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	Consistent?: Yes	Ar No.	Front Rear
IDAC Accident Rport:			R/Bal. Mm R/Bal. Mmr
GIA / PR Seen:	Consistent?: Yes		L/Bal. J
Est. Repairs:	5 days Res.: Yes		Survey held 81 CACL N CONTROL
Lum Sum:	%. 3 Val.: Yes	or No ·	Correct Honor Br
CA / REV / REP.	1 24 HRS		Des. of Damages : Frt   Rear   O/S   N/S   U/C   Rooftop of
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### **CYCLE & CARRIAGE KIA PTE LTD** PANDAN GARDENS CUSTOMER SERVICE CENTRE



209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65651240

**ESTIMATE** Dec No : 199405410K

GST Reg No : MR-8500111-X

Invoice Name & Address		Owner Name & Vehicle Info		
LE MY DIEP	Cust No/Name	/LE MY DIEP		
BLK 490 JURONG WEST AVENUE 1 #06-07 SINGAPORE 640490 Contact No Mobile: 90014232	Reg No/Reg Date	SMF7496X / 23/11/201		
	Date In/Mileage	/ 0		
	Chassis No	KNAF3416MK5020921		
	Engine No	G4FGJH709505		
	Make/Model	KIA/CERATO 1.6 A EX G333		
	Colour/Trim	BBL HORIZON BLUE / WK SATURN BLACK		

Account No Terms	Date/Time Printed	CSE	Operator		WIP No			
CSMOOOS1 Cash	10/03/2021/ 14:07	BLC	442 / CocoLu		30275			
	Description of Good	s / Services		Qty	Unit Price	Disc%		nount
E PNT98000  SPRAY PAINT FOR  B WHEELALIGNMENT TO CONDUCT COMPL  A 90000001  CHECK WIRING & E  A 10028901  TO CARRY OUT DIA USING HI-SCAN PR  M SUNDRY SUNDRY SUNDRY TRANSFER FRT RIG  M SUNDRY SUPPLY FRT RIGHT M COVER-FR BUMPER M MOULDING-FRONT BUM M BRACKET-FR BUMPE M PANEL-FENDER, RH	FRT BUMPER, FRT FEND  Sterize Full Wheel Al  LECTRICAL SYSTEM  GNOSTIC CHECK USING  O TEST  Terize Full Wheel Al  HT RIM  RIM  RIM  (RY  UMPER, RH  PER  X  R UPR SIDE MTG  7	SUPPORT PAER RH ignment HI-SCAN PRO	1 x 350	1.00 1.00 1.00 1.00 1.00	633.00 36.00 262.00 22.00 430.00	0 00.00 0 00.00 0 00.00 0 00.00	800	1200.00 700.00 120.00 30.00 120.00 20.00 120.00 30.00 360.00 360.00 262.00 22.00 430.00 675.00
the Repairer of  To resurvey before  To asplay force  Confirm & accepted  No illegal modific	witants hence notify the following: e/after spray painting ed part(s) during resurvey the set to confirmation y s on a "Without Prejudice" basi lation(s) is allowed tem(s) must be resurveyed and approval from Insurance Compa		Sten CLKK) 10/3/21, 2.30 00- NM Al Exercis-1. P/P My OHL	SM 7% GST on	1219.00 95.00			6,072.0 425.0

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.

C1A213A0004 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 10/03/2021 15:54 (SGT) SUBMITTED BY: TAN SHIEH YUEN VERSION: 1 (10/03/2021 15:54 (SGT))



# **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 witholding of material facts may allow insurance companies to repudiate
- 3. Information provided must be as it is a mode available upon application by Interested parties.

  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 the policy first proof will for a fee by made available upon application by Interested parties.

and that copies of this report will, for a fee, be made available upon application by In 7. By the lodgement of this report to the insurers, you hereby consent to the archiving	nterested parties. Ig of this report at the centre and to copies of the report being made available aforesaid.
ACCIDEN	T-STATEMENT:
Date of Submission Date of Accident Exact Location of Accident Additional Location Information	10/03/2021 15:54 (SGT) 10/03/2021 10:40 (SGT) Jurong East Street 31, #01-15 near, Block 345, Singapore 6003/ CARPARK BEHIND FAIRPRICE NTUC.JURONG EAST ST 31 BLK 345
Country/State of Loss	Singapore
DETAILS OF	FOWN MEHICLE AND
Vehicle Registration Number	SMF7496X
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LE MY DIEP SXXXX517J KIMLE88@HOTMAIL.COM (Phone) +65-90014232 +65-93366204
VEHICLE PARTICULARS	
Manufacturer Model Variant	Kia Cerato
exact purpose for which vehicle was being used at time of cident	-
re you claiming under your own insurance policy for repair to our vehicle?  Yehicle Category	Yes Private car
INSURANCE COMPANY	
ame of Insurance Company ype of Coverage	AIG Comprehensive No
olicy Number over Note Number	1800139117

YEE CHZE VUI SXXXX844B

25/12/1973

Date Of Birth .....

DRIVER

sign of Driving Pass 2011/2007 2011/		
Angle systemace Gender Male Number Male Number Male Number Final Address Male Number Male Number Final Address Male Number Final Male	ation	Indoor
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All, Phone Number   PRESERDAS@HOTMAIL.COM   STANDERS   PRESERDAS@HOTMAIL.COM   STANDERS   STANDERS	Genos	(Phone) +65-93366204
Email Address Supplement	Mobile Number	*
Address complement Postscode Is the driver the policyholder? If No. Relationship of the Driver with the insured Postscode Poses Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver General Information of the Accident  Type of Accident Weather Conditions Clear Road Surface OTHER INFORMATION  Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Posts any injured conveyed to hospital by ambulance? Vas any injured conveyed to hospital by ambulance? Vas any injured conveyed to hospital by ambulance? Vas any injured conveyed to hospital by ambulance? Soliciting/offering accident claims assistance?  No No No No Possengers (Including Driver)  Also the drive bene approached by unknown person(s) Soliciting/offering accident claims assistance?  No No Possengers No No Possengers  No Possengers  No Possengers  No Possengers  VONG PONG Female  PETAILS OF POLICE ACTION  Was the accident reported to the police? No No Verse, against whom?  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT CULLISON-HEAD TO SIDE, THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR MOVING OFF FROM CARPARK LOT ATTACHMENT(s)  Ver accident photos available for attachment? Yes Nas there any sudio captured by Car Camera? Yes Nas there any sudio captured by Car Camera? Yes Nas there any sudio captured by Car Camera? Yes Nas there any sudio captured by Car Camera? Yes No	Alt. Phone (variable)	VEESEDAS@HOTMAIL COM
Address complement postedode pathe driver the policyholder? No postedode pathe driver the policyholder? No postedode post by the driver the policyholder? No postedode post briver Cwn Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver		
postode   G40490   Is the driver the policyholder?   No   Is the driver the policyholder?   No   Is No Relationship of the Driver with the Insured   Spouse   Does Driver Own Other Vehicles?   No	Address	BLK 490 JURONG WEST AVENUE 1 #00-07
postode   G40490   Is the driver the policyholder?   No   Is the driver the policyholder?   No   Is No, Relationship of the Driver with the Insured   Spouse   Does Driver Own Other Vehicles?   No	Address complement	•
Is the driver the policyholder?  In No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver  Insurance Company of Other Vehicle Owned by Driver  Jensurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Weather Conditions Clear Orther INFORMATION  Was any foreign vehicle involved in the accident?  No Number of vehicles involved in the accident?  Was any foreign vehicle involved in the accident?  Was any linjured on the Accident?  Was any linjured on the Accident?  No Number of Passengers (Including Driver)  Als the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  No Name  LE MY DIEP  Female  PASSENGER 1  DETAILS OF POLICE ACTION  Was the accident reported to the police?  No	Postcode	640490
If No, Relationship of the Driver with the Insured Does Driver Overholder Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver -  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident Conditions Clear Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No	is the driver the policyholder?	No
Does Driver Own Other Vehicles?  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  Type of Accident  Collision - Head to Rear  Clear  Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident?  No Number of vehicles involved in the accident?  Was any foreign vehicle involved in the accident?  Was any injured onveyed to hospital by ambulance?  - Was any injured onveyed to hospital by ambulance?  - Was any injured onveyed to hospital by ambulance?  - Was any injured onveyed to hospital by ambulance?  - Was any injured onveyed to hospital by ambulance?  - Was any injured onveyed to hospital by ambulance?  - Was any of the material or property damaged?  Yes  Number of Passengers (Including Driver)  3 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  No PASSENGER 1  VONG PONG Gender  DETAILS OF POLICE ACTION  Was the accident reported to the police?  No No System accident reported to the police?  No No System accident reported to the police?  No No Tyes, against whom?  - CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT COLLISON-HEAD TO SIDE, THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR MOVING OFF FROM CARPARK LOT  ATTACHMENT(s)  Was there any video captured by Car Camera?  Yes Was there any video captured by Car Camera?  Yes Was there any video captured by Car Camera?  Yes Was there any video captured by Car Camera?  Yes Was there any video captured by Car Camera?  Yes Was there any video captured by Car Camera?  Yes Was there any video captured by Car Camera?  Yes	If No. Relationship of the Driver with the Insured	Spouse
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 Clear Clear Weather Conditions Clear Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured onneyed to hospital by ambulance? - Was any other material or property damaged? Yes Number of Passengers (including Driver) 3 Has the driver been approached by unknown person(s) Soliciting/offering accident claims assistance? No PASSENGER 1 NAMP  Bender Pemale  PASSENGER 2  VONG PONG Gender Female  PETALS OF POLICE ACTION  Was the accident reported to the police? No No No Say the accident reported to the police? No Say notice of intended Prosecution given? No (Yes, against whom? -  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT COLLISON-HEAD TO SIDE,THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR MOVING OFF FROM CARPARK LOT  ATTACHMENT(s)  We accident photos available for attachment? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any audio recorded?	Doos Driver Own Other Vehicles?	No
Insurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident Weather Conditions Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was any body injured in the Accident? No Number of Vehicles involved in the accident 2 Was any other material or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) Soliciting/offering accident claims assistance? No PASSENGER 1  Name LE MY DIEP Female  PASSENGER 2  NAME Gender Female  PETALIS OF POLICE ACTION  Was the accident reported to the police? No No Yes, against whom? - CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT COLLISON-HEAD TO SIDE, THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR MOVING OFF FROM CARPARK LOT  ATTACHMENT(S)  We accident photos available for attachment? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes Vas there any video captured by Car Camera? Yes	Valida Registration Number of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Weather Conditions  Read Surface  Orty  OTHER INFORMATION  Was any foreign vehicle involved in the accident?  Was any foreign vehicles involved in the accident?  Was any foreign vehicles involved in the accident  2  Was any body injured in the Accident?  No  Number of Vehicles involved in the accident  2  Was any longing conveyed to hospital by ambulance?   Was any other material or property damaged?  Yes  Number of Passengers (including Driver)  3  Has the driver been approached by unknown person(s)  Soliciting/offering accident claims assistance?  No  PASSENGER 1  Name  LE MY DIEP  Female  PASSENGER 2  NAMP  PASSENGER 2  NAMP  PASSENGER 2  NAMP  CERCUMSTANCES OF POLICE ACTION  Was the accident reported to the police?  No  Vas the accident reported to the police?  No  Vas the accident reported to the police?  No  Vas anotice of intended Prosecution given?  No  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT  COLLISON-HEAD TO SIDE, THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR MOVING OFF FROM CARPARK LOT  ATTACHMENT(S)  Was there any video captured by Car Camera?  Yes  Vas there any video captured by Car Camera?  Yes  Vas there any video captured by Car Camera?  Yes  Vas there any audio recorded?  No	Venicle Registration (Various Venicle Switch System)	
GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Weather Conditions  Read Surface  Orty  OTHER INFORMATION  Was any foreign vehicle involved in the accident?  Was any foreign vehicles involved in the accident?  Was any foreign vehicles involved in the accident  2  Was any body injured in the Accident?  No  Number of Vehicles involved in the accident  2  Was any longing conveyed to hospital by ambulance?   Was any other material or property damaged?  Yes  Number of Passengers (including Driver)  3  Has the driver been approached by unknown person(s)  Soliciting/offering accident claims assistance?  No  PASSENGER 1  Name  LE MY DIEP  Female  PASSENGER 2  NAMP  PASSENGER 2  NAMP  PASSENGER 2  NAMP  CERCUMSTANCES OF POLICE ACTION  Was the accident reported to the police?  No  Vas the accident reported to the police?  No  Vas the accident reported to the police?  No  Vas anotice of intended Prosecution given?  No  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT  COLLISON-HEAD TO SIDE, THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR MOVING OFF FROM CARPARK LOT  ATTACHMENT(S)  Was there any video captured by Car Camera?  Yes  Vas there any video captured by Car Camera?  Yes  Vas there any video captured by Car Camera?  Yes  Vas there any audio recorded?  No	transport Company of Other Vehicle Owned by Driver	
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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 any objusted in the Accident? No Was any injured conveyed to hospital by ambulance? - Was any other material or property damaged? Yes Number of Passengers (including Driver) 3 Has the driver been approached by unknown person(s) Soliciting/offering accident claims assistance? No  PASSENGER 1  Name LE MY DIEP Gender Female  PASSENGER 2  Name YONG PONG Gender Female  DETAILS OF POLICE ACTION  Was the accident reported to the police? No Was notice of intended Prosecution given? No Tyes, against whom? -  CIRCUMSTANCES OF ACCIDENT  REFER TO ATTACHMENT COLLISON-HEAD TO SIDE, THIRD PARTY REVERSED & HIT ONTO INSURED'S CAR MOVING OFF FROM CARPARK LOT  ATTACHMENT(s)  We accident photos available for attachment? Yes Vas there any video captured by Car Camera? Yes Vas there any sudio recorded? No		
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SMS4780B Honda

Vehicle Registration Number
Vehicle Manufacturer

Fit le Variant White licle Colour Private car enicle Category ENG CHIK NAM Name of Driver (Phone) +65-85223937 Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

### **SKETCH PLAN**

# MPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 2. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may a new companies to repudiate policy liability. 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
- 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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
- (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 vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

(including their law yers/law firms), w	rnich may be siled outside of Siligapore, for one of the east	
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Sketch Plan	RV345, Swam East St3	

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### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & /

Driver's Signature (if driver is not the policyholder) / Date & Tippe

Witnessed by Reporting Centre Personnel

# HIGATALE OF INTERNATION

AUTO PROTECTOR PRIVATE VEHICLE

of Policyholder

and of Insurance

: 23 Nov 2020 To 22 Nov 2021

: G4FGJH709505

Engine No. Chassis No.

: KNAF3416MK5020921

Vehicle No.

: SMF7496X

Policy No.

: 1800139117-01

**Endorsement No.** 

: 16 Oct 2020 **Issued Date** 

# ABOUT THE COVER

Make/Model

: KIA Cerato

Engine Capacity/Tonnage: 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

**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 he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experienced.

Age Condition

: 40 years old and above

Mileage Condition

: Unlimited Mileage

Limitation as to use\*

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 number is connection with a sample of the carriage of goods other than samples in connection with any trade or business or use for any number is connection with a sample of the carriage of goods other than samples in connection with any trade or business or use for any number is connection with a sample of the carriage of goods other than samples in connection with any trade or business. business or use for any purpose in connection with Motor Trade.

\* 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 =

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Le My Diep - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000 2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000 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: United Overseas Bank Limited

I/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 (Armendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

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Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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