TATIONIAL ASSESSMENT CONTRACTOR	Services: [wel 1 Jan'08]	S/10/227	M0003
ATTONAL Assessment Centre:	Job description	Date & Time Con	upleted . Done by
Rei No. 1/24/14/2000/	SAS e-filing	1. '	
TOTAL SOCIAL STREET	E-mail (withta Shris, AlC 2hrs)		1 . 2 4
Veh No: 8 (4) 999.15	I-Motor Claim Form		
D.O.A: 28 06 302 16:30	1-Motor W/O (Vilhin: OD.2	hes, TP 4lies)	
OD if Th / Reporting Only .	i-Photo Uploaded.		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hen	d to Owner/Wksp	
	ASS'T Report by	Tel:	Fax: .)
Preferred Wksp / INC Assign Wksp / QW: (IN TOUCH INC	OMI-TNO	()
TP Panticulars: Veh No:	10 1246	. Tel:	.)
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Policy No: (Datas	· Tim	
	Note-Ést. Status (WO): N:	0-20%; P: 21-79	%: ·F; 80-100%]
INSUIGND LIVE DELIVERY	Warranty: YES ()/NO	(,)	
· Year of Registration.			STORES TREES STATE OF THE
Excess: (\$). Loading: \$15	The second secon		- Frobalter
General Remarks: () Walk-In Customer : Customer's Inf	ormation strictly Confidential	& Strictly NO rates	of repairer.
() Total Loss Case : to e-mail Insu		Co. /	• ')
	ce: Y位S() / NO(·); Towing Co: (The state of the s
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SN08227M0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 22/07/2022 16:13 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (22/07/2022 16:13 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 22/07/2022 16:13 (SGT) Reported by Date of Accident 28/06/2022 16:30 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information 8 1/2 KM Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW999B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TANG KIM CHWEE NRIC No SXXXX257J Email Address jason@fastechauto.com.sg Mobile Phone No (Phone) +65-96408484 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer **BMW** Model 730li Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 7210012360-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TANG KIM CHWEE SXXXX257J 22/11/1950 Indoor

Private use

Private car

Auto

2996

No - Claiming third party

Date Of Driving Pass 01/10/1973 Driving experience 48 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96408484 Alt. Phone Number Email Address jason@fastechauto.com.sg Address 61C LORONG J TELOK KURAU Address complement Postcode 425984 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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? No Was any injured conveyed to hospital by ambulance? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name Police Station Phone No (Phone) +65-65470000 (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220707/7017 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMD7244S

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant	
Vehicle Colour	
	-
Name of Division	Private car
Contact Niverbase	-
The state of the s	-
Address	
Address complement	_
Postcode	
Insurance Company Name	-
	-
	=
Details of property damaged in accident	140
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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' 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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Val	of s	m/20/07/202
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan	PIE 8/2km	4 di doninici
		A - \$165 999B B Smo 72448

escribe Circumstances of the Accident	T/2022 0707/7017
Please refer police report No.	1/20220404/4014
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	10000
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	and the second s
	A COMMUNICATION OF THE COMMUNI

Declaration

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

X

X

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

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





1 of 3

Report No. T/20220707/7017

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

DEDODT	OF A	TRAFFIC	ACCIDENT
KEPURI		IKAPPIC	ACCIDENT

Date/Time 07/07/2022		ade:	Vide Report No.: Station Diary				
Informant	's Particu	lars	PROPERTY OF PROPERTY OF STREET				
Name of Ir			Address: 61C LORONG J TELOK KUR	AU SINGAPORE 425984			
ID Type / I NRIC NO		7J	Contact No.: Home/Office: Mobile: 96408484				
Nationality SINGAPO		ΞN	Email: JASON@FASTECHAUTO.COM.SG				
Sex: Male	Age: 71	Date of Birth: 22/11/1950	Type of Informant: Driver				
Race: Chinese			Language: Institution / School Nam English				
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:				

General Inform	nation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/06/2022 16:30	Type of Location: Straight Road
Location: PAN ISLAND	EXPRESSWAY			
Weather:	4	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis	sion: ving Vehicles - Side Sv	vipe - Same Direction		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFW999B	Car	BMW	730LI	Grey		0
SMD7244S	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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

2 of 3 Report No. T/20220707/7017

CONTINUATION OF REPORT

ehicle Insurance			A STATE OF THE PARTY OF THE PAR
Insurance Company	Insurance No.	Effective	Frain D.
AIG ASIA PACIFIC INSURANCE PTE.	7210012360-01	23/03/2022	Expiry Date 22/03/2023
	Insurance Company		Insurance Company Insurance No Effective

Any Pedestrian I	nvolved: No					
No. of Pedestriar			Use of Ped	destria	n Cross	sing: NA
Driver						
Name	TANG KIM CHWEE		ID No).	S0409257J	
Related Vehicle	SFW999B (Car)		Conta	act No.	96408484	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

I RECEIVED A LETTER WITH THE REFERENCE: TP/IP/17087/2022 DATED 01/07/2022. I WAS UNAWARE OF THE ACCIDENT. ON 28/06/2022 AT/ OR ABOUT 430PM, I WAS TRAVELLING STRAIGHT WITHIN MY LANE ALONG PIE 8 1/2KM, VEHICLE SMD7244S ENCROACHED INTO MY LANE WITHOUT SIGNALLING AND COLLIDED ONTO MY VEHICLE. MY SIDE MIRRIOR WAS DAMAGED IN THE ACCIDENT. I WAS ABLE TO RETRIVE THE VIDEO FOOTAGE FROM MY IN-CAR CAMERA.





T/20220707/7017

3 of 3

Report No. T/20220707/7017

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

CONTINUATION OF REPORT

C	Lat	ah	an
0	KEI	CH	all

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/07/2022 13:20
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
NP168	



Driver's Contact No :1) 9640 8484 2) Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office) Email Address : JASON @ FASTECHAUTO.com.SG.	·	W
Who reported the accident? Accident Place PIE 8 1/2 km Vehicle No (Car Plate No) Insurance Company Fleet Policy YES / NO Type of Coverage Comprehensive / Third Party / Third Party Fire & Theft Name of Owner / IC No Owner Contact No Policy No: 42 (00 123 60 - 0 (TANG KIM CHINEE SO 40 9 25 7 J Owner Contact No Policy Name / IC No Driver's Date of Birth Priver's Date of Birth Priver's Address Priver's Contact No Priver's Contact No Priver's Contact No Indicate the state of accident of the state of accident of the state of the state of the state of accident of the state of the	Date of Accident	: 28.06.2022 Accident Time : 16:30 (24-HR-Format)
Vehicle No (Car Plate No) Insurance Company Al C Policy No: 7200 2360-0 (Fleet Policy Type of Coverage Comprehensive. / Third Party / Third Party Fire & Theft Name of Owner / IC No Owner Contact No Priver's Hp Company Tel Driver Name / IC No As Above Driver's Date of Birth Priver's Address Comprehensive. / Third Party / Third Party Fire & Theft Spouse / Parents / Children / Sibling / Employee / Other: Owner Driver's Address Company Tel Driver's Address Company Tel Driver's Contact No Priver's Contact No Priver's Occupation INDOOR / OUTDOOR (e.g. working inside or outside office) Email Address Weather & Road Surface CLEAR & DRY / RAINING & WET / AFTER RAIN & WET Reporting Type Number of Passenger (include Driver) Veh B: Smp 72448 Name & Contact No: Veh B: Smp 72448 Name & Contact No: Name & Contact No: Name & Contact No: Name & Contact No:	Who reported the accident?	
Insurance Company Fleet Policy Fleet Policy Fleet Policy Type of Coverage Comprehensive / Third Party / Third Party Fire & Theft Name of Owner / IC No Company Tel Driver Name / IC No Driver's Date of Birth Relationship of Driver Spouse / Parents / Children / Sibling / Employee / Other: Owner Driver's Address Company Tel Driver's Contact No Driver's Contact No Driver's Occupation Email Address Weather & Road Surface Reporting Type Reporting Type Reporting Only Claim Third Party / Claim Own Insurance (PRIVER) VEH B: MP 72448 Name & Contact No:	Accident Place	: PIE 8 1/2 km
Insurance Company Fleet Policy Fleet Party Private Hire Fleet Policy Fleet Policy Fleet Policy Fleet Party Private Particular (if any) Name & Contact No: Name & Con	Vehicle No (Car Plate No)	: SFW999B Make/Model: Bmw 730 L1
Type of Coverage Comprehensive / Third Party / Third Party Fire & Theft Name of Owner / IC No Man of Owner / IC No Company Tel Driver Name / IC No Driver's Date of Birth Relationship of Driver Spouse / Parents / Children / Sibling / Employee / Other: Owner Oriver's Address Driver's Address Driver's Contact No 11) 9640 8484 Driver's Contact No 11) 9640 8484 Driver's Contact No 11) 9640 8484 Driver's Contact No CLEAR & DRY / RAINING & WET / AFTER RAIN & WET Reporting Type Reporting Type Reporting Only Claim Third Party / Claim Own Insurance Number of Passenger(include Driver) Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State) Other Party Driver's Particular (if any) Name & Contact No: Name & Contact No: Name & Contact No: Name & Contact No:	Insurance Company	
Name of Owner / IC No Separate Character No Company Fire & Their Separate Character No Company Tel Driver Name / IC No As Above Driver's Date of Birth Company Tel Driver's Date of Birth Company Tel Driver's Date of Birth Company Tel Driver's Address Contact No Company Tel Driver's Company Tel Driver's License Pass Date: Ol. 10.1973 Employee / Other Company Tel Driver's Company Tel Driver's License Pass Date: Ol. 10.1973 Employee / Other Company Tel Driver's Company Tel Driver's License Pass Date: Ol. 10.1973 Employee / Other Company Tel Driver's Company Tel Driver's Company Tel Driver's License Pass Date: Ol. 10.1973 Employee / Other Company Tel Driver's License Pass Date: Ol. 10.1973 Employee / Other Company Tel Driver's Company Tel Driver's License Pass Date: Ol. 10.1973 Employee / Other Company Tel Driver's License Pass Date: Ol. 10.1973 Employee / Other Company Tel Driver's Pass Date: Ol. 10.1973 Driver's Company Tel Driver's Company Tel Driver's Company Tel Driver's Company Tel Driver's Pass Date: Ol. 10.100 Driver's Company Tel Driver's Date of Company Tel Driver's Pass Date: Ol. 10.100 Driver's Date of Company Tel Driver's Company Tel Driver's Date of Company	Fleet Policy	: YES/NO
Owner Contact No	Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft
Driver's Date of Birth Priver's Date of Birth Priver's License Pass Date: O1. 10.1973 Relationship of Driver Spouse / Parents / Children / Sibling / Employee / Other: Owner Driver's Address CLEAR & DRY / RAINING & WET / AFTER RAIN & WET Reporting Type Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State) Other Party Driver's Particular (if any) VEH B: SMD 72448 Name & Contact No:	Name of Owner / IC No	: TANG KIM CHWEE SO409257J
Driver's Date of Birth 22-11-1950 Driver's License Pass Date: O1-10,1973	Owner Contact No	: 9640 8484 Owner's HpCompany Tel
Relationship of Driver Spouse / Parents / Children / Sibling / Employee / Other: Owner Driver's Address : 6 C LORONG J TELOK KURAU SINGAPORE 4 Driver's Contact No :1) 9640 8484 2) Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office) Email Address : JASON @ FASTECHAUTO .com . SG . Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET Reporting Type : Reporting Only Claim Third Party / Claim Own Insurance Number of Passenger (include Driver) Was ther any video footage ? Exact purpose used at time of accident any injury (If Yes, Pls State) Other Party Driver's Particular (if any) VEH B: SMD 72448 Name & Contact No: Name & Contact No: Name & Contact No: Name & Contact No:	Driver Name / IC No	
Relationship of Driver Spouse / Parents / Children / Sibling / Employee / Other: Owner Driver's Address : 6 C LORONG J TELOK KURAU SINGAPORE 4 Driver's Contact No :1) 9640 8484 2) Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office) Email Address : JASON @ FASTECHAUTO .com . SG . Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET Reporting Type : Reporting Only Claim Third Party / Claim Own Insurance Number of Passenger (include Driver) Was ther any video footage ? Exact purpose used at time of accident any injury (If Yes, Pls State) Other Party Driver's Particular (if any) VEH B: SMD 72448 Name & Contact No: Name & Contact No: Name & Contact No: Name & Contact No:	Driver's Date of Birth	: 22-11-1950 Driver's License Pass Date: 01-10,1973
Driver's Contact No :1) 9640 8484 2) Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office) Email Address : JASON & FASTECHAUTO . COM . SG . Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET Reporting Type : Reporting Only Claim Third Party / Claim Own Insurance Number of Passenger(include Driver) : / (PRIVER) Was ther any video footage ? : YES NC Exact purpose used at time of accident Any injury (If Yes, Pls State) : NO Other Party Driver's Particular (if any) VEH B: MD 72448 Name & Contact No: Name & Contact No: Name & Contact No: Name & Contact No:	Relationship of Driver	
Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office) Email Address : JASON @ FASTECHAUTO.COM.SG. Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET Reporting Type : Reporting Only (Claim Third Party) / Claim Own Insurance Number of Passenger(include Driver) : / (PRIVER) Was ther any video footage? : YES NC Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose Any injury (If Yes, Pls State) : NO Other Party Driver's Particular (if any) VEH B: SMD 72448 Name & Contact No: Name & Contact No: Name & Contact No:	Driver's Address	: 61C LORONG J TELOK KURAU SINGAPORE 4.
Email Address : JASON @ FASTECHAUTO.com.SG. Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET Reporting Type : Reporting Only Claim Third Party / Claim Own Insurance Number of Passenger(include Driver) : / (PRIVER) Was ther any video footage? : YES NC Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose Any injury (If Yes, Pls State) : NO Other Party Driver's Particular (if any) VEH B: SMD 72448 Name & Contact No: Name & Contact No: Name & Contact No:	Driver's Contact No	:1) 9640 8484 2)
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Number of Passenger(include Driver) : (PRIVER) Was ther any video footage ? : YES NC Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose Any injury (If Yes, Pls State) : Other Party Driver's Particular (if any) VEH B : Private Use / Private Hire / Work Purpose Other Party Driver's Particular (if any) Name & Contact No: VEH C : Name & Contact No:	Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Was ther any video footage? : YES NC Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose Any injury (If Yes, Pls State) : NO Other Party Driver's Particular (if any) Name & Contact No: VEH C: Name & Contact No:	Reporting Type	: Reporting Only (Claim Third Party)/ Claim Own Insurance
Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose Any injury (If Yes, Pls State) :	Number of Passenger(include Driver)	: [PRIVER]
Any injury (If Yes, Pls State) :		: YES NC
VEH B: SmD 72448 Name & Contact No: VEH C: Name & Contact No:		: Private Use / Private Hire / Work Purpose
VEH B: SMD +2448 Name & Contact No: VEH C: Name & Contact No:	Any injury (If Yes, Pls State)	:
VEH C : Name & Contact No:	VEH P. CMD Zauro	'arty Driver's Particular (if any)
	VEHE SMU 42445	Name & Contact No:
Name & Contact No.		Name & Contact No:
VEH E: Name & Contact No:	VEH C:	Name 0 Control

*]



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder

: TANG KIM CHWEE

Period of Insurance

: 23 Mar 2022 To 22 Mar 2023

Engine No. Chassis No. : 03916004N52B30AF

: WBAHN22010DE96397

Vehicle No.

: SFW999B

Policy No.

: 7210012360-01

Endorsement No.

Issued Date

: 11 Feb 2022

ABOUT THE COVER

Make/Model

: BMW 730 LI

Engine Capacity/Tonnage : 2,996.00 CC

Sum Insured : Market Value

First Year of Registration : 2006

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition

: 40 years old and above

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 trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Theft - \$0

Section 2

Property Damage - \$0

Named Driver and Excess (where applicable)

TANG KIM CHWEF

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

Approved Reporting Centres/ AlG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us). For Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.sg or AlG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: UNITED OVERSEAS FINANCE 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).

0503982010

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP