

NATIONAL Assessment Centre Services

Date In: 03/01/2022	Job description:	Date & Time Completed:	Done by:
Ref No: NA /AIG 22000076/m4	SAS e-filing		
Veh No: SMK 30B	E-mail (within 4hrs, MP, 2hrs)		
D.G.A: 02/01/2022 01:35	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: GBE 6446 H	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

NA 22 00018

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) 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		
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	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 (N-a INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	03/01/2022 19:27 (SGT)
Date of Accident	02/01/2022 01:35 (SGT)
Exact Location of Accident	141 Serangoon North Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK30B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY KENG MOI
NRIC No	SXXXX254J
Email Address	autohub325@gmail.com
Mobile Phone No	(Phone) +65-91771415
Alternative Phone No	+65-91771415

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	1991

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800135219-03
Cover Note Number	-

DRIVER

Name of Driver	ALICE YEH YUAN FENG
NRIC No	SXXXX176H

Date Of Birth	22/09/1988
Occupation	Indoor
Date Of Driving Pass	06/11/2007
Driving experience	14 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91771415
Alt. Phone Number	-
Email Address	aliceyeh1988@gmail.com
Address	BLK 141 SERANGOON NORTH AVE 2
Address complement	#02-02
Postcode	550141
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ALAN YEH YUAN KWEI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220102/2015, AND T/20220103/2070

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6446H
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
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	ALICE YEH YUAN FENG
Gender	Female
Phone No	(Phone) +65-91771415
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INFLAMMATION AND MUSCLE INJURY AT CHEST, LOWER BACK AND NECK AREA (SLIGHT)
Injured person in which vehicle?	SMK30B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	ALAN YEH YUAN KWEI
Gender	Male
Phone No	(Phone) +65-97280732
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UPPER BODY ACHE (SLIGHT)
Injured person in which vehicle?	SMK30B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

WITNESS DETAILS

WITNESS 1

Name	ALAN YEH YUAN KWEI
Phone	(Phone) +65-97280732
Email	-

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 willful misrepresentation or withholding of material facts may cause 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. I consent under the Personal Data Protection Act (PDPA) to the insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and process my personal data/personal information set out in this [form] and any other personal information provided by me or disclosed 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")
9. All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, disclose and/or process my Personal Information for one or more of the above Purposes; and
10. 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 &

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

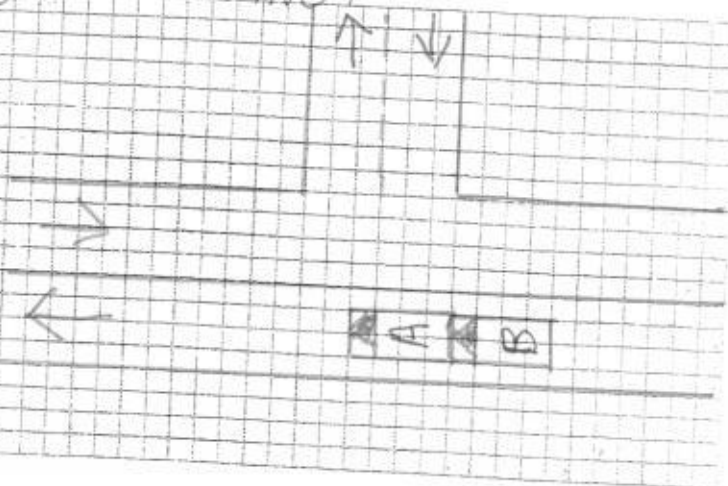
Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 141 Serangoon North Ave 1

A-SMK 30B

B-GBE 6446H



Describe Circumstances of the Accident

— Pls refer to the police report : T/20220102/2015 & T/20220103/2070.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220102/2015

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220102/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2022 03:39		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: ALICE YEH YUAN FENG			Address: APT BLK 141 SERANGOON NORTH AVENUE 2 #02-02 SINGAPORE 550141		
ID Type / ID No.: NRIC NO / S8836176H			Contact No.: Home/Office: Mobile: 91771415		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 22/09/1988	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: LAB MANAGER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/01/2022 01:35	Type of Location: T-Junction
Location: SERANGOON NORTH AVENUE 1				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Collision to rear of car				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6446H	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Black		0
SMK30B	Car	MERCEDES BENZ	E250 AVG (R18 LED)	Silver	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220102/2015

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20220102/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown	ID No.	NIL
Related Vehicle	GBE6446H (Van)	Contact No.	NIL
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
Driver			
Name	ALICE YEH YUAN FENG	ID No.	S8836176H
Related Vehicle	SMK30B (Car)	Contact No.	91771415
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 2/1/22, I was driving vehicle (SMK30B) along Serangoon North Ave 1. I then stopped to wait to turn right into Serangoon North Ave 2.

As I was stationary(waiting for 2 taxis to go off) and waiting to turn, suddenly another van collided onto the rear of my car. I then slowly made my turn and stopped at Serangoon North Ave 2 and expected the said Van to stop. However, the van did not stop and drove away along Serangoon North Ave 2. I then tried to follow the van and my passengers managed to take a photo of his car plate number (GBE6446H).

During that time, I had 1 passenger in my car and he had witnessed the incident. I have in car video recording of the incident.

I then proceeded to lodge a Traffic Accident report. No one was injured in the accident. That is all.



**SINGAPORE
POLICE FORCE**



T/20220102/2015

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

3 of 3

Report No. T/20220102/2015

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
F /
Staff Sgt LOW JIANGHAN,
JEFFREY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/01/2022 03:39

Classification Of Case:



SINGAPORE POLICE FORCE



T/20220103/2070

1 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220103/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 15:37	Vide Report No.: T/20220102/2015	Station Diary No.: 39
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Informant's Particulars

Name of Informant: ALICE YEH YUAN FENG			Address: APT BLK 141 SERANGOON NORTH AVENUE 2 #02-02 SINGAPORE 550141		
ID Type / ID No.: NRIC NO / S8836176H			Contact No.: Home/Office: Mobile: 91771415		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 22/09/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lab manager			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/01/2022 01:35	Type of Location: T-Junction
Location: SERANGOON NORTH AVENUE 1				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Collision to rear of car			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6446H	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Black		0
SMK30B	Car	MERCEDES BENZ	E250 AVG (R18 LED)	Silver	Slightly Damaged	1



SINGAPORE POLICE FORCE



T/20220103/2070

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 4

Report No. T/20220103/2070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GBE6446H (Van)	Contact No.	NIL
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
Driver			
Name	ALICE YEH YUAN FENG	ID No.	S8836176H
Related Vehicle	SMK30B (Car)	Contact No.	91771415
Hospital/Clinic	T H CHIA MEDICAL PRACTICE PTE LTD	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Alan Yeh Yuan Kwei	ID No.	S8836174A
Related Vehicle	SMK30B (Car)	Contact No.	97280732
Hospital/Clinic	T H CHIA MEDICAL PRACTICE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 2/1/2022 at about 0135hrs, I got into a traffic accident and I lodged a traffic accident police report on the same day. The traffic accident report number is T/20220102/2015. I am now lodging this report to further inform on the passenger's details.

Details of passenger in my vehicle:
Alan Yeh Yuan Kwei
S8836174A
DOB: 22/9/1988



**SINGAPORE
POLICE FORCE**



T/20220103/2070

3 of 4

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20220103/2070

CONTINUATION OF REPORT

Add: 141 Serangoon North Ave 2 #02-02
HP: 97280732

I would also like to state that when the incident happened, my passenger and I did not feel any injury being sustained. However later at night, I felt some strain at my chest, lower back and neck area while my passenger felt soreness at his shoulder and neck area. Hence on 3/1/2022, we went to see a doctor at a clinic (T H Chia Medical Practice Pte Ltd, Add: 151 Serangoon North Ave 2 #01-19). We were each given a Medical Certificate (MC) for 3 days (3/1/2022 - 5/1/2022). My injury sustained was inflammation and muscle injury at chest, lower back and neck areas caused by the traffic accident, while the injury that my passenger sustained was upper body ache.

Hence, I am lodging this report to provide the further information for the case.



**SINGAPORE
POLICE FORCE**



T/20220103/2070

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

4 of 4

Report No. T/20220103/2070

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
F /
Sgt 2 POH WAN XUAN, GLORIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/01/2022 15:37

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / JAN / 2022) (DD/MM/YYYY), TIME: (01 : 35) (AM) (HH:MM)

LOCATION: BIK 141, SERANGOON NORTH AVE 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK 308
 b) INSURANCE COMPANY: AG
 c) POLICY NUMBER: 1800135219-03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: (AUTO) Mercedes Benz E250 AUTO/MANUAL (1991cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: heading home
 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: TAY KENG MOI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1180254J CONTACT: _____
 c) ADDRESS: 101B Lorong 2, Tua Payoh #03-15 (S2311101)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Alia Yeh Yuan Feng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8836176H CONTACT: 91771415
 c) ADDRESS: 141 SERANGOON NORTH AVE 2 #02-02 (S550141)

- * d) DATE OF BIRTH: (22 / 09 / 1988) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 15 years (06/11/2007)

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

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

6. WAS ANYBODY INJURED (YES / NO) Driver & passenger (slight)
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Serangoon NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 6446H MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
 (2)

1) Alan Yeh Yuan Kwei
 (m)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

Email = autohub325@gmail.com / alia.yeh1988@gmail.com

fax =

VIDEO = Yes - with witness



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : TAY KENG MOI
Period of Insurance : 16 Nov 2021 To 15 Nov 2022
Engine No. : 27492031574439
Chassis No. : WDD2130452A498662

Vehicle No. : SMK30B
Policy No. : 1800135219-03
Endorsement No. :
Issued Date : 19 Oct 2021

ABOUT THE COVER

Make/Model : MERCEDES Benz E250 Sedan Avantgarde
Engine Capacity/Tonnage : 1,991.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PARE : Yes

Person or Classes of Persons Entitled to Drive*

1. The Policyholder.
2. Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy is subject to the Policyholder or any authorised driver only if he/she meets the specified age condition.

*A person is to pay an additional sum of \$1,000 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 has less than 2 years driving experience.

Age Condition : All Age Condition
Mileage Condition : Unlimited Mileage

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

*Loss of Use is rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185), Section 55 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, and not to be included under these headings.

EXCESS

Section 1
Fire - \$0; Own Damage - \$800; Theft - \$0; Flood Cover - \$800

Section 2
Accident Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

(A) KENG MOI : \$800 (Own Damage); \$800 (Flood Cover)

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

1. Cycle & Carriage Express Service Center (For accident reporting only) Add: 330 Ulu Road 3 Singapore 408600 62061618

2. Cycle & Carriage Pandan Loop Service Center - Body Lash & Repair Add: 188 Pandan Loop Singapore 128376 62061618

Remember: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG's website www.aig.sg or AIG's Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

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. 185), Part 1 of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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CYCLE & CARRIAGE - MEI

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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