

NATIONAL Assessment Centre Services

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In 21/11/22         | Job description  | Date & Time Completed | Done by |
| Ref NO NA/AIG22011678/13 | SAS e-filing   |                       |         |
| Yeh NO SMJ4556E          | E-mail (within 3hrs. A/C 2hrs)                         |                       |         |
| DOA 18/11/22 1100        | i-Motor Claim Form                                     |                       |         |
| OD/TP/ Reporting Only    | i-Motor W/O (Within: OD 2hrs. TP 4hrs)                 |                       |         |
|                          | i-Photo Uploaded                                       |                       |         |
|                          | Assessment/Survey Report                               |                       |         |
| TP Insurer:              | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |         |

|  |  |   |  |                       |  |
|--|--|---|--|-----------------------|--|
| Preferred Wksp / INC Assign Wksp / QW: ( |  | Tel:  |  | Fax:                  |  |
| TP Particulars:                          |  | Veh No: <b>SMC93440</b>                                     |  | 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 :*

[illegible]

|                                 |   | Ant (\$)    | Ant (\$) |
|---------------------------------|---|-------------|----------|
|                                 |   | 1st Bill    | Add Bil  |
| NA2203287                       |   |             |          |
| Claimant's Particulars :-       | Invoice Preparation Checklist                   |             |          |
| 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:-                   |             |          |
|                                 | ON*   |             |          |
|                                 | *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:n INC) against INC \$20        |             |          |
|                                 | 9) N12: Idac Mobile 30                          |             |          |
| Ent 1                           | Invoice dated                                   | Fee Charged |          |
| Ent 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 Actual 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              | 21/11/2022 17:07 (SGT)         |
| Reported by                     | Driver                         |
| Date of Accident                | 18/11/2022 11:00 (SGT)         |
| Exact Location of Accident      | Upper Paya Lebar Rd, Singapore |
| Additional Location Information | -                              |
| Country/State of Loss           | Singapore                      |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMJ4556E |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                           |
|--------------------------|---------------------------|
| Is company?              | Yes                       |
| Name Of Registered Owner | ASIA CAR LEASING PTE LTD  |
| Company Reg No           | 2XXXXX397C                |
| Email Address            | gwen@asiacarrental.com.sg |
| Mobile Phone No          | (Phone) +65-62855766      |
| Alternative Phone No     | -                         |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | BMW                       |
| Model  | 318i                      |
| 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   | 1499                      |

#### INSURANCE COMPANY

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | C220001012                           |

#### DRIVER

|                |            |
|----------------|------------|
| Name of Driver | NG LI MIN  |
| NRIC No        | SXXXX880Z  |
| Date Of Birth  | 09/04/1993 |
| Occupation     | Indoor     |

|  |                           |
|--|---------------------------|
| Date Of Driving Pass   | 09/05/2013                |
| Driving experience   | 9 YEARS AND 6 MONTHS      |
| Gender   | Female                    |
| Mobile Number  | (Phone) +65-81834993      |
| Alt. Phone Number  | -                         |
| Email Address  | gwen@asiacarrental.com.sg |
| Address  | 15 JLN ANGGEREK           |
| Address complement   | -                         |
| Postcode   | 369450                    |
| Is the driver the policyholder?                              | No                        |
| If No, Relationship of the Driver with the Insured           | Employee                  |
| 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   | Hit and run / Vandalism / Damaged whilst parked |
| 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)   | 0   |
| 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                              |
| 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/20221118/7057

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMC9344D |
| 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)     | -           |

## 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.

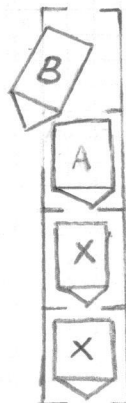


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = SMJ4556E

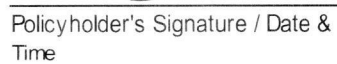
B = SMC9344D

Upper Paya Lebar Road

Refer to Police Report

Police Report No. T/20221118/7057

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



Driver's Signature (If driver

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20221118/7057

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

1 of 3

Report No. T/20221118/7057

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |                            |
|--|------------|------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>18/11/2022 19:44 |            | Vide Report No.:             |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                    |                            |
| Name of Informant:<br>NG LI MIN            |            |                              | Address:<br>15 JALAN ANGGEREK SINGAPORE 369450         |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S9312880Z   |            |                              | Contact No.:<br>Home/Office: Mobile: 81834993          |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>gwen@asiacarrental.com.sg                    |                    |                            |
| Sex:<br>Female                             | Age:<br>29 | Date of Birth:<br>09/04/1993 | Type of Informant:<br>Driver                           |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                   |                    | Institution / School Name: |
| Occupation:                                |            |                              | Driving Licence Information:<br>Class: Date of Expiry: |                    |                            |

**General Information of the Accident**

|   |                           |                                    |  |   |
|---|---------------------------|------------------------------------|--|---|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>18/11/2022 11:00 | Type of Location:<br>Street with parallel parking on one side |
| Location:<br><br>UPPER PAYA LEBAR ROAD                        |                           |                                    |  |   |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               |  | Road Speed Limit:   |
| Traffic Flow:<br>One Way                                      |                           | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate                                   |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                                    |  | Anyone conveyed by ambulance:<br>No                           |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make  | Model  | Color | Conditio | No of |
|-------------|------|-------|--------|-------|----------|-------|
| SMC9344D    | Car  | MAZDA | BIANTE | Black |          | 0     |
| SMJ4556E    | Car  |       |        |       |          | 0     |



# SINGAPORE POLICE FORCE



T/20221118/7057

2 of 3

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

Report No. T/20221118/7057

**CONTINUATION OF REPORT**

|                                   |                |                                   |                                   |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| <b>Details of Person Involved</b> |                |                                   |                                   |
| Any Pedestrian Involved: No       |                |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA    |                                   |
| <b>Driver</b>                     |                |                                   |                                   |
| Name                              | NG LI MIN      | ID No.                            | S9312880Z                         |
| Related Vehicle                   | SMJ4556E (Car) | Contact No.                       | 81834993                          |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL            | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL            | Degree of                         | NIL                               |

**Brief Details.**

My car SMJ4556E was parked stationary in one of the lots along the parallel parking lots since 9am on 18/11/2022. I proceeded to my office at one of the shophouses and never came out. My colleagues who came back to the office at around 5PM informed me that the car sustained major scratches. We looked through our CCTV for the day's event and captured the sighting of SMC9344D which appeared to have graze across the back right of my car while he or she was attempting to park in the lot right behind mine. He or she immediately left the scene upon the occurrence. There was video from CCTV captured.





**SINGAPORE  
POLICE FORCE**



T/20221118/7057

3 of 3

Report No. T/20221118/7057

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
NEO ZHI YUAN  
Contact No.: 65476079

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
18/11/2022 19:44

Classification Of Case:

## SINGAPORE ACCIDENT STATEMENT

|   |                          |                      |
|---|--------------------------|----------------------|
| Accident Date: 18/11/2022   | Time: 11:00              | (hh:mm) 24 hr format |
| Location Upper Paya Lebar Road  |                          |                      |
| Vehicle Number SMJ4556E   |                          |                      |
| Insured Name Asia Car Leasing Pte Ltd   |                          |                      |
| NRIC / FIN 201437397C   | Contact Number 6285 5766 |                      |
| Make BMW  | Model 318i               |                      |
| Are you claiming under your own insurance policy for repair to your vehicle?          |                          |                      |
| ( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting                            |                          |                      |
| Insurance Company AIG   |                          |                      |
| Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only             |                          |                      |
| Policy Number C220001012  |                          |                      |
| Name of Driver Ng Li Min  | ( ) Same as Insured      |                      |
| NRIC / FIN S9312880Z  |                          |                      |
| Date of Birth 09/04/1993  | Contact Number 8183 4993 |                      |
| Driving Pass Date 09/05/2013  |                          |                      |
| Occupation ( / ) Indoor ( ) Outdoor   |                          |                      |
| Gender ( ) Male ( / ) Female  |                          |                      |
| Email Address gwen@asiacarrental.com.sg   | ( ) NO EMAIL             |                      |
| Address of Driver 15 Jalan Anggerek Singapore 369450                                  |                          |                      |
| Was driver an employee of the Insured's Company? ( / ) Yes ( ) No                     |                          |                      |
| If No, Relationship of the Driver with the Insured                                    |                          |                      |
| ( ) 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 ( ) Raining ( ) Others                                 |                          |                      |
| Road Surface ( / ) Dry ( ) Wet ( ) Others   |                          |                      |
| Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No                   |                          |                      |
| Was anybody injured in the accident? ( ) Yes ( / ) No                                 |                          |                      |
| If yes, injured detail  |                          |                      |
| Was there any video captured by Car Camera? ( ) Yes ( / ) No                          |                          |                      |
| Was the Accident reported to the Police? ( / ) Yes ( ) No If yes attach police report |                          |                      |
| DETAILS OF 3 <sup>rd</sup> party  | Name / Nric              | Contact              |
| Veh B SMC9344D  |                          |                      |
| Veh C   |                          |                      |
| Veh D   |                          |                      |
| Veh E Muhel Syafi / S9701801D   | represent                |                      |
| Veh F   |                          |                      |

Nobody inside the car



# COVER NOTE

## COMMERCIAL AUTO THIRD PARTY ONLY

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

**Name of Individual Policyholder** : ASIA CAR LEASING PTE LTD

**Period of Insurance** : 18 Oct 2022 to 17 Oct 2023

**Engine No.** : F2191258B38B15A

**Chasis No.** : WBA8E36070NT39285

**Vehicle No.** : SMJ4556E

**Cover Note No.** : C220001012

**Issued Date** : 21 Nov 2022

### ABOUT THE COVER

**Make/Model** : BMW 318i 1.5 [Sedan]

**Engine Capacity/Tonnage** : 1499 CC

**Driver Restriction** : NA

**Sum Insured** : NA

**Off Peak Car** : No

**First Year of Registration** : 2016

**Insuring with COE/PARF** : NA

**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 S\$3,000.00 as Young and/or Inexperienced Driver Excess( "YIDR" ) if You are or Your Authorised Driver (named or unnamed) is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies or otherwise stated.  
Please refer to policy terms and conditions.

**Age Condition** : Driver Restriction applies-Refer to T&C

**Mileage Condition** :

**Limitation as to use\*** :

Use for social, domestic, pleasure purposes and business purposes of the Policyholders

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

Use for the carriage of passengers or goods (other than for reward) by any person to whom the Vehicle is hired.

This Policy does not cover

1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;

2) use whilst drawing a trailer

3) use for the towing of any one disabled mechanically propelled vehicle;

4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and

5) 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 1960 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Theft Outside Singapore Cover: \$0.00, Outside Singapore Cover: \$0.00

#### Section 2

Property Damage: \$1150.00

Windscreen : NA

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

For 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 Apple App Store or Google Play Store.

### IMPORTANT NOTES

Please refer to Master Policy Schedule for the Terms and Conditions

**Hire Purchase Company/Employer's Loan:** HONG LEONG FINANCE LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0502806000

LIEW OOI LIN MAY

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120

Underwritten by test AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

SSPYTP