

# NATIONAL Assessment Centre Services (Ref: 12/000)

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 19/12/12         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/A1422012630/13 | SAS e-filing                             |                       |         |
| Veh No: SKH 9137P         | E-mail (within 3hrs, A/C this)           |                       |         |
| D.O.A: 18/12/12 2130      | I-Motor Claim Form                       |                       |         |
| OD (TP) / Reporting Only  | I-Motor W/O (within 3hrs, A/C this)      |                       |         |
|                           | I-Photo Uploaded                         |                       |         |
| TP Insurer:               | Assessment/Survey Report                 |                       |         |
|                           | Ass't Report by Fax / Hand to Owner/Whan |                       |         |

|   |                                    |                       |
|---|------------------------------------|-----------------------|
| Preferred Wkwp / INC Assign Wkwp / QW:  | Tel:                               | Fax:                  |
| TP Particulars:   | Veh No: JVR 260                    | INC ( ) / Non-INC ( ) |
| Owner / Driver:   | Tel:                               |                       |
| Policy No: ( )  | Period: ( )                        | Cover Type: ( )       |
| Confirmed by: ( )   | Date:                              | Time:                 |
| Insured/Driver Liability: ( ) % (Note: Ist. Status (WO): N: 0-20%, P: 21-79%, P: 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

|   |                       |         |
|---|-----------------------|---------|
| Remarks: (INC Ref: 0788-0015)                           | 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: \_\_\_\_\_

Int. Turn: \_\_\_\_\_

Actions: \_\_\_\_\_

|  |                               |  |
|--|-------------------------------|--|
| NA2203510                                      | Invoice Preparation Checklist |  |
| 1) AR: Accident Reporting (\$30)               |                               |  |
| 2) DA: Damage Assessment (\$100)               | INC (\$50)                    |  |
| 3) TF: Towing Fee (\$10/\$40)                  |                               |  |
| 4) PT: Follow-Through Survey (\$100)           |                               |  |
| 5) PT: Follow-Through Survey (Resurvey) (\$30) |                               |  |
| 6) TR: Re-inspection (\$75)                    |                               |  |
| 7) NI: New DA + SMAT Survey (\$140)            |                               |  |
| 8) NTUC Additional Services                    |                               |  |
| 9) SM  |                               |  |
| 10) NY: Courtesy Car / Inc Allowance           | \$5                           |  |
| 11) NY: Repair Coordination                    | \$10                          |  |
| 12) NY: Post Repair Inspection                 | \$20                          |  |
| 13) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 14) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 15) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 16) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 17) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 18) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 19) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 20) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 21) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 22) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 23) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 24) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 25) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 26) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 27) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 28) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 29) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 30) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 31) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 32) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 33) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 34) NY: DV / Collect Excess Coordination       | \$5                           |  |
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| 38) NY: DV / Collect Excess Coordination       | \$5                           |  |
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| 41) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 42) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 43) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 44) NY: DV / Collect Excess Coordination       | \$5                           |  |
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| 50) NY: DV / Collect Excess Coordination       | \$5                           |  |
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| 80) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 81) NY: DV / Collect Excess Coordination       | \$5                           |  |
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| 90) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 91) NY: DV / Collect Excess Coordination       | \$5                           |  |
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| 94) NY: DV / Collect Excess Coordination       | \$5                           |  |
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| 96) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 97) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 98) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 99) NY: DV / Collect Excess Coordination       | \$5                           |  |
| 100) NY: DV / Collect Excess Coordination      | \$5                           |  |

## 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              | 19/12/2022 13:29 (SGT) |
| Reported by                     | Driver                 |
| Date of Accident                | 18/12/2022 21:30 (SGT) |
| Exact Location of Accident      | Circuit Rd, Singapore  |
| Additional Location Information | L/P NO 30              |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SKU9137P                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | No                      |
| Name Of Registered Owner    | CHUA LIAN CHENG JASON   |
| NRIC No                     | SXXXX472A               |
| Email Address               | joannapg.wong@gmail.com |
| Mobile Phone No             | (Phone) +65-97359588    |
| Alternative Phone No        | -                       |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Vezel                     |
| 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   | 1496                      |

### INSURANCE COMPANY

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 2100479325-06                        |

### DRIVER

|                |                       |
|----------------|-----------------------|
| Name of Driver | JOANNA WONG CHUAY LIN |
| NRIC No        | SXXXX498B             |
| Date Of Birth  | 26/08/1963            |
| Occupation     | Indoor                |

|  |                           |
|--|---------------------------|
| Date Of Driving Pass   | 15/06/1987                |
| Driving experience   | 35 YEARS AND 6 MONTHS     |
| Gender   | Female                    |
| Mobile Number  | (Phone) +65-97359588      |
| Alt. Phone Number  | -                         |
| Email Address  | joannapg.wong@gmail.com   |
| Address  | BLK 5 TANJONG PAGAR PLAZA |
| Address complement   | #20-01                    |
| Postcode   | 081005                    |
| Is the driver the policyholder?                              | No                        |
| If No, Relationship of the Driver with the Insured           | Spouse                    |
| 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?   | Yes |
| 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)   | 3   |
| 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   | -   |

#### FOREIGN VEHICLE 1

|                             |            |
|-----------------------------|------------|
| Vehicle Registration Number | JVR260     |
| Vehicle Category            | Motorcycle |

#### PASSENGER 1

|        |                 |
|--------|-----------------|
| Name   | CHUA LIAN CHENG |
| Gender | Male            |

#### PASSENGER 2

|        |             |
|--------|-------------|
| Name   | JESLYN CHUA |
| Gender | Female      |

#### DETAILS OF POLICE ACTION

|   |  |
|---|--|
| Was the accident reported to the police?  | Yes                                    |
| Police Station Name                       | Marina Bay Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18002229999                |
| Alt. Police Station Phone No              | (Fax) +65-64359276                     |
| Police Station Address                    | No 70 Marina View Singapore 018962     |
| Was notice of intended Prosecution given? | No                                     |
| If yes, against whom?                     | -                                      |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20221219/2000

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 | SD CARD WITH TRAFFIC POLICE |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |            |
|---|------------|
| Vehicle Registration Number             | JVR260     |
| Vehicle Manufacturer                    | -          |
| Vehicle Model                           | -          |
| Vehicle Variant                         | -          |
| Vehicle Colour                          | -          |
| Vehicle Category                        | Motorcycle |
| 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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

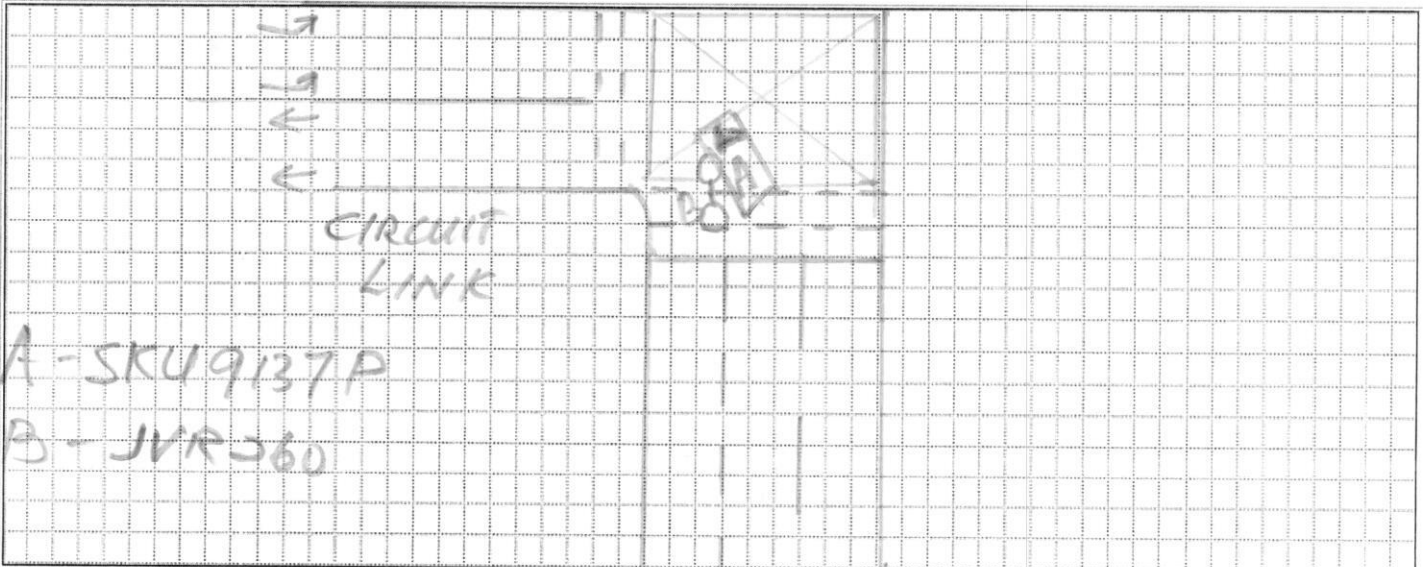
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



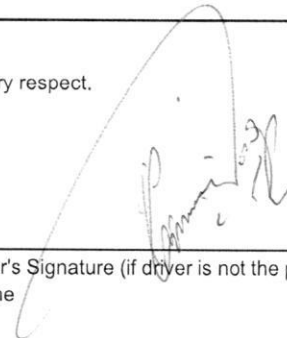
Describe Circumstance of the Accident

*Pls refer to the police report: T/20221219/2000*

Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

*Shym 19/12/22*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# SINGAPORE POLICE FORCE



T/20221219/2000

1 of 4

Report No. T/20221219/2000

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                         |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made:<br>19/12/2022 00:19 | Vide Report No.:<br>G/20221218/0222 | Station Diary No.:<br>1 |
|--|-------------------------------------|-------------------------|

**Informant's Particulars**

|   |            |                              |  |  |                            |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>JOANNA WONG CHUAY LIN     |            |                              | Address:<br>APT BLK 5 TANJONG PAGAR PLAZA #20-01 SINGAPORE<br>081005 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1623498B        |            |                              | Contact No.:<br>Home/Office:   |  | Mobile: 97359588           |
| Nationality:<br>SINGAPORE CITIZEN               |            |                              | Email:   |  |                            |
| Sex:<br>Female                                  | Age:<br>59 | Date of Birth:<br>26/08/1963 | Type of Informant:<br>Driver   |  |                            |
| Race:<br>Chinese                                |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>FINANCIAL SERVICES<br>CONSULTANT |            |                              | Driving Licence Information:<br>Class: 3                             |  | Date of Expiry:            |

**General Information of the Accident**

|  |                              |   |   |                                 |
|--|------------------------------|---|---|---------------------------------|
| General Information of the Accident                          |                              |   |   |                                 |
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>18/12/2022 21:30 | Type of Location:<br>T-Junction |
| Location:<br><br>CIRCUIT ROAD                                |                              |   |   |                                 |
| Lamp Post Number: 30   |                              |   |   |                                 |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        | Road Speed Limit:                             |                                 |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                   |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |   | Anyone conveyed by<br>ambulance:<br>Yes       |                                 |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make | Model | Color | Condition           | No of Passenger |
|-------------|------------|------|-------|-------|---------------------|-----------------|
| JVR260      | Motorcycle |      |       |       | Slightly<br>Damaged | 0               |
| SKU9137P    | Car        |      |       |       | Slightly<br>Damaged | 2               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221219/2000

2 of 4

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

Report No. T/20221219/2000

**CONTINUATION OF REPORT**

|                                   |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| <b>Passenger</b>                  |                       |  |                                   |
| Name                              | JESLYN CHUA           | ID No.                                 | S9602926H                         |
| Related Vehicle                   | SKU9137P (Car)        | Contact No.                            | 92344018                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                       |  |                                   |
| Name                              | JOANNA WONG CHUAY LIN | ID No.                                 | S1623498B                         |
| Related Vehicle                   | SKU9137P (Car)        | Contact No.                            | 97359588                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| <b>Passenger</b>                  |                       |  |                                   |
| Name                              | CHUA LIAN CHENG       | ID No.                                 | S1445472A                         |
| Related Vehicle                   | SKU9137P (Car)        | Contact No.                            | 94556267                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |

**Brief Details.**

On 18/12/2022 at about 2130hrs, I was travelling along Circuit Rd and was about to make a left turn into Circuit Link my husband and daughter was with me when the accident took place. I was travelling on the 2nd lane from the left. The lane that I was travelling on is a left turn or go straight ahead lane.

While I was making a turn into Circuit Link from the 2nd lane, a motorcycle JVR260 collided onto my vehicle from the left side. The motorcycle caused a dent on my left passenger side door and also caused my left side mirror cover to come off.

Upon collision, I saw the motorcycle and rider fell on it left side. I immediately rendered assistance and called for ambulance. Subsequently, police arrived at scene and I handed my in car camera SD card over to the police.





**SINGAPORE  
POLICE FORCE**



T/20221219/2000

3 of 4

Report No. T/20221219/2000

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999

**CONTINUATION OF REPORT**

I am unsure how the accident take place.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No: 1800-2229999



T/20221219/2000

4 of 4

Report No. T/20221219/2000

**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:

A/

SGT 3 Jamas Jeow Qi Long

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/12/2022 00:19

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No: 65476171

Classification Of Case:

NP168



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chua Lian Cheng Jason  
Period of Insurance : 21 Aug 2022 To 20 Aug 2023  
Engine No. : L15B4021156  
Chassis No. : RU11101155

Vehicle No. : SKU9137P  
Policy No. : 2100479325-06  
Endorsement No. :  
Issued Date : 11 Aug 2022 10:55

### ABOUT THE COVER

Make/Model : HONDA VEZEL  
Engine Capacity/Tonnage : 1,496.00 CC  
Driver Restriction : NA  
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.

You have to pay an additional sum of S\$53,000 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 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.

Loss of Use 1500cc - 1600cc Optional

\* 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 - \$300 Theft - \$0 Flood Cover - \$300

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chua Lian Cheng Jason - \$300 (Own Damage), \$300 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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).

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

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WONG CHUAY LIN JOANNA

3 TAMPINES GRANDE #03-48 AIA TAMPINES

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Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

CHUAY LIN JOANNA WONG