

# NATIONAL Assessment Centre Services

Date In <u>24/04/2023</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA1A1G23004217/d4</u>	SAS e-filing		
Veh No <u>GBL 1220M</u>	E-mail (within 8hrs, Aft 2hrs)		
DOA <u>21/04/2023 14:15</u>	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <u>GBF 2425 P</u>	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 6610	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: \_\_\_\_\_

Date/Time	Actions

<u>NA2301177</u>	Invoice Preparation Checklist	Amf (\$)	Amf
Claimant's Particulars	1) AR: Accident Reporting (\$30);	1st Bill	Add
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-on INC) against INC \$20		
	9) N12: Idno Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the 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	24/04/2023 15:05 (SGT)
Reported by	Actual Driver
Date of Accident	21/04/2023 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD TOWARDS BEDOK NORTH AVENUE 4
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1220M
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MACHO PAWZ
Company Reg No	5XXXX861D
Email Address	ktmotorwerk@hotmail.com
Mobile Phone No	(Phone) +65-97302259
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220027703-01

### DRIVER

Name of Driver	ONG FENG HAO
NRIC No	SXXXX871C



Date Of Driving Pass	03/12/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85011551
Alt. Phone Number	-
Email Address	ktmotorwerk@hotmail.com
Address	APT BLK 219 TAMPINES STREET 24
Address complement	# 07-40
Postcode	520219
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230424/7022

#### 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	GBF2425P
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	ONG FENG HAO
Gender .....	Male
Phone No .....	(Phone) +65-85011551
Address .....	APT BLK 219 TAMPINES STREET 24
Address Complement .....	# 07-40
Post Code .....	520219
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK INJURY - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	GBL1220M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No



## 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.

**macho pawz**  
Blk 168 Bedok South Ave 3  
#01-479 Singapore 460168  
Tel : (65) 6445 6928  
Email: machopawz@gmail.com

Policyholder's Signature / Date & Time

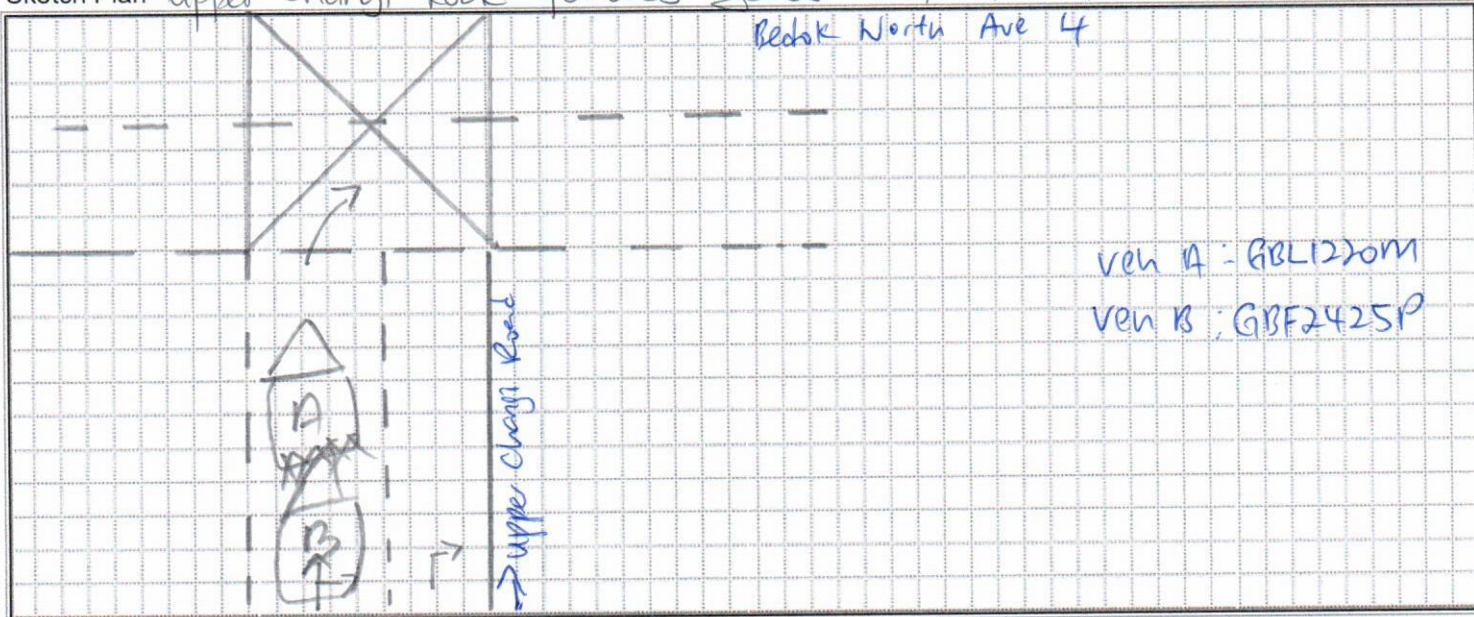
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

upper changi road towards Bedok North Ave 4

Bedok North Ave 4



veh A : GBL1220M

veh B : GBF2425P



**Describe Circumstance of the Accident**

On the stated date and time, I was waiting at the traffic light, and suddenly veh B (GBF2425P) bang into the rear portion of my vehicle. I went to the doctor after the accident and was given 5 days MC.

Attached police report (T/20230424/7022).

**Declaration**

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

**Maicho pawz**  
#1K 168 Bedok South Ave 3  
#01-479 Singapore 460168  
Tel : (65) 6445 6928  
Email: maichopawz@gmail.com

Policyholder's Signature / Date & Time

*Jack*

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

*James* 24/4/2023

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



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

Report No. T/20230424/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/04/2023 11:42		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ONG FENG HAO			Address: 219 TAMPINES STREET 24 #07-40 SINGAPORE 520219		
ID Type / ID No.: NRIC NO / S8623871C			Contact No.: Home/Office: Mobile: 85011551		
Nationality: SINGAPORE CITIZEN			Email: ONGFENGHAOJK@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 15/08/1986	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/04/2023 14:15	Type of Location: Straight Road
Location:  UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF2425P	Lorry					0
GBL1220M	Van					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20230424/7022

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

2 of 3

Report No. T/20230424/7022

**CONTINUATION OF REPORT**

Driver			
Name	ONG FENG HAO		ID No. S8623871C
Related Vehicle	GBL1220M (Van)		Contact No. 85011551
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

ON THE STATED DATE AND TIME, I WAS WAITING AT THE TRAFFIC LIGHT AND SUDDENLY VEH B (GBF2425P) BANG INTO THE REAR PORTION OF MY VEHICLE. I WENT TO THE DOCTOR AFTER THE ACCIDENT AND WAS GIVEN 5 DAYS MC.





**SINGAPORE  
POLICE FORCE**



T/20230424/7022

3 of 3

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

Report No. T/20230424/7022

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:  
24/04/2023 11:42

Classification Of Case:



ORIGINAL

MEDICAL CERTIFICATE

EMD202369916

Name ONG FENG HAO		NRIC No. S8623871C
This is to certify that the above-named is unfit for duty for a period of <u>5</u> days from <u>21-Apr-2023</u> to <u>25-Apr-2023</u> inclusive.		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave, <input type="checkbox"/> Sterilization Leave, Delivered on : _____ Operated on : _____		
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis	Surgical Operation (If applicable)	
Comments :		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 21-Apr-2023	Signature, Name (In BLOCK LETTERS) and Designation/MCR No. MYO THIHA HTUN , 66254B





Changi  
General Hospital  
SingHealth

ONG FENG HAO

\*528 BEDOK NORTH STREET 3  
#05-528  
SINGAPORE 460528



Accepts: PayNow

**\$ 138.00**  
FINAL AMOUNT PAYABLE

## TAX INVOICE

Page 1 of 2

BILL REF. NO.  
6923341220J

BILL DATE  
21 APR 2023

HRN  
692023341220J

NRIC / FIN / MRN  
S8623871C

LOCATION  
A&E

VISIT DATE ► 21 APR 2023 04:36 PM

TOTAL AMOUNT(BEFORE GOVT SUBSIDY)	\$	337.30
GOVT SUBSIDY	\$	-199.30
TOTAL AMOUNT (BEFORE GST)	\$	138.00
8% GST	\$	11.04
GST absorbed by Govt	\$	-11.04
TOTAL AMOUNT (AFTER GOVT SUBSIDY)	\$	138.00
TOTAL AMOUNT PAYABLE	\$	138.00
Net Payment made	\$	0.00
FINAL AMOUNT PAYABLE	\$	138.00

## CHARGES

SERVICES	DESCRIPTION	BEFORE GOVT SUBSIDY (\$)	AFTER GOVT SUBSIDY (\$)
INVESTIGATIONS	X-RAY INVESTIGATIONS	54.00	0.00
MEDICATIONS	DRUGS / PRESCRIPTIONS / INJECTIONS	7.30	0.00
TREATMENT SERVICES	A&E ATTENDANCE FEE	276.00	138.00
	TOTAL AMOUNT (BEFORE GOVT SUBSIDY)	337.30	
	GOVT SUBSIDY	-199.30	
	TOTAL AMOUNT (BEFORE GST)		138.00
	8% GST		11.04
	GST absorbed by Govt (for subsidised patient only)		-11.04
	TOTAL AMOUNT (AFTER GOVT SUBSIDY)		138.00

## PAYMENT SUMMARY

	TOTAL AMOUNT (AFTER GOVT SUBSIDY)	138.00
SCHEMES (SCHEME ID) / PAYOR	REFERENCE NO.	AMOUNT PAYABLE (\$)
ONG FENG HAO	S8623871C	138.00
ONG FENG HAO	TOTAL AMOUNT PAYABLE	138.00

Payment Summary to be continued on page 2



## A&E Discharge Summary

Date of Visit : 21-Apr-2023 16:36

Name of patient : ONG FENG HAO

NRIC : S8623871C

Account Number : 6923341220J

Address : B1k 219 #07-40 TAMPINES STREET 24 Singapore 520219

Telephone : 67837030, 85011551

Date of Birth : 15-Aug-1986

Sex : Male

Race : Chinese

Final Diagnosis : Strain of back muscle

### Disposition

Disposition : Refer to SOC

Disposition Date/Time : 21-Apr-2023 18:47

### Discharge Prescription

Allergy : No Known Allergies

Drug Name	Dosage	Instruction	PRN Instruction	Duration / Quantity
Ibuprofen Tablet	400 mg - TDS			1 weeks
Famotidine Tablet	20 mg - OM			1 weeks

Myo Thiha Htun  
Doctor  
dr66254b

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

21-Apr-2023 18:49



### Accident Information

1 Date of Accident : 21-04-23 Time(base on 24hrs): 1415hrs  
2 Location : Upper Changi Road Two Bedok North Ave 4  
3 Weather condition : Clear / Rain Road Surface : Dry / Wet  
4 Claiming under : Own Damage \_\_\_\_\_ Third Party ✓ Reporting Only \_\_\_\_\_  
5 Injuries : Yes / No Type Of Collision : FRONT TO REAR  
6 Witness Name / Hp : Boulepin  
7 Police Report : Yes / No Which Station : Traffic Police

### VEHICLE A

Vehicle No : GBL1220M Model : TOYOTA HIACE  
Policy Holder Name : MACHO PAWZ  
Policy I/C No. : 53111861D Contact: 97302259  
Policy Address : 168 Bedok South Ave 3 #01-479 (1746016P  
Policy No. : 7220027703-01 Cover : Comp / 3<sup>rd</sup> pty / Fire n Theft  
Insurance Company: AIG No Of Pax 1 (including Driver)  
1) \_\_\_\_\_ Sex( Male / Female)  
2) \_\_\_\_\_ Sex(Male / Female)

### Driver Particulars

Name : ONG Feng Hao NIRC 88623871C DOB: 15-08-1986  
Address : BLK 219 Tampines St 24 #07-40  
05) 520219  
Pass Date: 03.12.2014 Gender : Male / Female Occupation: Indoor / Outdoor  
Contact : HP 85011551 Office \_\_\_\_\_ Home \_\_\_\_\_  
Email Ktmotorwerk@hotmail.com Relationship: Spouse/Children/Friend/Relative  
Employee/ Hirer/Parent/Sibling

VEHICLE B : GBF2425P Model: NISSAN CABSTAR Insurance : \_\_\_\_\_  
Driver Name : \_\_\_\_\_ I/C No. : \_\_\_\_\_  
Contact No. : \_\_\_\_\_

NTUC (PAX)





# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

**Name of Policyholder** : MACHO PAWZ  
**Period of Insurance** : 23 Mar 2023 To 22 Mar 2024  
**Engine No.** : 1GD8633613  
**Chassis No.** : GDH2012015296

**Vehicle No.** : GBL1220M  
**Policy No.** : 7220027703-01  
**Endorsement No.** :  
**Issued Date** : 21 Feb 2023 15:07

### ABOUT THE COVER

**Make/Model** : TOYOTA HIACE [Van]  
**Engine Capacity/Tonnage** : 1.4 Tonnage  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2021  
**Insuring with COE/PAF** : Yes

a) Any person who is driving on the Policyholder's order or with their permission.  
b) 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 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

**Limitation as to use\*** :

1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; and c) use for any purpose in connection with Motor Trade.

**Loss Of Use (10 Days) Commercial Auto**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, 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 - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

ONG FENG HAO - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/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 Apple App Store or Google Play Store.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** NA

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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503982000  
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.

Seah Kit Ng