

NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SV08236N0003

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 28/06/2023 13:09 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/114-23006866/1 | SAS e-filing | | |
| Veh No: SL7 9380X | E-mail (within 8hrs. AIC 2hrs) | | |
| D.O.A : 22/06/2023 19:20 | 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: 8H 6693X | 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 6616) | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----|
| 1142301857 | Invoice Preparation Checklist | Ant (\$) | Ant |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | 1st Bill | Add |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | ON* | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| | TP (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$30 | | |
| Cat. 1: | Invoice dated | Fee Charged | |
| Cat. 2 / 3: | 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 | 23/06/2023 13:09 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 22/06/2023 19:20 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS TUAS AFTER STEVENS ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLT9380X |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | TAY SIEW KHIM |
| NRIC No | SXXXX592A |
| Email Address | khimtay1@gmail.com |
| Mobile Phone No | (Phone) +65-91730886 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Wish |
| 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 | 1798 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 7220103825 |

DRIVER

| | |
|----------------|---------------|
| Name of Driver | TAY SIEW KHIM |
| NRIC No | SXXXX592A |
| Date Of Birth | 16/05/1965 |
| Occupation | Indoor |

| | |
|--|----------------------|
| Date Of Driving Pass | 27/06/1983 |
| Driving experience | 40 YEARS |
| Gender | Female |
| Mobile Number | (Phone) +65-91730886 |
| Alt. Phone Number | - |
| Email Address | khimtay1@gmail.com |
| Address | 39 WESTWOOD WALK |
| Address complement | - |
| Postcode | 648682 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| 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 POLICE REPORT T/20230623/7008

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 | SH6692X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |



| | |
|---|------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| 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) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SLG7493K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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 | TAY SIEW KHIM |
| Gender | Female |
| Phone No | (Phone) +65-91730886 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SLT9380X |
| Were seat belts worn? | Yes |
| 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.

Payor

Policyholder's Signature / Date & Time

Payor

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

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

23/06/2023

Sketch Plan

| | 4 | 3 | 2 | 1 |
|-----------------------------------|---|---|---|---|
| P/E/TUAS AFTER STEVEN RD | | | | |
| | | | | A |
| | | | | B |
| | | | | C |
| | | | | D |
| | | | | E |
| | | | | F |
| | | | | G |
| | | | | H |
| | | | | I |
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| | | | | R |
| | | | | S |
| | | | | T |
| | | | | U |
| | | | | V |
| | | | | W |
| | | | | X |
| | | | | Y |
| | | | | Z |

A: SLT9380X
B: SH6692X
C: SLG7493K

Describe Circumstance of the Accident

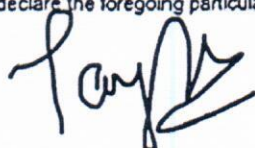
REFER TO

POLICE REPORT

T/20230623/7008

Declaration

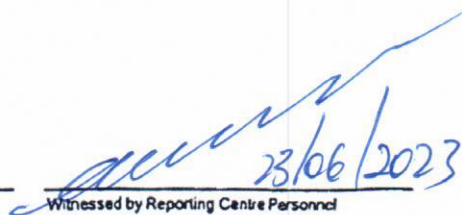
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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


23/06/2023

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230623/7008

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

1 of 3

Report No. T/20230623/7008

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 23/06/2023 10:17 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| | | | |
|--|------------|--|------------------------------|
| Informant's Particulars | | | |
| Name of Informant: TAY SIEW KHIM | | Address: 39 WESTWOOD WALK SINGAPORE 648682 | |
| ID Type / ID No.: NRIC NO / S1719592A | | Contact No.: Home/Office: Mobile: 91730886 | |
| Nationality: SINGAPORE CITIZEN | | Email: KHIMTAY1@GMAIL.COM | |
| Sex: Female | Age: 58 | Date of Birth: 16/05/1965 | Type of Informant: Driver |
| Race: Chinese | | Language: English | |
| Occupation: DIRECTOR | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 22/06/2023 19:20 | Type of Location: Straight Road |
| Location: PIE TOWARDS TUAS AFT STEVEN RD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | 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 | Conditio | No of |
|-------------|------|--------|--------------|--------|-------------------|-------|
| SH6692X | Car | | | | Seriously Damaged | 2 |
| SLG7493K | Car | | | | Seriously Damaged | 2 |
| SLT9380X | Car | TOYOTA | WISH 1.8 CVT | Silver | Seriously Damaged | 0 |



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

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLT9380X | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 7220103825 | 17/11/2022 | 16/11/2023 |

| Details of Person Involved | | | |
|-----------------------------------|------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | TAY SIEW KHIM | ID No. | S1719592A |
| Related Vehicle | SLT9380X (Car) | Contact No. | 91730886 |
| Hospital/Clinic | 24 HOUR WALK-IN CLINIC | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 23/06/2023 | Date | 23/06/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Serious |

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SLT9380X WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1 ALONG PIE TOWARDS TUAS AFTER STEVEN RD.

THE VEHICLE IN FRONT SUDDEN BRAKE DUE TO TRAFFIC, SO I ALSO BRAKE AND STOP.

SUDDENLY, VEHICLE B, BEARING TAXI PLATE SH6692X BANG ONTO THE REAR PORTION OF MY VEHICLE, THE IMPACT CAUSED MY CAR TO PROPEL FORWARD AND BANG ONTO ANOTHER VEHICLE, BEARING CAR PLATE SLG7493K

WE EXCHANGED PARTICULARS AND TOOK PHOTOS OF THE ACCIDENT SCENE.

DUE TO THE ACCIDENT, I SUFFERED PAIN ON MY NECK AND LOWER BACK.

THE NEXT DAY, I WENT TO LOH & LOH CLINIC & SURGERY TO CONSULT A DOCTOR NEAR MY WORK PLACE LOCATED AT ANG MO KIO.

I RECEIVED 3 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20230623/7008

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

3 of 3

Report No. T/20230623/7008

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

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

Date/Time:
23/06/2023 10:17

Classification Of Case:

VEHICLE NO: SLT9380X

MAKE & MODEL: TOYOTA WISH 1.8 CVT

AUTO/MANUAL

| | | |
|--|--|-----------------------------|
| DATE OF ACCIDENT | 22 / 06 / 2023 | C.C. 1800 |
| TIME OF ACCIDENT | 19:20 | AM/PM |
| LOCATION OF ACCIDENT | PIE TOWARDS TUNAS AFT STEVEN RD | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | |
| NAME OF OWNER | TAY SIEW KHIM | |
| EMAIL | KHIMTAY1@gmail.com | OFFICE: - MOBILE: 9173 0886 |
| NRIC | S1719592A | |
| CLAIM TYPE | OD / THIRTY PARTY / REPORTING ONLY | |
| FLEET POLICY | YES / NO | |
| INCURANCE CO. | AIG | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | |
| POLICY NO. | 7220103825 | |
| NAME OF DRIVER | AS ABOVE / IF NO: | |
| NRIC | - | |
| DATE OF BIRTH | 16 / 05 / 1965 | |
| ANY PASSENGER | YES / NO | |
| NAME OF PASSENGER | - | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | Outdoor / Indoor | |
| DATE OF DRIVING PASS | 27 / 06 / 1983 | |
| GENDER | MALE / FEMALE | |
| CONTACT NO. | Mobile: - | Office: Home: |
| EMAIL | - | |
| ADDRESS | 39 WESTWOOD WALK (S) 648682 | |
| DOES DRIVER OWN OTHER VEHICLES? | (NO) / If yes, Reg No: INSURE: 1 | |
| RELATIONSHIP | Employee / If No: OWNER | |
| WEATHER CONDITION | Clear / Raining / Other: | |
| ROAD SURFACE | Dry / Wet / Other: | |
| ANY INJURIES | No / If yes, Who? DRIVER | |
| CONTACT NO. | | |
| POLICE REPORT | No / If yes, Where? ONLINE | |
| NOTICE OF INTENDED PROSECUTION? | No / If yes, Who? | |
| VEHICLE B NO. | SH 6692X | Any Passenger: 2 |
| NAME | | |
| CONTACT NO. | | |
| VEHICLE C NO. | SLG7493K | Any Passenger: 2 |
| VEHICLE D NO. | | Any Passenger: |
| VEHICLE E NO. | | Any Passenger: |
| VEHICLE F NO. | | Any Passenger: |
| ANY WITNESS | | |
| WITNESS CONTACT NO. | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / NO | |
| WHO IS REPORTING | DRIVER/ OWNER/ BOTH | |
| Original Language Used | English/ Mandarin/ Others: | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO | |



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : TAY SIEW KHIM
Period of Insurance : 17 Nov 2022 To 16 Nov 2023
Engine No. : 2ZR0A16731
Chassis No. : JTDGG20W70J007970

Vehicle No. : SLT9380X
Policy No. : 7220103825
Endorsement No. :
Issued Date : 05 Oct 2022 19:53

ABOUT THE COVER

Make/Model : TOYOTA WISH 1.8

Engine Capacity/Tonnage : 1,798.00 CC

Driver Restriction : NA

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 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\$53,000 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 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAY SIEW KHIM - \$600 (Own Damage), \$600 (Flood Cover)

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: DBS 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 (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).

0504576010

ARK - PT(A)

3 HOY FATT ROAD

SINGAPORE 159504

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP