| Date In: 24/5/21 16:54 | re services SNO92 1500006 | | |
|---|--|--|----------------------|
| | Job description Date & Line Completed | Done | - by |
| REFNO NAIAJ (02/006099/V | SAS e-filing | | |
| Veh No OBE 2355M | Fmail (within Slas, AP. 2hrs, | | |
| DOA 21/5/21 13:28 | i-Motor Claim Form | | |
| OD (1) Peportang Only | i-Motor W/O (Within, OD 2hrs, TP 4hrs) | | KIE: I |
| OD (1) Peparting Only | i-Photo Uploaded | | |
| TP Insurer | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |
| Preferred Wksp / INC Assign Wksp / QW: { | Tel: Fa | ix! | |
| TP Particulars: Veh No: 60 | | | |
| Owner / Driver: (| Tcl . |) : | |
| | eriod () Cover Type (|) | |
| Confirmed by : (| Date: Time: |) | |
| Insured/Driver Liability: (%) Year of Registration: () | [Note-Est Status (WO): N: 0-20%; P. 21-79%. F: 80-10 | 076} | |
| | Warranty: YES () / NO () 000 () / \$2,000 () | | |
| General Remarks:- | 000()/32,000() | - | - |
| Apply for Transport Allowance ()/ QC Check / Post Repair Inspection | Courtesy Car () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$ | 3000] () | | |
| Upload Resurvey Photo [Repair Cost > \$ Injury : | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: | | | |
| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | | Anit (\$) | |
| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions N#2(07 964 | Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); | 1st Bill | |
| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions N#2(07 964) Claimant's Particulars:- | Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40.7 | 1 st 13 itt () () () () () () | |
| N#2(0 2 964) Claimant's Particulars:- Diver/Owner: | Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40.7 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) | Ist Bill | |
| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions NAZ(0Z 964] Claimant's Particulars:- Oriver/Owner: contact No: | Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80); 3) TF: Towing Fee \$40; 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey \$ | 1st Bill 0 845 120 | |
| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions N\(\frac{2}{9}\) 960 Claimant's Particulars:- Priver/Owner: ontact No: amaged Portion: | Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40; 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey \$ 8) NTUC Additional Services Oh* *N5: Courtesy Car / Tpt Allowance | 1st Bill) \$45 120 830 | |
| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions | Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80); 3) TF: Towing Fee \$40; 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For elaiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey \$ 8) NTUC Additional Services. Onl* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection | 1st Bill) \$45 120 \$30 \$75 160 \$8 \$10 \$25 | |
| 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions N\P2(\[\gamma\]2 9bl(Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: CC Checked by (Engr-In-Charge); | Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Darnage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40. 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey \$ 8) NTUC Additional Services - Oll* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Fast Regair Inspection *N8: DV / Collect Excess Coordination | 1st Bill) \$45 120 \$30 \$75 160 | Amt (\$) Add Bill |

SN09215O0006 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 24/05/2021 16:54 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (24/05/2021 16:54 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

 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.
 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. 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

24/05/2021 16:54 (SGT) 21/05/2021 13:28 (SGT) SLE, Singapore TOWARDS CTE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE2355M

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

SENG HUP SECOND HAND AUTO PARTS

CLAIMS@TEAMWORKGARAGE.COM

(Phone) +65-96200093

+65-96200093

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category Transmission

CC

Nissan Cabstar

Employment

No - Claiming third party

Commercial vehicle

Manual

3000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

1900244340-01

DRIVER

Name of Driver

NRIC No

SOH BENG HUAT SXXXX906F

Accident report SN0921500006

Page 1 of 15

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number Email Address

Address Address complement

Postcode

Is the driver the policyholder? If 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver Contact Number Address Address complement 23/04/1962 Outdoor 09/11/1989

31 YEARS AND 6 MONTHS

Male

(Phone) +65-96200093

CLAIMS@TEAMWORKGARAGE.COM BLK 322 JURONG EAST STREET 31 #08-228

600322 No Employee

Collision - Head to Rear

Raining Wet

No 2

Yes

No

Yes

No

No

No

GBA8422J

Commercial vehicle

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 SOH BENG HUAT
Address Address Complement Post Code Approximate Age Years Old -

Injuries Sustained BODY AND NECK Injured person in which vehicle? GBE2355M
Were seat belts worn? Yes

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. 4
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance ٠ companies to repudiate policy liability.
- 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 traffic police department for investigation.

| | ACCIDENT DETAILS | |
|----------------------------|-----------------------|-------------|
| Date of accident | 21/05/2021 | (DD/MM/YY) |
| | 21 103 1 2021 | (HH:MM) |
| Time of accident | 1328 | (111111111) |
| Exact location of accident | Along SLE towards CTE | |

| 在一种企业的 | DETAILS OF VEHICLE |
|--|--|
| Vehicle registration number | GBE 2355M |
| Vehicle make and model | Nissan Cabstar |
| Type of vehicle | Saloon MPV CRV Van Lorry Bus Motorcycle Others: |
| Vehicle category | Private Commercial Motorcycle |
| Purpose of using at said time | |
| Are you claiming under your own insurance company? | Yes No if no, please select: Third part claim Reporting only |

| | INSURANCE IN | FORMATION | |
|-------------------|---------------|------------------------------------|-----------|
| Insurance company | AIG | | |
| Policy number | | | |
| Type of policy | Comprehensive | Third party fire & theft \square | TP only 🗆 |

| | | INSL | JRED / PO | LICY HO | LDER | | | |
|------------------------------|------|------|-----------|---------|------|-------|--------|--------|
| Name | Seng | Нир | Second | Hand | Auto | Parts | Male 🗆 | Female |
| NRIC / Fin / Passport number | 0 | , | | 2.7.2.2 | | | | |
| Contact | | | | | | | | |
| Address | | | | | | | | |

| DRIVER | SAME AS INSURED ABOVE □ (SKIP TO D.O.B) | |
|------------------------------|---|-----|
| Name | Soh Beng Huat Male Female | e 🗆 |
| NRIC / Fin / Passport number | S1561 906 F | |
| Contact | 9620 0093 | |
| Address | BIK 322 Jurong East Street 31 #08-228 S(600 322) | |
| Email address | daims @ teamworkgarage.com | |
| Date of birth | 28/04/1962 | |
| Occupation | Indoor D Outdoor D | _ |
| Driving date pass | 09/11/1989 | |

| SUPERIOR SHAPE | NERAL INFORMATION OF THE A | CCIDENT |
|--|-------------------------------------|--|
| Was driver an employee of | es 🗹 No 🗆 | |
| the insured's company? | f no, relationship of the driver an | d insured: |
| Accident captured by camera? | es No | |
| Weather condition | Clear Raining Other | S: |
| | ory □ Wet Ø | - |
| Road surface | | (Inclusive of driver |
| No of passenger | 0 | Į |
| | PASSENGER 1 | |
| Name | | |
| Gender | Male Female | |
| | | |
| CHANGE OF THE SECOND | PASSENGER 2 | 在1936年,637年,1932年 第二日第四日 |
| Name | | |
| Gender | Male Female | |
| | | |
| 美国民民的国际共和国共和国 | PASSENGER 3 | |
| Name | | |
| Gender | Male Female | |
| | | |
| 强烈和,但是是是是是,这是这种是是 | PASSENGER 4 | |
| Name | | |
| Gender | Male Female | |
| | | |
| The delication of the contract | PASSENGER 5 | |
| Name / | | |
| Gender | Male Female | |
| | | |
| AND AND REAL PROPERTY. | PASSENGER 6 | A SECULIAR SECURIAR SECULIAR S |
| Name | | |
| Gender | Male Female | |
| | | |
| 第八人式公公共 2000年 | OTHER INFORMATION | |
| Was anybody injured? | Yes No D | |
| Was other vehicle damaged? | Yes 🗷 No 🗆 | |
| | DETAILS OF POLICE STATION A | CTION |
| Penerted to police? | | e state which police station. |
| Reported to police? Police station name | res u Noz ii yes, pieds | c state miner penes state |
| Police Station name | | |
| NAME OF THE OWNER, WHEN PERSON AND PARTY OF THE OWNER, WHEN PERSON | WITNESS 1 | Andrew Comments |
| Name | WITNESSI | |
| Name | | |
| | WITNESS 2 | |
| Name | WITIVESS 2 | |
| Name | | |

| ¥6 | |
|---|-----------------------|
| | THIRD PARTY VEHICLE 1 |
| Vehicle registration number | GBA8422J |
| Vehicle make model | Toyota Dyna |
| Name | 1.0 |
| NRIC / Fin / Passport number | |
| Contact | 8328 2160 |
| | |
| | THIRD PARTY VEHICLE 2 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| Contact | |
| | THIRD PARTY VEHICLE 3 |
| Vehicle registration number | |
| Vehicle registration number Vehicle make model | |
| | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | THIRD PARTY VEHICLE 4 |
| | THIRD PARTY VEHICLE 4 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| | THIRD PARTY VEHICLE 5 |
| Vehicle registration number | |
| Vehicle make model | A |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| 数 。在公司的联系统和关键和关键 | THIRD PARTY VEHICLE 6 |
| Vehicle registration number | |
| Vehicle make model | |
| Name / | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |
| THE PROPERTY OF | THIRD PARTY VEHICLE 7 |
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |
| | |

| | INJURED PERSON 1 | 製製 |
|--|-----------------------|-------------|
| Name | Soh Beng Huat | |
| Injuries sustained | 8156 1906 Back & Neck | |
| Which vehicle person in? | GBE 2355 M | |
| Were seat belts worn? | Yes 🗷 No 🗆 | |
| Was injured conveyed to | Yes D No Ø | |
| hospital by ambulance? | | |
| ilospitai by ambulance: | | |
| | INJURED PERSON 2 | A CHI |
| Name | modited render | |
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? Were seat belts worn? | Yes D No D | |
| | Yes D No D | |
| Was injured conveyed to | les u Nou | |
| hospital by ambulance? | | |
| | INJURED PERSON 3 | |
| 建 国情况的任政队员。 | INJUNED PERSON 3 | |
| Name | / | |
| Injuries sustained | | |
| Which vehicle person in? | Ves s. No.5 | |
| Were seat belts worn? | Yes D No D | |
| Was injured conveyed to | Yes D No D | |
| hospital by ambulance? | | |
| | DUUDED DEDENNA | YS 3 |
| (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | INJURED PERSON 4 | |
| Name | / | |
| Injuries sustained | | |
| Which vehicle person in? | W | |
| Were seat belts worn? | Yes - No - | |
| Was injured conveyed to | Yes 🗆 No 🗆 | |
| hospital by ambulance? | | |
| | | Stales |
| | INJURED PERSON 5 | SE VAL |
| Name | | |
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes 🗸 No 🗆 | |
| Was injured conveyed to | Yes No 🗆 | |
| hospital by ambulance? | | |
| | | (C) (B) //G |
| 计数据的设施的关系是一些 | INJURED PERSON 6 | |
| Name | | |
| Injuries sustained | | 00-14-2-2 |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes 🗆 No 🗆 | |
| Was injured conveyed to | Yes No No | |
| hospital by ambulance? | | |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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 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 vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

| SH) | | a |
|--|--|--|
| Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
| Sketch Plan | | |

| ch Plan | | | | |
|----------------------------|-----|-----|--|--|
| | SLE | | | |
| A: GBE2355M | | (a) | | |
| A: GBE2355M B: GBA8422J | | | | |

Describe Circumstances of the Accident

| I was travelling straight along SLE towards CTE on the |
|--|
| middle lane. Vehicles in front of me suddenly stopped, I followed |
| to stop my vehicle without any contact with it. Out of sudden, I |
| fett an impact from my rear. When I went down to check, I |
| realised vehicle B had collided onto the rear portion of my vehicle. |
| |
| |
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| |
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| |
| |
| |
| |

Declaration

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

SH

Policyholder's Signature / Date & Time

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

9

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder

: SENG HUP SECOND HAND AUTO PARTS

Period of Insurance Engine No.

: 29 Mar 2021 To 28 Mar 2022 : ZD30001156N

Chassis No.

: JN1SC2F24Z0857469

Vehicle No.

: GBE2355M

Policy No.

: 1900244340-01

Endorsement No.

Issued Date

: 11 Mar 2021

ABOUT THE COVER

Make/Model

: NISSAN CABSTAR 3.0 5MT

Engine Capacity/Tonnage : 1.7 Tonnage

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the Policyholder's order or with their permission.

b) 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*

1) Use in connection with the Policyholder's business

2) Use for the carriage of passenger (other than for thire or reward) in connection with the Policyholder's business.

3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle, c) use for any purpose in connection with Motor Trade.

Loss Of Use (7 Days) Commercial Auto

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carned out by one of our 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 Agent's workshop.

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.sig 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

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 (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

Insure Link Pte Ltd 2 Kahang Avenue #08-16 CT Hub S(339407) Off: 6444 4644 Fax: 6444 0049

0501295000

INSURE LINK PTE LTD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature

103 PENANG ROAD #02-01/07 VISIONCREST COMMERCIAL

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Chen Juan Lim