

# NATIONAL Assessment Centre Services

Date In: 05/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1621010255/13	SAS e-filing		
Veh No: GBF6933M	E-mail (Within 8hrs. AD 2hrs.)		
DOA 13/03/21 0435	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 4P96804	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%; F: 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:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury :**

Date/Time	Actions

NA204101	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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	05/10/2021 12:07 (SGT)
Date of Accident	13/03/2021 04:35 (SGT)
Exact Location of Accident	MCE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6933M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MEI JIA MINIMART PTE LTD
Company Reg No	2XXXXX633Z
Email Address	zoomautowerks@gmail.com
Mobile Phone No	(Phone) +65-81006166
Alternative Phone No	+65-81006166

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070088320
Cover Note Number	-

### DRIVER

Name of Driver	ANG AH LEONG
NRIC No	SXXXX003I

Date Of Birth	02/05/1970
Occupation	Outdoor
Date Of Driving Pass	01/01/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81006166
Alt. Phone Number	-
Email Address	zoomautowerks@gmail.com
Address	BLK 321B ANCHORVALE DRIVE
Address complement	#12-184
Postcode	542321
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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

PLS REFER TO THE POLICE REPORT:T/20210313/2023

#### 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	YP9680Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	ANG AH LEONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	GBF6933M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

## 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' lawyers/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' lawyers/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 lawyers/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

unable to provide sketch.

Describe Circumstances of the Accident

Refer to police report

T/20210313/2023.



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

*Shyam* 05/10/21  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**

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



T/20210313/2023

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Report No. T/20210313/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2021 09:53		Vide Report No.: G/20210313/0078		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG JIA JUN			Address: 321B ANCHORVALE DRIVE #12-184 SINGAPORE 542321		
ID Type / ID No.: NRIC NO / S9320656H			Contact No.: Home/Office: Mobile: 81005166		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 13/06/1993	Type of Informant: SON OF INFORMANT(DRIVER)		
Race: Chinese			Language:		Institution / School Name:
Occupation: CUSTOMER RELATION EXECUTIVE			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Fatal Attended by Police	Drink Drive: No	Date/Time of Accident: 13/03/2021 04:35	Type of Location:
Location: MARINA COASTAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6933M	Lorry					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

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



T/20210313/2023

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Report No. T/20210313/2023

**CONTINUATION OF REPORT**

Name	ANG JIA JUN		ID No.	S9820656H
Related Vehicle	GBF6933M (Lorry)		Contact No.	81006166
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS INFORMED BY MY MOTHER THAT MY FATHER WAS INVOLVED IN AN ACCIDENT AT ABOUT 0440HRS. I WAITED FOR THE AUTHORITIES TO CALL UP FOR CONFIRMATION OF THE ACCIDENT AS I WAS UNSURE ABOUT THE KIND OF ACCIDENT. AT ABOUT 0500HRS, MY BROTHER DECIDED TO CALL THE POLICE ABOUT THE ACCIDENT. THE POLICE THEN INFORM THAT THE ACCIDENT HAPPENED AT MCE. AFTERWARDS, I CAME DOWN TO THE SCENE TOGETHER WITH MY RELATIVES. I GOT TO KNOW IT WAS A FATAL ACCIDENT AS I ARRIVED AT SCENE. AFTER SETTELING SOME PAPER WORKS, I CAME DOWN TO TRAFFIC POLICE TO LODGE THIS REPORT. THAT IS ALL



SINGAPORE  
POLICE FORCE

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



T/20210313/2023

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Report No. T/20210313/2023

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
TP /  
SC SAIFUL ILHAM BIN ZAHARI

Signature Of Interpreter:  
Not applicable

Officer in Charge Of Case:  
TP / FAIT /  
Sr Staff Sgt LIM JUN HUI, ADRIAN  
Contact No.: 65476350

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/03/2021 09:53

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:

REPUBLIC OF SINGAPORE  
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

335188B

DECLARANT	Death registered at: FORENSIC MEDICINE DIV, HEALTH SCIENCES AUTHORITY						
	Full name of deceased: ANG AH LEONG						
	NRIC/Identification Document No: S70140031		Sex: MALE	Date of birth: 02/05/1970			
	Race/Dialect Group: CHINESE/HOKKIAN		Nationality: SINGAPORE CITIZEN	Country/Place of birth: SINGAPORE			
	Home Address: APT BLK 321B ANCHORVALE DRIVE #12-184 SINGAPORE 542321			Date and hour of death: 13/03/2021 0437			
	Place of Address where death occurred: MICE (ICP) NEAR 0.1KM			Approximate interval between onset and death:			
CAUSE OF DEATH BY CERTIFIER	I. (a) HEAD INJURY			Years	Months	Days	Hours
	Disease or Condition leading to death:						
	(b) Antecedent Causes:						
	(c) Other Significant conditions:						
	Name and official status of person certifying cause of death: DR BELINDA LEE, CONSULTANT FORENSIC PATHOLOGIST			Certificate of Cause of Death Reference No.: 21000397CR Date: 14/03/2021			
INFORMANT	Name: ANG JIA JUN			I certify that the above information given by me is correct.			
	Address: APT BLK 321B ANCHORVALE DRIVE #12-184 SINGAPORE 542321			14 MAR 2021			
	NRIC/Identification Document No: S9320656H			Informant's Signature: [Signature]			
	Relationship: SON			Thumb impression: [Impression]			
REGISTRATION OFFICER	Name of Registration Officer: LACSON CARLITO I LAGMAN			for Registrar of Births and Deaths			
	Designation: REGISTRATION OFFICER						
	Date: 14/03/2021						

DISPOSITION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]	
	Place of burial or Place of Cremation: MANDALAY CREMATORIUM	Religious type: TAOIST
INFORMANT MAKING APPLICATION	I, ANG JIA JUN NRIC/Identification Document No S9320656H apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + 335188B the deceased referred to in the Death Certificate No. For application to cremate only <input checked="" type="checkbox"/> I certify that in the best of my knowledge, the deceased has no written direction that he/she should not be cremated +	14 MAR 2021 Informant's Signature: [Signature] Thumb impression: [Impression]
	<input checked="" type="checkbox"/> Certificate of Cause of Death certified that there is <input type="checkbox"/> No evidence of pacemaker in the body of the deceased + <input type="checkbox"/> Evidence of pacemaker device removed from the body of the deceased + Permit is approved. 14 MAR 2021 Date:	
REGISTRATION OFFICER	for Commissioner of Public Health	

## ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 03 / 2021) (DD/MM/YYYY), TIME: (04: 35) (HH:MM)

LOCATION: MCE

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF6933M  
b) INSURANCE COMPANY: AIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: Mei Jia Minimart Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 201025633Z CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

- \*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)  
b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: NATTIE POLICE

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP9600Y MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = zoomautowerks@gmail.com

fax =



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : MEI JIA MINIMART PTE. LTD.  
Period of Insurance : 31 May 2020 To 17 Aug 2021  
Engine No. : 1KD2644543  
Chassis No. : KDY2318026578

Vehicle No. : GBF6933M  
Policy No. : 2070088320  
Endorsement No. :  
Issued Date : 30 May 2020

### ABOUT THE COVER

Make/Model : TOYOTA DYNA 3.0 M  
Engine Capacity/Tonnage : 1.8 Tonnage  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PAF : 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 hire 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.

\* 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 - \$800, Theft - \$0, Flood Cover - \$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 carried 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.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: TAN WEI CREDIT PTE LTD

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).

0693484000  
NG SAY HANN

211 BUKIT BATOK STREET 21 #12-244  
SINGAPORE 650211 SP-GOHBOCKSENG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

SAY HANN NG