							9
							and the second s
TIONAL Assessmen	t Contro S	emices w	11/20/41)	XIOF23t	70005		)
10 10 10 10 10 10 10 10 10 10 10 10 10 1	The second name of Street, or other Designation of the last of the	ch สูงระกักปูโอก		Date &Time C	botsteame	Dens	β),
	- marin sin promote from	SAS e-Illing	4				
(No: MARIPUPS	000 111					P-41/	***************************************
the Not Start MUCH	NAME OF TAXABLE PARTY OF TAXABLE PARTY	E-mell petals the	Water Street, Square, or other Street, Square, Street, Square,	-"-!			
J.M: 7405 8073	128	1-Diotor Claim	Loun			, 11	· }
D. AP r Ropering Only	1	ין סויני זמנסנות וי	***************************************	J.L 11:11)			
J . (1) 1 11/1/11/13 4 11/7		1-Photo Uploca		+ <del></del>	,	A vest to read the read to the	
		Assessment/Sur				manufacture species here is t	191 T B 300 F F F F F
insurer:		Ass't Report by	Fax ( linnd to	Owner/Wind	The second secon	-	
EXW notes A ON I goxW Eerrol	p / QW: (	14-		Tol:		ax:	· · · · · · · · · · · · · · · · · · ·
Pendeularsi Yel	1 NOI GBL	93234	, INC(	M-401/1	C( )'		-
owner / Driver: (	-	/		'Tel:		)	The Participant opening
olicy No: (	) Period	1: (	. )	Cover Type:		· · · · · · · · · · · · · · · · · · ·	
Confirmed by 1 (			Dater		ner	7	
neured/Oriver Listilitys (	Name and Address of Party Association of Party	le-lise Status (W		044, F: 21-75	94. Fi 80.	10024	
Year of Regiantition (		rranty: YES (	1/100(		de sign op skundskale skunskal	-	
AND DESCRIPTION OF A STREET, BUT AND	oding: \$1,000	( )/52,000(	( )				The state of the s
nerd Remailson (2005)	WASHINGS	自由民族語言		"LESSES NEW YORK	Management of Spinishers for Street Street	distort the	<u> </u>
		ALCOHOLD AND AND ADDRESS OF THE PARTY OF THE	The same of the sa				
) Walk-in Chromat i CV	atometa julotus	etion strictly Cor	niidomiici & Si	प्रवार ११० १३(०	r of taballa	[,	
) Total Loss Case : to c	stomers inform -mail Insurer	URGENTLY.	* *	the same of the sa	r of tebella	[ ,	
) Total Loss Case : (o c prive-in ( )/ Towed-in (	-mall Insurer ); Invoice:	URGENTLY. YES( )/N	· · ·	folwing Cor (	of determine one and quarty pass.	Marke an entire property and the	And the removable and an analysis of the second
) Total Loss Case : (o c prive-in ( )/ Towed-in (	-mall Insurer ); Invoice:	URGENTLY. YES( )/N	· · ·	folwing Cor (	of determine one and quarty pass.	Marke on the property special distance in the second	one of
) Total Loss Case : (10 c prive-in ( ) / Towed-in ( maples for NUNE not include to	-mall Insurer ) ; Invoice:	URGENTLY. YES( )/N	· · ·	the same of the sa	of determine one and quarty pass.	Marke on the property special distance in the second	one by
) Total Loss Case : (to c prive-in ( ) / Towes-in ( maples well AUNG Tooling to Apply (b: Transport Allower	-mail Insurer )   Invoice: (58.6015)	urgently. Yes ( ) / n	· · ·	folwing Cor (	of determine one and quarty pass.	Marke on the property special distance in the second	The second secon
) Total Loss Case : (to e prive-in ( ) / Towed-in ( intaplisie of JUNE horling no Apply (or Transport Allowar ICC Check / Perr Repute Insp	-mail Insurer )   Invoice: 788(6015) ace ( ) / Corection	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	· · ·	folwing Cor (	of determine one and quarty pass.	Marke on the property special distance in the second	DIE OV
) Total Loss Case : to corrive In ( ) / Towed-In ( ) / Towed-In ( ) minipuls with MING Horling In ( ) Apply for Transport Allower ( ) CC Check / Peri Repute Insy ) Uplaced Resurvey Photo [Res	-mail Insurer )   Invoice: 788(6015) ace ( ) / Corection	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	· · ·	folwing Cor (	of determine one and quarty pass.	Marke on the property special distance in the second	The second secon
) Total Loss Case : to e prive-in ( ) / Towed-in ( minples well (ING horizonal) Apply to: Transport Allower CC Check / Pert Repair Insp Uplaced Resurvey Photo (Res Injury:	-mail Insurer ); Invoice: 788(6015) ace ( )/Co ection cair Cost > \$30	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	· · ·	folwing Cor (			DISCOVING THE PROPERTY OF THE
Total Loss Case : to e prive-in ( ) / Towed-in ( mappis walk (ING horizona Apply to: Transport Allower CC Check / Pert Repair Insp Uplacd Resurvey Photo (Res Injury:	-mail Insurer )   Invoice:  788(0015)  ace ( ) / Corection  pair Cost > \$30	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	· · ·	folwing Cor (	of determine one and quarty pass.		The second secon
) Total Loss Case : (to envive-in ( )/ Towed-in ( )/ Towed	-mail Insurer ); Invoice: 788(6015) ace ( )/Co ection cair Cost > \$30	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	· · ·	folwing Cor (	Carpina -		DISCOVER TO THE PROPERTY OF TH
Total Loss Case : (to e rive-in ( )/ Towed-in ( )/ Towed-in ( ntapies see NUNE horizontal owar Apply (or Transport Allowar CC Check/ Pest Repute Insp. Upland Resurvey Photo (Resultance) :	-mall Insurer )   Invoice:    Ssig01a1   Since ( ) / Concetion   Coat > \$30	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	· · ·	folwing Cor (	Carpina -		
) Total Loss Case : (to envive-in ( ) / Towed-in (	-mall Insurer )   Invoice:    Ssig01a1   Since ( ) / Concetion   Coat > \$30	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	· · ·	folwing Cor (	Carpina -		
Total Loss Case : (to envive-in ( )/ Towed-in ( )/ Towed-i	-mall Insurer )   Invoice:    Ssig01a1   Since ( ) / Concetion   Coat > \$30	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	)	Towing Cold			421
Total Loss Case : (to e crive-in ( )/ Towes-in ( )/ Towes-	-mall Insurer )   Invoice:    Ssig01arist   See ( ) / Colection   Dear Cost > \$30	URGENTLY, YES ( ) / N  An area ( ) / N  Tertasy Car ( )	Invarce	Four World	Company of the Charles of the Charle		1/2/1
Total Loss Case : (o e rive-in ( )/ Towed-in	-mall Insurer )   Invoice:    NSIGO15)	URGENTLY. YES ( ) / N  Contract Car ( )  Col ( )	invoicei)	rewing Cont	Cardinia -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	421
Total Loss Case : (to enve-in ( )/ Towes-in	-mall Insurer )   Invoice:    NSIGO15)	URGENTLY. YES ( ) / N  Contract Car ( )  Col ( )	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Formation Control Cont	Completed Annual Complete Comp	7 (25) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1/2/1
Total Loss Case : to e crive-in ( )/ Towes-in ( )/ Towes-i	-mall Insurer )   Invoice:    NSIGO15)	URGENTLY. YES ( ) / N  Contract Car ( )  Col ( )	invoice!	remarks Conf.  Confidence Confidence  Confidence  Confidence Confidence  Confidence Confidence  Confidence Confidence  Confidence Confidence  Confidence Confidence  Confidence  Confidence Confidence  Confidence Confidence  Confidence Confidence  Co	Constitution of the consti	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	1/2/1
Total Loss Case : (to envive-in ( )/ Towes-in ( )/ Towes-i	-mall Insurer )   Invoice:    NSIGO15)	URGENTLY. YES ( ) / N  Contract Car ( )  Col ( )	invoice!    DA: Darr   DA: Period   DA: Peri	remarks Conf.  Delegation Conf.  Incommission	in child	C (356) 5107315 5107315 5107315 5107315 5107315 5107315	1/2/1
NADSOLETA	-mall Insurer )   Invoice:    NSIGO15)	URGENTLY. YES ( ) / N  Contract Car ( )  Col ( )	investi inv	Conting Cond  Delegation  fendralism  interests  sys Assessment  or fit  with the sys Serve  with the sys Serve  The sys Serve  The sys Serve  The sys Serve	Configuration of the configura	C (355) 5 (274) 5 (374) 5 (374) 5 (374) 5 (374)	421
Total Loss Case : (to e crive-in ( )/ Towes-in ( )/ Towes-	-mall Insurer )   Invoice:  (SSIGG15)  see ( ) / Co ection  pair Cost > \$30	URGENTLY. YES ( ) / N  Contract Car ( )  Col ( )	Invoiced  Invoic	Forming Con (  Control of the Contro	Company  (Paramay)	C (356) 5107315 5107315 5107315 5107315 5107315 5107315	1/2/1
NADSOLETA	-mall Insurer )   Invoice:  (SSIGG15)  see ( ) / Co ection  pair Cost > \$30	URGENTLY. YES ( ) / N  Contract Car ( )  Col ( )	invoiceil	Course Co	Completed States of the Company of t	C (350)  5164  5164  5164	1/2/1
Total Loss Case : to e  prive-In ( ) / Towes-In (  maples well (ING horizona)  Apply to: Transpart Alloway  CC Check / Peri Repute Insp  Uplaced Resurvey Photo (Res  Injury :  MADROI 546  Second Resurvey Photo (Res  Injury :  Concern No:  Transpart Resulculings (Res  Transpart No:  Transpart Resulculings (Res  Transpart No:  Transpart No:  Checked by (Engr-In-C)	-mall Insurer )   Invoice:  (SSIGG15)  see ( ) / Co ection  pair Cost > \$30	URGENTLY. YES ( ) / N  Grany Car ( ( ) CO) (		Forming Cond	Corporation and the state of th	C (354)  \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10	
Total Loss Case : to e  Prive-In ( ) / Towes-In (  Apply to: Transpart Alloway  Co Check / Peri Repute Insp  Uplaced Resurvey Photo (Res  Injury )  As Caralle Action (  Prive-In ( ) / Towes-In ( )  As Caralle Action ( )  As Caralle Results ( )  As Caralle Results ( )  Prive-In ( )  Cohecked by (Engr-In-C)	-mall Insurer )   Invoice:  (SSIGG15)  see ( ) / Co ection  pair Cost > \$30	URGENTLY. YES ( ) / N  Grany Car ( ( ) CO) (		Control Contro	Corporation and the state of th	C (356)  5160  5160  5160  5160  5160  517	1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

SN08235P0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 25/05/2023 16:36 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (25/05/2023 16:36 (SGT))



# 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 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. 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 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

25/05/2023 16:36 (SGT) Both Policyholder and Actual Driver 24/05/2023 12:18 (SGT) Orchard Rd, Singapore BESIDE PLAZA SINGAPURA Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGD2000H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** 

Mobile Phone No Alternative Phone No No YAP TAI SIONG SXXXX358A

charlesongjl@gmail.com (Phone) +65-96355560

VEHICLE PARTICULARS

Manufacturer Model

Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

Vehicle Category

your vehicle?

Transmission CC

Toyota

Corolla

Private use

No - Claiming third party Private car

Auto 1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 7220073315

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

YAP TAI SIONG SXXXX358A 06/02/1982 Indoor

Date Of Driving Pass 11/09/2013 Driving experience 9 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-96355560 Alt. Phone Number **Email Address** charlesongil@gmail.com Address BLK 81 STRATHMORE AVENUE #13-124 Address complement Postcode 141081 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) 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? 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** Vehicle Registration Number **GBL9323Y** Vehicle Manufacturer

Commercial vehicle

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Name of Driver Contact Number

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### SKETCH PLAN

# IMPORTANT NOTICE

- 1 Please report correctly the details of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Authorised Driver
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- . 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5 Any false reporting may be referred to the Police for investigation
- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7 By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid ' 8 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers lawyers/law firms the Monetary Authority of Singapore and any relevant
- (i) processing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to (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 invoive disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- `(v) complying with applicable law in administering, processing, handling and/or dealing with my claims
- (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

A-		and day
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	15(0) (N)
Sketch Plan	& Time	Withessed by Reporting Centre Personnel
	is in the second	
Ven A	SGD 2000H	
	,	
		11-12
July Veh Boy	GBL 9323 Y	TAIL
		8
Along Orchard Rd bes	the	
Plaza Singapung		
<del>+++++++++++++++++++++++++++++++++++++</del>		
	the second secon	

scribe Circumstances of the Accident	
On the above stated	date and time. I was stationary writing for the
	Time I was stationary writing for the
enffic to more, when silled it	
Successfy (4)	lett an impact from my vehicle sear portion I
ented and their and a live	Veh 8' GBL 9323Y did not manage to stop in time
J the gra time out that	Veh & GBL 9323Y did not manne + 312 1 110
10011	The stop in time
of collisted into me.	

### D

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



Ting accident plains assistance	YES NO	
we you been approach by unknown person sering accident claims assistance?	oliciting (s) /	
Original Language Used	English Mandarin / Others	
Who is Reporting	Driver Owner Both	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?	YES / NO	
MINESS CONTACT NO.		
NY WITNESS	Any Passenger ,	
EHICLE F NO.	Any Passenger .	
EHICLE E NO.	Any Passenger ,	
THICLE D NO.	Any Passenger .	
VEHICLE C NO.		
CONTACT NO.		
VAME	GBL 9313 Y Any Passenger	
NOTICE OF INTENDED PROSECUTION GIVEN YEHICLE B NO.	NOAT YES, WHO?	
POLICE REPORT	No / If was Whom?	
CONVEYED BY AMBULANCE	No/ If yes , Who?	
ANY INJURIES	No If yes . Who?	
ROAD SURFACE	Cry / Wet / Other,	
WEATHER CONDITION	Coner	
RELATIONSHIP	Employee / Fax	u
DOES DRIVER OWN OTHER VEHICLES?		
ADDRESS	BIK 88 Strathmore Ave # 13-124 SC14	
EMAIL	Charlesong Ilagmail com	
	Mobile, Office,	
CONTACT NO.	Male / Fernale	
GENDER	11 1 69 1 2013	
DATE OF DRIVING PASS	Outdoor / Indoor	
GENDER OF PASSENGER OCCUPATION	MALE / FEMALE	
NAME OF PASSENGER		
ANY PASSENGER	YES (NO)	
	06 1 02 1 1982	
DATE OF BIRTH		
NAME OF DRIVER	AS ABOVE) / IF NO.	
	722073315	
POLICY NO.	Comprehensive / Third Party / Third Party Fire & Th	neft .
TYPE OF COVERAGE	AIG	
INSURANCE CO.	YES (NO ?	
FLEET POLICY.	OD / THIRD PARTY / REPORTING ONLY	
CLAIM TYPE	S6271358A	( ( ( )
NRIC NRIC	1@gmail com Office. Mol	BILE 9135 55
EMAIL Charles	Yap Teil Siong	
NAME OF OWNER	You To Committee of PRIVATE HIRE	
EXACT PURPOSE USED AT TIME OF ACCIDEN	TI EMPLOYMENT (  PRIVATE USE)   PRIVATE HIRE	2017
LOCATION OF ACCIDENT	Alax as I all	
TIME OF ACCIDENT	12.18 AM (PM)	- 15-18
	MAKE & MODEL: Toyota Altis 1.6	
DATE OF ACCIDENT	1011 1111	WIND MANU



# **CERTIFICATE OF INSURANCE**

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: YAP TAI SIONG

Period of Insurance

: 29 Jun 2022 To 28 Jun 2024

Engine No.

: 1ZR0H96973

Chassis No.

: MR2BE3BE200019226

Vehicle No.

: SGD2000H

Policy No.

: 7220073315

Endorsement No.

Issued Date

: 24 Jun 2022 9:52

### **ABOUT THE COVER**

Make/Model

: TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction

Sum Insured : Market Value

First Year of Registration : 2022

Off Peak Car : No

Insuring with COE/PARF : Yes

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 Palicy 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.

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.

The Policy does not cover use for hire or reward, driving fution, driving fest, racing, pece-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or

Loss of Use 1500cc - 1600cc

\* 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 - \$500 Theft - \$0 Flood Cover - \$600

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YAP TAI SIONG - \$800 (Own Damage), \$600 (Flood Cover)

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

1.Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188. 2.Toyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688.

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6336 5200, Alternatively, you may refer to AIG website www.sag.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: HONG LEONG FINANCE LTD

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

0504887232

INCHCAPE AUTO TOYOTA - BSTL077

33 LENG KEE ROAD SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pts. Ltd. This computer generated document does not require a signature,

Ald As a Pacific his many of he that

257