

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 21/10/21	Job description	Date & Time Completed	Done by
Ref No: NA/A1621010803/13	SAS e-filing		
Veh No: SMQ 9328C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/09/21 17:45	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: SMR76P4G	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

NA2104281

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	21/10/2021 09:34 (SGT)
Date of Accident	30/09/2021 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WHITLEY RD TWDS PIE(TUAS)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9328C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SKY BUILDERS PTE LTD
Company Reg No	2XXXXX171H
Email Address	skvbuilders2015@gmail.com
Mobile Phone No	(Phone) +65-91093688
Alternative Phone No	+65-91093688

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3456

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900257407-01
Cover Note Number	-

### DRIVER

Name of Driver	SETHU DHARMALINGAM
Passport No/FIN	FXXXX588K

Date Of Birth	10/05/1973
Occupation	Indoor
Date Of Driving Pass	26/06/1997
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91093688
Alt. Phone Number	-
Email Address	skvbuilders2015@gmail.com
Address	33 JURONG WEST ST 41
Address complement	#04-57 THE LAKESHORE
Postcode	649413
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	VASU PANDIMEENAL
Gender	Female

#### PASSENGER 2

Name	DHARMALINGAM RITISHKUMAR
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211020/2041

#### 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	SMR7684G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SG5797P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SMD373Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SJR6732T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 SETHU DHARMALINGAM  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained BACK & NECK  
 Injured person in which vehicle? SMQ9328C  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No

### INJURED 2

Name of injured person VASU PANDIMEENAL  
 Gender Female  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SLIGHT  
 Injured person in which vehicle? SMQ9328C  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? No

### INJURED 3

Name of injured person DHARMALINGAM RITISHKUMAR  
 Gender Male  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained SLIGHT  
 Injured person in which vehicle? SMQ9328C  
 Were seat belts worn? -  
 Was this injured conveyed to hospital by ambulance? No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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

I understand, acknowledge, agree and consent that:

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

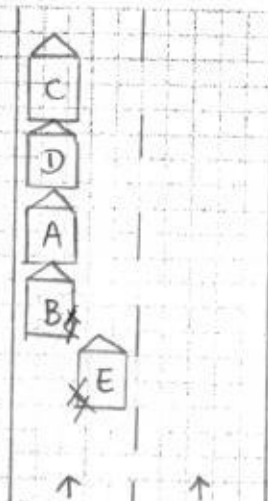


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A = SMQ 9328C

B = SMR 7684G

C = SG 5797P

D = SMD 373Z

E = SJR 6732T

Whitley Road towards PIE (Tuas)



**Describe Circumstances of the Accident**

Refer to Police Report

Police Report No. : T/20211020/2041

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 21/10/21

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20211020/2041

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158

Tel No: 1800-2659999

1 of 4

Report No. T/20211020/2041

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
20/10/2021 14:33

Vide Report No.:

Station Diary No.:  
38

### Informant's Particulars

Name of Informant:  
SETHU DHARMALINGAM

Address:  
C/O 33 JURONG WEST STREET 41 #04-57 SINGAPORE  
649413

ID Type / ID No.:  
FIN NO / F7625588K

Contact No.:  
Home/Office: Mobile: 91093688

Nationality:  
INDIAN

Email:

Sex: Age: Date of Birth:  
Male 48 10/05/1973

Type of Informant:  
Driver

Race:  
Indian

Language: Institution / School Name:

Occupation:  
SELF EMPLOYED

Driving Licence Information:  
Class: 2B,3,4,5 Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/09/2021 17:45	Type of Location: Straight Road
Location: WHITLEY ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMQ9328C	Car	TOYOTA	HARRIER M GRADE			2

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ9328C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900257407-01	11/12/2020	10/12/2021





**SINGAPORE  
POLICE FORCE**



T/20211020/2041

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

2 of 4

Report No. T/20211020/2041

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	VASU PANDIMEENAL	ID No.	NIL
Related Vehicle	SMQ9328C (Car)	Contact No.	NIL
Hospital/Clinic	SHENTON CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	01/10/2021
No. of Days granted Medical Leave	04	Degree of Injury	NIL
<b>Driver</b>			
Name	SETHU DHARMALINGAM	ID No.	F7625588K
Related Vehicle	SMQ9328C (Car)	Contact No.	91093688
Hospital/Clinic	CENTRAL 24HR CLINIC (JURONG WEST)	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	01/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Passenger</b>			
Name	DARMALINGAM RITISHKUMAR	ID No.	NIL
Related Vehicle	SMQ9328C (Car)	Contact No.	NIL
Hospital/Clinic	SHENTON CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	01/10/2021
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

Previously, I lodged a traffic accident report vide T/20211001/2056. However, after consulting medical assistance, my insurance company informed me to lodge another traffic accident report to include the Medical Certificate details in the report.

Report lodged previously are as follow:

On 30/09/2021 at 1745hrs, I was driving along Whitley Road heading towards PIE (TUAS). I was driving on left lane and traffic was slow moving. My vehicle was moving at about 5-10km/h. Suddenly, the rear vehicle SMR7684G collided onto rear of my vehicle. My vehicle then collided onto front



**SINGAPORE  
POLICE FORCE**



T/20211020/2041

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 4

Report No. T/20211020/2041

**CONTINUATION OF REPORT**

vehicle and front vehicle collided onto the SBS bus in front of his car.  
I alighted to check and noticed that the rear vehicle SMR7684G had collided onto another vehicle  
SJR6732T before colliding onto my car.  
My wife and son were in car with me. My wife and I were not injured however my son had a small cut on  
his tongue as he may have hit somewhere inside the car. We have not sought medical assistance yet.  
There is no in car camera in my car. Traffic Police and ambulance were at scene vide E/20210930/0114. I  
noticed that someone from vehicle SMR7684G was conveyed by ambulance.

I wish to state that I have MC for 3 days (MC ref: 0000169255). My wife was given MC for 4 days and my  
son was given 2 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999



T/20211020/2041

4 of 4

Report No. T/20211020/2041

**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

J /

Sgt 2 TAN CHIN ANN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

Signature Of Informant:

Date/Time:

20/10/2021 14:33

Classification Of Case:

SN 124

Authentication Stamp  
NP168

Signature :

**Singapore Police Force**

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 30/09/2021		Time: 17:45		(hh:mm) 24 hr format
Location Whitley Road towards PIE (Tuas)				
Vehicle Number SMQ 9328C				
Insured Name SKV Builders Pte Ltd				
NRIC/FIN 201502171H		Contact Number 9109 3688		
Make Toyota		Model Harrier		
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting				
Insurance Company AIG				
Type of Policy ( <input checked="" type="checkbox"/> ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only				
Policy Number 1900257407-01				
Name of Driver Sethu Dharmalingam		( ) Same as Insured		
NRIC / FIN F7625588K		Contact Number 9109 3688		
Date of Birth 10/05/1973				
Driving Pass Date 26/06/1997				
Occupation ( <input checked="" type="checkbox"/> ) Indoor ( ) Outdoor				
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female				
Email Address skvbuilders2015@gmail.com ( ) NO EMAIL				
Address of Driver 33, Jurong West Street 41, # 04-57, The Lakeshore, Singapore 649413				
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
If No, Relationship of the Driver with the Insured ( <input checked="" type="checkbox"/> ) Director				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling				
Does the Driver Own Any Other Vehicle? ( ) Yes ( ) No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions ( ) Clear ( <input checked="" type="checkbox"/> ) Raining ( ) Others				
Road Surface ( ) Dry ( <input checked="" type="checkbox"/> ) Wet ( ) Others				
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was anybody injured in the accident? ( <input checked="" type="checkbox"/> ) Yes ( ) No				
If yes, injured detail Sethu Dharmalingam - Back and Neck Pain				
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No				
Was the Accident reported to the Police? ( <input checked="" type="checkbox"/> ) Yes ( ) No If yes attach police report				
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact				
Veh B SMR 7684G				
Veh C SG 5797P				
Veh D SMD 373Z				
Veh E SJR 6732T				
Veh F				

Passengers : 1) Vasu Pandimeenal (F)  
2) Dharmalingam Ritishkumar (M)



# CERTIFICATE OF INSURANCE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SKV BUILDERS PTE LTD  
Period of Insurance : 11 Dec 2020 To 10 Dec 2021  
Engine No. : 8ARZ170297  
Chassis No. : JTEZB3GH60J005028

Vehicle No. : SMQ9328C  
Policy No. : 1900257407-01  
Endorsement No. :  
Issued Date : 04 Dec 2020

### ABOUT THE COVER

Make/Model : TOYOTA HARRIER 2.0

Engine Capacity/Tonnage : 1,998.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

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

Any person who is driving on the Policyholder's order or with their 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\* :

Mileage Condition : Unlimited Mileage

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.

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), 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 - \$800

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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: MayBank

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).

0504667214

INCHCAPE AUTO TOYOTA - BSTL029

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.