

NATIONAL Assessment Centre Services (all times)

5410823580003

Date In: 08/05/2023 11:53

Ref No: NA2301322

Veh No: SL7 5332F

D.O.A: 06/05/2023 17:30

QC: (9) Reporting Only

TP Insurer:

Job description: SAS e-Billing

Date & Time Completed:

Done by:

E-mail (within 2hrs, A/C 2hrs)

1-Motor Claim Form

1-Motor W/O (within 2hrs, A/C 2hrs)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whom

Preferred Wksp / INC Assgn Wksp / QW: ()

TP Particulars: Vch No: FY 462Y INC () / Non-INC ()

Owner / Driver: ()

Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: ()

Insured/Driver Liability: () % (Note: Hst Status (WO): 10-0-30%, P: 21-70%, P: 30-100%)

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 repair.

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

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

REPAIRS: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Insurance Claim: ()

NA2301322

Invoice: Preparation Checklist

1) A/R: Accident Package (1000)

2) DA: Damage Assessment (\$1000)

3) TP: Towing Fee (\$100)

4) PE: Follow-Up Survey (\$100)

5) PF: Follow-Up Survey (Battery) (\$100)

6) TR: Refinement (\$100)

7) NE: New DA & Survey (\$100)

8) RTUC: Additional Services (\$100)

9) QC: QC Check (\$100)

10) NO: Courtesy Car / Transport Allowance (\$100)

11) NR: Repair Coordination (\$100)

12) PR: Post Repair Inspection (\$100)

13) PD: PD / Collect Vehicle Coordination (\$100)

14) TP (H1): TP (H1) (INC) (100)

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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	08/05/2023 11:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 17:50 (SGT)
Exact Location of Accident	Tampines Ave 4, Singapore
Additional Location Information	JUNCTION WITH TAMPINES CENTRAL 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5332E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO SUNNY (ZHANG SUNNY)
NRIC No	SXXXX818C
Email Address	sunnijul@yahoo.com.sg
Mobile Phone No	(Phone) +65-93266215
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800049530-05

DRIVER

Name of Driver	TEO SUNNY (ZHANG SUNNY)
NRIC No	SXXXX818C
Date Of Birth	02/10/1980
Occupation	Indoor

Date Of Driving Pass	26/07/1999
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93266215
Alt. Phone Number	-
Email Address	sunnijul@yahoo.com.sg
Address	BLK 364 TAMPINES STREET 34 #08-125
Address complement	-
Postcode	520364
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20230506/2080

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	FY462Y
Vehicle Manufacturer	Honda
Vehicle Model	PHANTOM
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

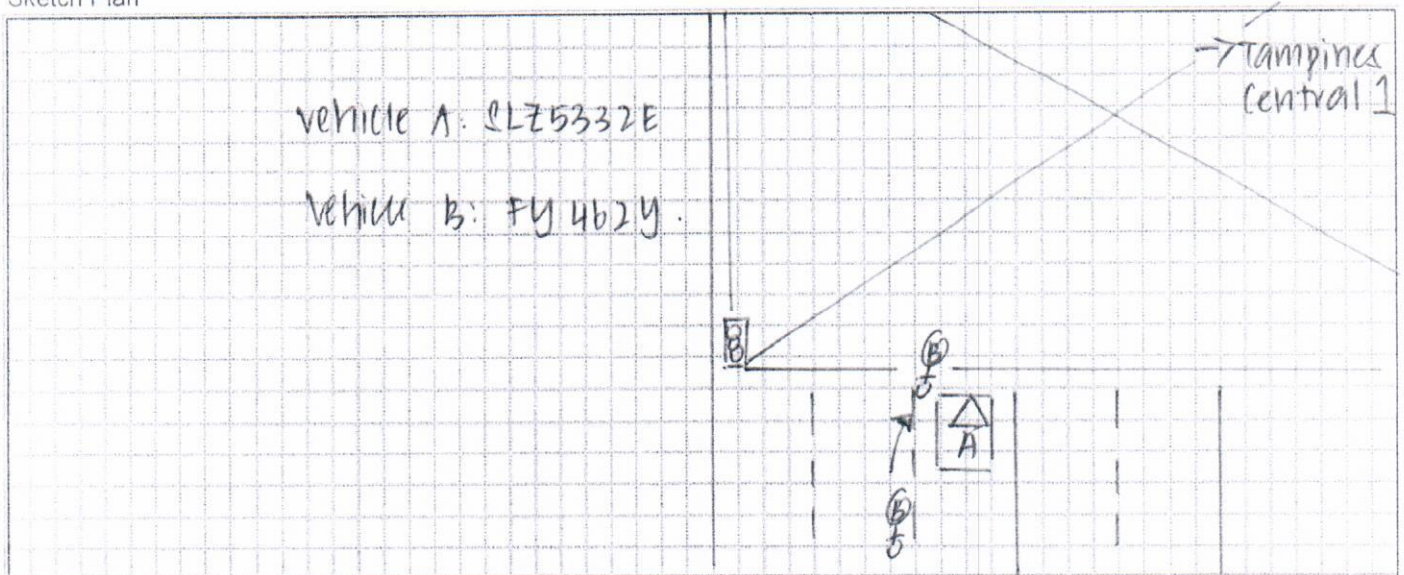
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

08/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Tampines Ave 4

Describe Circumstance of the Accident

On the stated date and time, I, vehicle A, was travelling along the stated venue. As it was green arrow, I released my brakes. Before I could accelerate, Motorcycle - 7Y 462Y, cut in front of my vehicle and slammed on his brakes. There was no time for me to react and my vehicle's front left portion collided onto the motorcycle. I signalled to the rider to stop at Tampines One. But the said rider rode off.

POLICE REPORT T/20230506/2080

Declaration

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



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)

08/05/2023



**SINGAPORE
POLICE FORCE**



T/20230506/2080

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20230506/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2023 19:53		Vide Report No.:		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: TEO SUNNY		Address: APT BLK 364 TAMPINES STREET 34 #08-125 SINGAPORE 520364			
ID Type / ID No.: NRIC NO / S8030818C		Contact No.: Home/Office: Mobile: 93266215			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 42	Date of Birth: 02/10/1980	Type of Informant: Driver		
Race: Chinese		Language:			
Occupation: aircraft technician		Driving Licence Information: Class: 3 Date of Expiry:			

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/05/2023 17:30	Type of Location: X-Junction
Location: TAMPINES AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY462Y	Motorcycle	HONDA	PHANTOM2 00M	Blue		0
SLZ5332E	Car	NISSAN	QASHQAI 1.2 DIG-T CVT	Blue		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230506/2080

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 520014
Tel No: 1800-5872999

2 of 3

Report No. T/20230506/2080

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ5332L	AIG ASIA PACIFIC INSURANCE P.L.C. LTD.	1800049530-04	08/05/2022	07/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO SUNNY		ID No. S8030818C
Related Vehicle	SLZ5332E (Car)		Contact No. 93266215
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 06/05/2023 at about 1750hrs, I was driving my vehicle bearing the plate no. SLZ5332E along Tampines Avenue 4, while I was at the junction, before turning into Tampines Central 1, a motorcycle bearing the plate no. FY462Y suddenly came into my lane and stopped completely when the lights were in our favor. His actions caused me to hit onto his right side of the vehicle. I tried to signal him to stop and exchange particulars, but he carried on riding off.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20230506/2080

3 of 3

Report No: T/20230506/2080

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 2 LIM YE ZHAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/05/2023 19:53

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both Both

Date of Accident: 06/05/2023

Time of Accident: 17:50 (AM / PM)

Location of Accident: Tampines Ave 4 x Tampines Central 1

Country/State of Loss: SEA

Type of Accident: Head to side

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: _____

No. of vehicles Involved in the accident (include own vehicle) 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: Changi NPC

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

Details of Own Vehicle

Vehicle Registration No: SL7 5332E

Vehicle Category: Private

Vehicle Manufacturer: Nissan Vehicle Model: Bashqai

Transmission: Manual / Auto Cc:

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 02

Passenger Name:

Gender: Male / Female

Passenger Name:

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: AIG

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: TEO Sunny

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S80308186

Email: Sunnijul@yahoo.com.sg

Mobile No: 9326 6215

Alt. No Type: Home / Office / Not in List

If Not in List, please specify

Owner Alt Phone No:

Driver's Information

Is the driver the policy holder? ☒ Yes / No

Name of Driver: As above

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: As above

Date of Birth: 02/10/1980

Driving Pass Date: _____

Mobile No: As above

Email: _____

Address 1: 364 Tampines ST 34

Address 2: #08-125 Postal Code: 520364

Occupation: ☒ Indoor / Outdoor

Driver Owner Relationship _____

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No: FG 462Y

(ii) Vehicle Category: Motorcycle

(iii) No. of passengers (including driver) 01 male

Passenger Name: _____

Gender: Male / Female

Translation

Was the Sketch Plan Statement translated from another language?

Yes / No

Name of Translator: _____

ID Type: _____ NRIC / Passport or FIN / Work Permit

Phone No: _____

Email: _____

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: _____

Please attach the following documents:

- Original report in original language
- Translated report to English

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: _____

(ii) Gender: _____ Male / Female

(iii) Injured Person in which Vehicle? _____

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____



Name of Policyholder : Teo Sunny (Zhang Sunny)
 Period of Insurance : 08 May 2023 To 07 May 2024
 Engine No. : HRA2594503A
 Chassis No. : SJNFEAJ11U2233575

Vehicle No. : SLZ5332E
Policy No. : 1800049530-05
Endorsement No. :
Issued Date : 09 Mar 2023 11:05

Make/Model	NISSAN Qashqai 1.2 DIG-Turbo		
Engine Capacity/Tonnage	1,197.00 CC	Sum Insured	Market Value
Driver Restriction	NA	Off Peak Car	No
Person or Classes of Persons Entitled to Drive*		First Year of Registration	2018
		Insuring with COE/PARF	Yes

You have to pay an additional sum of \$553,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Limitation as to use* :

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

* 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.

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Teo Sunny (Zhang Sunny) - \$600 (Own Damage), \$800 (Flood Cover)

1.TC AutoClinic Add: 25 Leng Koa Road Singapore 160097 67038511 67038512 67038513
2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
3.Aurulation Industrial Add: 19 Ubi Road 4 Singapore 408623 64509666
4.Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 6464091 6464002 6464003
5.Tan Chong Motor Sales Add: 19 Lorong 8 Tua Poyah Singapore 319255 63570783

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 Apple App Store or Google Play Store.

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

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 1980, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1980 (Malaysia).

0500610429
TAN CHONG CREDIT PTE LTD-NCN

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589621 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

78 Sherwin Way, Rm. 16 AID Building 5079120 | T: 465 5419 3000 | www.aid.ie

4524

Author's address: Department of Psychology, University of Illinois at Chicago, Chicago, IL 60607, USA.