NATIONAL Assessment Centre !	Services (we	f Jan'06]	•	
Date In: 18 06 2023	Jeb description	,	Date & Time Completed	Done b
Ref No: NA A 162300 6199 / 04	SAS e-filing	*		
Veh No: SMZ 7158S	E-mail (within 8hr	s. AIC 2hrs)		
D.O.A: 17/06/2023 18:57	i-Motor Claim	Form		
10	i-Motor W/O (Vithin: OD 2hrs,	TP 4hrs)	
OD (TP) Reporting Only	i-Photo Upload	ed	1	
TD I	Assessment/Surv	ey Report		
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp	1
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SLN	748K.	. INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Perio	d: ()	Cover Type: (.)
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (Wo): N: 0-20	0%; P: 21-79%. F: 80	-100%]
Year of Registration: () Wa	arranty: YES ()/NO()	
Excess: (\$) Loading: \$1,000	()/\$2,000()	· · · · · · · · · · · · · · · · · · ·	
General Remarks:-	77777777		100000000000000000000000000000000000000	
() Walk-In Customer: Customer's inform	nation strictly Conf	dential & St	rictly NO refer of renaire	r
() Total Loss Case : to e-mail Insurer			india, i.e.	
) /) . T	owing Co: (
Drive-In () / Powed-In (); Invoice:	125()/110	,,,,	owing co. (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	00] ()			
Date/Time / Actions				
Date/Time / Actions				
				2 * 2
				Anit (\$)
NA2301793		Invoice Pro	eparation Checklist	lst Bill
Claimant's Particulars :-	and the second control of the second of the	***************************************	1D 1' (620).	The second secon
Driver/Owner:		1) AR : Accider 2) DA : Damag		(\$80)
Direction ici.		2) DA: Damag 3) TF: Towing	e Assessment (\$100); INC	\$\(\\$80\) \$\\$40/\\$45 \$\\$120
		2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey)	\$40/\$45 \$120 \$30
Contact No:		2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan ; ection	\$40/\$45 \$120 \$30 2005) \$75
Contact No:		2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	e Assessment (\$100); INC Fee Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2 ection A + SMRT Survey	\$40/\$45 \$120 \$30 2005)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

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 19/06/2023 14:16 (SGT) Reported by **Actual Driver** Date of Accident 17/06/2023 18:57 (SGT) Exact Location of Accident Singapore Additional Location Information 391 CHANGI ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1991

Vehicle Registration Number SMZ7158S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner GOH HOCK HO NRIC No SXXXX093A Email Address gkw611@gmail.com Mobile Phone No (Phone) +65-96664343 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Model GLC300 4MATIC COUPE (R19 LED) 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 your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210047047-02

DRIVER

Name of Driver GOH KANG WEI NRIC No SXXXX036F Date Of Birth 08/11/1955 Occupation Indoor



Date Of Driving Pass	12/05/2017
Driving experience	
	6 YEARS AND 1 MONTH
	Male
Mobile Number	(Phone) +65-96664343
Alt. Phone Number	
Email Address	gkw611@gmail.com
Address	78 BEDOK NORTH ROAD
Address complement	Control of the Contro
Postcode	# 07-246
	460078
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
Diver	
Insurance Company of Other Vehicle Owned by Driver	
The second of said vehicle swilled by bliver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Parked Vehicle
Weather Conditions	
Road Surface	Clear
Todd Gullace	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)	
Has the driver been approached by unknown account.	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	N. C.
Translator's name	No
Translator's ID	•
Translator's phone number	
Translator's email	-
Original language used in the statement	
DETAILS OF POLICE ACTION	
BETALES OF FOLICE ACTION	
March 1988 - Nation - Col. 20 Co. Co.	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	140
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
ATTACHMENT(3)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
and the second s	110
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLN748K
Vehicle Manufacturer	
Vehicle Model	
	•
11.1.1	
Vehicle Colour	•
Vehicle Category	Private car
Name of Driver	
O- I IN I	

Contact Number

Address	-
Address complement	-
Postcode	-
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	4
PASSENGER 1	
Name	UNKNOWN
Gender	Female
	remale
PASSENGER 2	
Name	UNKNOWN
Gender	Female
DAGGENGED	
PASSENGER 3	
Name	UNKNOWN
Gender	Female

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

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(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.

GUN !	CAM	grull 19/06/2023
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre Personnel
	& Time	(Name as in NRIC/ID card)

Sketch Plan

RI WA

remille A: Sm271585 (3a) Chang Rd)

Vernicle b: SIN748K

(Chang Rd).

Describe Circumstance of the Accident
On the stated date and time, I, vehicle A,
was parked along the stated venue as I was
horring dinner at 301 change Road. I saw vehicle
b turned that service road and hit onto my
Vehicle's front right portion. When approached the
driver, the driver apologised and disputed with
we.

Declaration

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

AM

GUL

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)

ACCIDENT STATEMENT

LOCATION: 391 Chang, Road 1. DETAILS OF VEHICLE O)VEHICLE NUMBER: 3MZ 71585 D)INSURANCE COMPANY: 1/1955 (DD/MM/YYYY) E)OCCUPATION: (INDOOR) PARTY FIRE &THEFT) O)POLICY TYPE: (COMPEDENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) O)POLICY TYPE: (COMPEDENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) O)POLICY TYPE: (COMPEDENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) O)POLICY TYPE: (COMPEDENSIVE / COMMERCIAL / MOTORCYCLE / OTHERS) G)VEHICLE CATEGORY: (PRIVANE / COMMERCIAL / MOTORCYCLE / OTHERS) O)VEHICLE CATEGORY: (PRIVANE / COMMERCIAL / MOTORCYCLE / OTHERS) O)VEHICLE CATEGORY: (PRIVANE / COMMERCIAL / MOTORCYCLE / OTHERS) O)VEHICLE CATEGORY: (PRIVANE / COMMERCIAL / MOTORCYCLE / OTHERS) O)VEHICLE CATEGORY: (PRIVANE / COMMERCIAL / MOTORCYCLE / OTHERS) O)VEHICLE CATEGORY: (PRIVANE / COMMERCIAL / MOTORCYCLE / OTHERS) O)VEHICLE NUMBER: 2000 O)VEHICLE NUMBER: 2000 O)VEHICLE NUMBER: 2100 O)VEHIC	ACCID	ENT DATE: 17/06/ 302	3/(DD/MM/YYYY),	IIME: (H:MM)
1. DETAILS OF VEHICLE OIVERICLE NUMBER: DINSURANCE COMPANY: CIPOLICY NUMBER: CIPOLICY TYPE: (COMPÉDIENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFI) S)MAKE & MODEL: WRYC BEYL: GIPOLICY TYPE: (COMPÉDIENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFI) S)MAKE & MODEL: WRYC BEYL: GIPOLICY TYPE: (COMPÉDIENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFI) S)MAKE & MODEL: WRYC BEYL: GIPOLICY TYPE: (COMPÉDIENSIVE / THIRD PARTY / THÎRD PARTY FIRE &THEFI) S)MAKE & MODEL: (TYPE: (SALOO) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) GIPOLICE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIPOLICE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIPOLICE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIPOLICE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIPOLICE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIPOLICE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) GIPOLICE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) DINAME: SINGUE / POLICY HOLDER GIPOLICE / COMPANY / COMPANY / COMPANY / CANADA / CAN		391 (100)00	, Road.		
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CIPOLICY TYPE: (COMPENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) 6) MAKE & MODEL: (F) TYPE: (SALOO) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) 6) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) 6) PUPPOSE OF USING AT ACCIDENT TIME: 7) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/U) 15 NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: 6) DINIC/FIN/PASSPORT: C) ADDRESS: 70 BECOLD NOTE PORCY 6) ONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: C) ADDRESS: 10) DINIC/FIN/PASSPORT: C) ADDRESS: 11) ON COUNTY OUTDOOR! 11) YEARS OF DRIVING EXPRERIENCE: 12) OS DINIC/FIN/PASSPORT: 13) ONEATHER CONDITION: (CLEAR / RAINING / OTHERS) D) POLICE (YES / NO) 15 YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 15) ONIC/FIN/PASSPORT: 16) ONIC/FIN/PASSPORT: 17) CONTACT: 18) ONIC/FIN/PASSPORT: 18) ONITACT: 18) ONIC/FIN/PASSPORT: 18) ONIC/FIN/PASSPORT: 18) ONIC/FIN/PASSPORT: 18) ONITACT: 18) ONITAC		The state of the s		0).	
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IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: D) NRIC/FIN/PASSPORT: C) ADDRESS: B) BROOK NOWN ROOD #07-746 S(1646) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: C) ADDRESS: DINCE FEMALE) D) NRIC/FIN/PASSPORT: C) ADDRESS: **d) DATE OF BIRTH: D) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT:		h) PURPOSE OF USING AT ACC	IDENT TIME.	The second secon	
2. INSURED / POLICY HOLDER A) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NRIC/FIN/PASSPORT: c) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: C) ADDRESS: C) ADDRESS ADDRESS: C) ADDRESS ADD		i) ARE YOU CLAIMING UNDER	YOUR OWN INSURA	DETING ONLY)	
A)NAME: D)NRIC/FIN/PASSPORT: S 23093 ACONTACT: 9666 434			PARTY CLAIM / REP.C	OKTING CHET	
ANAME: D)NRIC/FIN/PASSPORT: C)ADDRESS: TO BECOK NOVE ROAD #07. JUL S (1646) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D)NAME: D)NAME: D)NAME: D)NAME: D)NRIC/FIN/PASSPORT: C)ADDRESS: *d)DATE OF BIRTH: (DO / 11/ 1950) (DD/MM/YYYY) E)OCCUPATION: (INDOOR / OUTDOOR) I)YEARS OF DRIVING EXPRERIENCE: 12/05/2017 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D)ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10/03 PEWOR PARTY VEHICLE 10/05/2017 D) DRIVER'S NAME: C) NEIC/FIN/PASSPORT: CONTACT: MODEL: MODEL:			In thek the	IMADE / FEMA	LE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER ONAME: GON KAING WILL DINAME: GON KAING WILL CHARLESS: *d)DATE OF BIRTH: (SO / 11/1956) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 12/05/2017 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. OJWEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: 1 NAME: C) NRIC/FIN/PASSPORT: CONTACT: (D3) REWEN THIRD PARTY VEHICLE MODEL: MODEL: MODEL:		VIIIVIT-		1 1 0111	434
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DINAME: GON KOND WILL DINRIC/FIN/PASSPORT: S96 200 36 F CONTACT: 9666 BASA CIADDRESS: *dIDATE OF BIRTH: (00 / 11 / 1955) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 1205 2017 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. CI) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. CI) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE NO OF PASSENGER O) VEHICLE NUMBER: O) NEIC/FIN/PASSPORT: CONTACT: (D3) PEWEL THIRD PARTY VEHICLE NODEL: MODEL:		b) NRIC/FIN/PASSPORT:	r. North Road	12 946-FO# S	1646)
DRIVER (1) NAME: GON KAND WILL (1) NAME: GON KAND WILL (2) NAME: GON KAND WILL (3) NAME: GON KAND WILL (4) NAME: GON KAND WILL (5) OLDORSS: *d) DATE OF BIRTH: (SO / 11/ 1955) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 12/05/2017 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIROAD SUFFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. Q) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: SUNTY STATE ON NRIC/FIN/PASSPORT: CONTACT: (1) NEW OF PARTY VEHICLE ON NRIC/FIN/PASSPORT: CONTACT: (1) NEW OF PARTY VEHICLE ON NRIC/FIN/PASSPORT: CONTACT: (1) WEHICLE NUMBER: MODEL:		c/ADDRESS:			
DRIVER a) NAME: GON KANG WII (b) NRIC/FIN/PASSPORT: S96 200 36 F CONTACT: 9666 BIRTH: (c) ADDRESS: "d) DATE OF BIRTH: (S) / 11/ 1955 (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 12/05/2017 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) ROAD SUFFACE: (DR) / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 10 VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: CONTACT: (D3) PEWON OF THE DRIVER MODEL: HIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: HIRD PARTY VEHICLE A) VEHICLE NUMBER: (D3) PEWON OF THE DRIVER MODEL: HIRD PARTY VEHICLE MODEL:		* CONTINUE TO 3 d IF DRIVER	ALSO POLICY HOLD	DER	
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b) NRIC/FIN/PASSPORT:	tho of passenga	Gon Kang	Wel	MALE / FEMA	LE) AZA
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IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE VEHICLE NUMBER: Including driver) b) DRIVER'S NAME: (03) fewgr HIRD PARTY VEHICLE WODEL: MODEL:	ó. V	VAS ANYBODY INJURED (YES	140)		
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(03) Person PARTY VEHICLE MODEL:	8. Ti	HIRD PARTY VEHICLE	SLN748K.	MODEL:	
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No of passinger e) DRIVER'S NAME:	7.	A) VEHICLE NI IMBER		MODEL:	
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a Tributano.	-				

email = gkw 611 @gmail-lom.



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: GOH HOCK HO

: 14 May 2023 To 13 May 2024

Vehicle No. Policy No.

: SMZ7158S : 7210047047-02

Period of Insurance Engine No.

: 26492030372838

Endorsement No. Issued Date

: 16 Mar 2023 22:47

Chassis No.

: W1N2533842F924950

ABOUT THE COVER

: MERCEDES Benz GLC300 Coupe

Engine Capacity/Tonnage: 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2021

Driver Restriction : NA Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Make/Model

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\$\$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.

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 2000cc

* 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 (Melaysia) 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 HOCK HO - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818 2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

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.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

0504688278

CYCLE & CARRIAGE - TANESS

This computer generated document does not require a signature.

AIG Asia Pacific Insurance Pte. Ltd.

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP