I slowed to about 20-10 km/h 30-40m before the merge. I stopped at the merge and one second later the car behind hit me.

Driver of the other car said he thought I was going to accelerate ahead so he also accelerated, and hit my car.

Declaration

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



Witnessed by Reporting Centre Personnel

COVER NOTE

KIA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : LUO JUNYANG
 Period of Insurance : 16-Mar-2020 to 15-Mar-2021
 Engine No. : G4FCKH755439
 Chassis No. : KNAF3416ML5069456



Vehicle No. :
 Cover Note No. : 2070051262
 Endorsement No. :
 Issued Date : 16 Mar 2020



ABOUT THE COVER

Make/Model : KIA Cerato
 Engine Capacity/Tonnage : 1,591.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2020
 Insuring with COE/PARF : Yes

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

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

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
 LUO JUNYANG - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65884501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67481000

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800

4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
 We hereby certify that this Cover Note 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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of Insurance.

0504671239

CYCLE & CARRIAGE - FRANCHI

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Joanna Leong