| and the same of th | 1  | $\sim$   | 1118/25/15/1   | 1797   |  | AND PERSONS AND PERSONS ASSESSMENT AND PARTY AND PERSONS ASSESSMENT AND PARTY AND PART |
|--|--|--|--|--|--|--|
| ATIONAL Assessment Centre  | Services poli  | 12451 4  | nte ETime Compl  | -  | Done by  |  |
| Date In: 1 09/01/2013 10 12  | Indi description   |  |  |  |  |  |
| Resno: SUBBAILISON 2894.   | SAS e-filing   |  |  |  | ,  |  |
| Veh No: SMI PYOY X   | E-moll (willin Shee,   | AIC 2hts)  |  | <del>-                                    </del> | ·  |  |
| DOM: 07(4/7023 -11:4K  | 1-Motor Claim F  | -  | 15-14 1 2  |  | 3 3  |  |
|  | I-Motor YY/O (W  | linis: QD thre, T  | there)   |  | ٠٠٠ و المحاسب  |  |
| OD (1) Pepering Only   | i-Photo Uploade  | d  |  | •  | and the second of the second o |  |
|  | Assessment/Surve   |  |  |  | rest artifles higher thinks the - Mr. 1  |  |
| TP Insurer:  | Ass't Report by E  | ax/ Hand to  | Dwner/Wisp   | 1  | -  |  |
| Preferred Wksp / INC Assign Wksp / QW: (   | The second secon |  | Tel:   | Fax:   |  |  |
| TP Pendjeulars: Yeli No: SZ  | 8 59571  | . INC(   | )/Non-INC(   | ) " ;  | -  |  |
| Owner / Driver: (  |  |  | Tel:   |  | <u> </u>   |  |
|  | ied: (   | · · )  | Cover Type: (  |  |  | and the same of  |
| The same of the sa |  | Date:  | Time:  | tr. 20,100                                       | 11/2)  | <del></del>  |
|  | Apte-fist Saws (WC   |  | Ve. F: 21-1476.  | 7, 50,,,   |  |  |
| 1 42: 01:70000000000000  | Warrenty: YES (  | )/40(  | -  |  |  |  |
| Excess: (S ) Loading: S1,C   | 00( )/52,000(  | )<br>Individual Nova N   | A CONTRACTOR OF THE PARTY OF TH |  |  |  |
| General Remarks of Sales 1885  |  |  |  |  |  |  |
| ( ) Walk-in Customar : Customers info  | rmation strictly Conf  | nognual & SU   | 1707 140 13:01 01  |  | ***************************************  |  |
| ( ) Total Loss Case : to e-mail Insur  | er URGENTLY.   | · · ·  | owing Co: (  | alle and desire selected to the                  |  | 7  |
| Drive-In ( )/ Towed-In ( ); Invoic   | The second secon | 0( ),.   |  |  | En Chanch  |  |
| Remarks: 4 A 186 horling: 6788 (616)   | 第一次,用AUC 治療  |  | Dinschae Ger   | \$2151.0001A's                                   | in the second  |  |
| 1) Apply for Transport Allowance ( )/  | Courtsy Csr ( )  | ) .  |  |  | LINES WAREHAMEN PERSON   | -  |
| 2) QC Check / Post Repair Inspection   | ( )  |  |  |  |  |  |
| 3) Upload Resurvey Photo [Repair Cost > \$   | 3000] (  | )  | 1  |  |  |  |
| finished and the second |  | ·····  |  |  |  | - The state of the |
| Injury !   |  | The second secon | the state of the s |  | 12 To 1 To   |  |
| 2002   |  |  |  |  | 132.4  | -  |
| Done Committee of the C |  |  |  | ·  | 155 <u>24</u>  |  |
| Onic Turus Actions   |  |  |  |  |  |  |
| Onto Timu Actions  |  |  |  |  |  |  |
| Onto Timu Actions  |  |  |  |  |  |  |
| Date Tura Actions  |  | Tavaire III  | eparation Chris  | Adio (   |  | NAPL S   |
| Dais Tune Actions  |  | IN AR : Accid  | Sparation Chris  |  | ASSEMBLE MAI   | (VASAUS)   |
| Date Tura Actions  |  | 1) ARIACCI   | entPaperStg (\$30)g<br>grAssismest (\$100  | ; INC  | 7/A9/29/09/09/09/09/09/09/09/09/09/09/09/09/09   | A A Bill   |
| Dais Turas Actions   |  | 1) AR: Accided to Dame 1) TF: Towler 4) PT: Fellow   | entPaperSite (530);<br>20 Augustion (5100)<br>3 Fee<br>0 Through Surviy  | inc (  | (7. 1. 150)<br>10/543<br>11/543<br>5150  | WAPANS)  |
| Date Them Actions and Actions  |  | 1) AR: Accide 2) DA: Done 3) TF: Towle 4) PT: Fellow 5) FT: Fulls  | ant Payording (330);<br>20 April State of (3100)<br>3 File<br>5 Through Survey (50);<br>3 Through Survey (50);<br>3 Through Survey (50);   | inc (  | (AGE (6 2))(1) (7) (550) (10/545) (5150) (550) (50/545) (5150) (550) (50/545) (5150) (550)   | CAPUS<br>Shad Bill   |
| Daio Turas Actions  Signantis Carticulius  river/Owner:  pateet No:  |  | 1) AR : Accid<br>2) DA : Dans<br>3) TF : Towler<br>4) PT : Fellor<br>5) FT : Fellor<br>6) TR : Resid<br>7) M1 : Man  | entReporting (330);<br>20 Autosmetat (3100);<br>27 Pro-Through Sourcey<br>Delivery Sourcey (52<br>Pro-Through Sourcey (52<br>Pro-Through Sourcey (52<br>Pro-Through Sourcey);<br>Pro-Through Sourcey   | inc (  | (7. 1. 150)<br>10/543<br>11/543<br>5150  | NAMES OF STREET  |
| Date Them Actions and Actions  |  | 1) AR: Accided to the control of the | ant Reporting (330); 20 Assistances (3100) 21 Feb. 21 Through Survey (56) 22 Assistances (370 Date of precion DA & Safett Survey Gillians February Gillians February   | ); NC ( 5  | (ASS ( 1986)<br>(7.  | VAPAUS<br>Shad bin   |
| Date Tures Actions  signantis Particulars  fiver/Owner:  mised Portion:  |  | 1) AR: Accided (2) DA: Dome (3) TF: Towler (4) PT: Fellor (5) PT: Fellor (5) PT: Fellor (6) TR: Resident (7) NI: Hau (8) NTUC (8) PT: NI: Hau (9) PT: NI: Control (1) NI: Cont | ant Reporting (330); 20 Assistances (3100) 21 For 21 Through Survey (56 22 Assistances (3100) 21 Through Survey (56 22 Assistances (320) 23 Assistances (320) 24 Assistances (320) 25 Assistances (320) 26 Assistances (320) 27 Assistances (320) 28 Assistances (320) 29 Assistances (320) 20 Assistances (320 | ); NC ( 5  | (A) (A) (B) (B) (A) (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B   | APACAS STANDARD STAND |
| Injurantes Carticuling   |  | D) AR: Accided by Darie Signature Si | ant Paper dry (330); 2e Assistance (3100) 3 Fit 5 Through Survey (5e Margian 1800 Daly 6 Margian 1800 Daly | 3: NC ( 3  | (AS & (B)(S)<br>(F) (C) (C) (C)<br>(S) (S) (S)<br>(S) (S) (S)<br>(S) (S) (S)<br>(S) (S) (S) (S)<br>(S) (S) (S) (S)<br>(S) (S) (S) (S) (S)<br>(S) (S) (S) (S) (S) (S)<br>(S) (S) (S) (S) (S) (S) (S)<br>(S) (S) (S) (S) (S) (S) (S) (S)<br>(S) (S) (S) (S) (S) (S) (S) (S) (S)<br>(S) (S) (S) (S) (S) (S) (S) (S) (S) (S)   | WARNS, SAN BIN   |
| Onis Turas Actions  Signantis Carticulting  Ver/Owner:  Intact No:  Imaged Fornon:  C. Checked by (Engr-In-Chargo):  |  | (1) AR: Accided (2) DA: Dema- (2) DA: Dema- (3) 'IF: Towler (4) PT: Fellow (4) PT: Fellow (5) PT: Fellow (6) TR: Red (6) TR: Red (6) TR: Red (6) Red ( | ant Parerting (330); 22 Assistance (330); 3 Fis 5 Continues in Sorvey 5 There in Servey (52 11 And 1975 Daily A 12 Assistant Servey 6 Historia Services; 12 Continues in Continues 12 Continues in Continues 13 Continues in Continues 14 Continues in Continues 15 Continues in Continues 15 Continues in Continues 16 Continues in Continues 16 Continues in Continues 17 Continues in Continues 18 Conti | Sincy)  Sancy)  Sancy)  Sancy)                   | (AS 4: (8 B)(1)  V   | Grad BILL  |
| Date Turas Actions  Limani s Carticulars  Ver/Owner:  Intact No:  Imaged Portion: 1996.  |  | (1) AR: Accided (2) DA: Dema- (2) DA: Dema- (3) 'IF: Towler (4) PT: Fellow (4) PT: Fellow (5) PT: Fellow (6) TR: Red (6) TR: Red (6) TR: Red (6) Red ( | ant Reporting (330);  2e Assistance (3100)  2e Assistance (3100)  2e Through Solvey (5e  assignment INC Cally A  special  DAY SMERT Solvey  dillianst Services:  ttesy Carl Tot Allower  elf Conduction Son  t Expoir Inspection  / Collect Union INC) Equiv  of Nichola   | Sincy)  Sancy)  Sancy)  Sancy)                   | \$150<br>\$110<br>\$110<br>\$110<br>\$110<br>\$110<br>\$110<br>\$110   | Start Bill   |

.

SN0823190001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 09/01/2023 10:23 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (09/01/2023 10:23 (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 Actual 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 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.

Any false reporting may be referred to the Police for investigation.
 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.
 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 09/01/2023 10:23 (SGT) Reported by Both Date of Accident 07/01/2023 11:45 (SGT) **Exact Location of Accident** AYE, Singapore Additional Location Information TOWARDS CHANGI BESIDE EXIT 6 (ALEXANDRA ROAD EXIT) Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mercedes

SMT2404X Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? No GOH BUCK HONG Name Of Registered Owner NRIC No SXXXX737F **Email Address** buckhong@tangsengservices.com Mobile Phone No (Phone) +65-97323518 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model S320I Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2996

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7310126953

DRIVER

Name of Driver GOH BUCK HONG NRIC No SXXXX737F Date Of Birth 02/09/1959 Occupation Indoor

28/02/1979 Date Of Driving Pass 43 YEARS AND 11 MONTHS Driving experience Male Gender (Phone) +65-97323518 Mobile Number Alt. Phone Number buckhong@tangsengservices.com Email Address 59 THONG SOON REEN Address Address complement 787265 Postcode Yes Is the driver the policyholder? 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 Chain Collision Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes 2 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 MS ONG SEOW YOCK Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** SLS5957P Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant

| Vehicle Colour                          | -              |
|---|----------------|
| Vehicle Category                        | Private car    |
| Name of Driver                          |                |
| Contact Number                          |                |
| Address                                 | i. <del></del> |
| Address complement                      | -              |
| Postcode                                | -              |
| Insurance Company Name                  | -              |
| Nature Of Damage                        | -              |
| Details of property damaged in accident | =              |
| No. Of Passenger (Including Driver)     | -              |

## DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number             | SKP2021L    |
|---|-------------|
| Vehicle Manufacturer                    | -           |
| Vehicle Model                           | -           |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | -           |
| Vehicle Category                        | Private car |
| Name of Driver                          | -           |
| Contact Number                          | s=          |
| 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. 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)

Lunderstand, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

| -              | -     |       |      |   |      |
|----------------|-------|-------|------|---|------|
| Policyholder's | Signa | Are / | Date | & | Time |

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

\* B

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

Sketch Plan

AYE Towards Changi beside Exit 6 (Alexandra Road Exit)

| Describe Circumstances of the Accident                    |
|---|
| On the stated date and time. I was traveling              |
| Straight on my designated lane on the stated location. As |
| the relate indicat of me suddenly slow down as            |
| such I follow suit. Suddenty I felt on huge impact        |
| coming from the rear partion of my whicle. After the      |
| Impact I got down my vehicle and realized vehicle B       |
| collided on to the rear portion of my whicle and it       |
| Was a 3 car Colligion.                                    |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

## Declaration

WWe declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

|                            | BASIC                       | CINFORMATION                                     | A TRANSPORT OF COURSE DESCRIPTION OF THE SECOND |  |  |
|----------------------------|-----------------------------|--|---|--|--|
| ate of Accident:           | 07-Jan-2023                 | Time of Accident:                                | 1145  |  |  |
| xact Location:             |                             | de Exit 6 (Alexandra Road Exit)                  |   |  |  |
| xact Location.             | ATE TOWARD OHDING           |  |   |  |  |
|                            | DETAILS                     | OF OWN VEHICLE                                   |   |  |  |
| ehicle Registration No.    | SMT 2404 X                  | NRIC / FIN / Passport no:                        | S1372737F                                       |  |  |
| ame of Registered Owner:   | GOH BUCK HONG               |  |   |  |  |
| wner's Email:              | Buckhong@tangsengservi      | ces.com  |   |  |  |
| wner's Address:            | 59 Thong Soon Green Sin     | gapore 787365                                    |   |  |  |
| ehicle Make:               | MERCEDES BENZ               | Vehicle Model:                                   | \$320L  |  |  |
| ingine Capacitty (cc):     | 2996                        | Transmission:                                    | Auto / Manual                                   |  |  |
| ype of Claim:              | Own Damage / Third Par      | y / Reporting Only                               |   |  |  |
| ehicle Category:           | Private / Commercial / Mo   | Private / Commercial / Motorcycle / Private Hire |   |  |  |
| lame of Insurance Co:      | AIG                         |  |   |  |  |
| ype of Policy:             | Comprehensive / Third       | Rarty / Third Party, Fire & Theft                |   |  |  |
| Policy Number:             | WDD2221622A272930           |  |   |  |  |
| onej Humber.               |                             |  |   |  |  |
|                            |                             | DRIVER   |   |  |  |
| Name of Driver:            |                             |  | same as Ov                                      |  |  |
| NRIC / FIN / Passport no:  |                             | Date of Birth:                                   | 02/09/1959                                      |  |  |
| Occupation:                | Indoor Outdoor              | Driving Pass Date:                               | 28/02/1979                                      |  |  |
| Contact Number:            | 9732 3518                   | Gender:  | Matey Female                                    |  |  |
| Address:                   |                             |  |   |  |  |
| Relationship with Owner:   | Owner / Employee / Sp       | ouse / Child / Hirer / Others:                   |   |  |  |
| Translater Name:           |                             | Translater NRIC:                                 |   |  |  |
| Translater Contact No:     |                             | Translater email:                                |   |  |  |
| Translater Contact No.     | GENERAL INFO                | RMATION OF THE ACCIDENT                          |   |  |  |
| Type of Collision:         | Chain collision / Side Swip | pe / Front to Rear / Others:                     |   |  |  |
| Weather Condition:         | Clear / Raining / Others:   | Road Surface:                                    | Dry/ Wet  |  |  |
| Video availiable:          | Yes (No.                    |  | 6   |  |  |
| Was anybody injured?       | Yes / No                    | Police Report Made?                              | Yes (No   |  |  |
| No. of passenger onboard ( | including driver):          | 2 Ms Ong Sec                                     | ow Yock (Female)                                |  |  |
| No. of passenger officer ( | morading array.             |  |   |  |  |
|                            | DETAIL                      | S OF OTHER VEHICLE                               |   |  |  |
|                            | Vehicle 1                   | Vehicle 2  | Vehicle 3                                       |  |  |
| Vehicle Registration No:   | SLS 5957 P                  | SKP 2021 L                                       |   |  |  |
| Vehicle Make / Model:      |                             |  |   |  |  |
| Name of Driver:            |                             |  |   |  |  |
| NRIC / FIN / Passport no:  |                             |  |   |  |  |
| Contact Number:            |                             |  |   |  |  |
| Name of Insurance Co:      |                             |  |   |  |  |
| Hame of modration oo.      |                             | •  |   |  |  |
|                            | DE                          | TAILS OF WITNESS                                 |   |  |  |
| Name:                      |                             | Contact Info:                                    |   |  |  |
| rtuine.                    |                             |  |   |  |  |
|                            | DETAIL                      | S OF INJURED PERSON                              |   |  |  |
|                            | Person 1                    | Person 2   | Person 3  |  |  |
| Name / in which vehicle?:  |                             |  |   |  |  |

Signature of Driver \

Date and time



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Goh Buck Hong

Period of Insurance

: 13 Jan 2022 To 12 Jan 2023

Engine No.

: 27682430406994

Chassis No. : WDD2221622A272930 Vehicle No.

: SMT2404X

Policy No.

: 7210126953

Endorsement No. Issued Date

: 18 Oct 2021

#### ABOUT THE COVER

Make/Model

: MERCEDES Benz S320L Sedan

Engine Capacity/Tonnage : 2,996.00 CC Driver Restriction

· NA

Sum Insured : Market Value First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

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 \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience

Off Peak Car

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 that or speed-testing, the carnage 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Goh Buck Hong

## 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. or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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).

0628015000 ONG LYE ANN

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

830A JURONG WEST ST 81 #15-266 SINGAPORE 641830 SP-JIMMYTAN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.