	Job description   Date & Tune Completed	Done by
Date In 6/12/13 11:12	SAS e-filing	
Ref No NA / EQT 17023125 1 44	E-mail (within Shrs, AIC 2hrs)	
Veh No SGS 1879 5		
D.O.A : 11 12 117 12:50	i-Motor Claim Form	
OD . (P) " Reporting Only	i-Motor W/O (Within: OD 2hrr. TP 4hrs) i-Photo Uploaded	
	Assessment/Survey Report	
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksn	
Preferred Wksp / INC Assign Wksp / QW: (	Tel: Fax:	
TP Particulars: Veh No:	GBE 7416 M . INC ( )/Non-INC ( )	
Owner / Driver: (	Tel	)
	riod: ( ) Cover Type: (	)
Confirmed by : (	Date: Time:	)
Insured/Driver Liability (%) [	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-1009	/o]
Year of Registration: ( )	Warranty: YES ( )/NO( )	
Excess: (\$ ) Loading: \$1,6	000( )/\$2,000( )	
General Remarks:-		
( ) Walk-In Costomers : Customers info	ormation strictly Confidential & Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur	er URGENTLY.	
Drive-In ( )/Towed-In ( ); Invoice		)
	Date&Time Completed	Done by
Remarks:- (INC horline: 6788 6616)		
1) Apply to: 11mml	Courtesy Car ( )	
2) QC Check / Post Repair Inspection		
3) Upload Resurvey Photo [Repair Cost > 5	\$3000]	
Injury:		
Dots/Time Actions		STATE OF THE PARTY
Date/Time Actions		
Date/Time Actions	Invoice Preparation Checklist	Anit (\$) Ami
Date/Time Actions	Invoice Preparation Checklist	1st Bill Add
	1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80	1st Bill Add
Claimant's Particulars :-	1) AR : Accident Reporting (\$30); 2) DA : Damege Assessment (\$100); INC (\$80 3) TF : Towing Fee \$40 4) FT : Follow-Through Survey \$	1st Bill Add 0) S45 120
Claimant's Particulars:- Driver/Owner:	1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40; 4) FT: Fellow-Through Survey \$	1st Bitt Add () S45 120 S30
Claimant's Particulars :-  Driver/Owner:  Contact No:	1) AR: Accident Reporting (\$3.0); 2) DA: Damege Assessment (\$100); INC (\$80 3) TF: Towing Fee \$40 4) FT: Fellow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For Claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection	1st Bill Add 0) 545 120 530
Claimant's Particulars :-  Driver/Owner:  Contact No:	1) AR: Accident Reporting (\$3.0); 2) DA: Damege Assessment (\$100); INC (\$80 3) TF: Towing Fee \$40 4) FT: Fellow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRI Survey \$	1st Bill Add 0) S45 120 S30
Claimant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:	1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80 3) TF: Towing Fee \$40; 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For glaiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRI Survey \$ 8) NTUC Additional Services OII*	1st Bitt Add 545 120 530 575 5160
Claimant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:	1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40; 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For Claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRI Survey \$ 8) NTUC Additional Services:- OD'* *N5: Courtesy Car / Tpt Allowance	1st Bitt Add  545 120 530 575 160 \$5
Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:  QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40; 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For Claiming against PAC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRI Survey \$ 8) NTUC Additional Services: OD!* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection	1st Bitt Add  ) S45 120 S30 575 160 \$5 510 S25
Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors' Comments:-	1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40; 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For Claiming assinst INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idne DA + SMRI Survey \$ 8) NTUC Additional Services: OIL* *N5: Courtesy Car / Tpt Allowance *N6: Repeir Co-ordination *N7: Fost Repair Inspection *N8: DV / Collect Excess Coordination	1st Bitt Add  545 120 530 575 160 \$5
Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1) AR: Accident Reporting (\$30); 2) DA: Damege Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40; 4) FT: Follow-Through Survey \$ 5) FT: Follow-Through Survey (Resurvey) For Claiming against PAC Only (wef 10 Jan 2005) 6) TR: Re-inspection 7) N1: Idae DA + SMRI Survey \$ 8) NTUC Additional Services: OD!* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Fost Repair Inspection	1st Bill Add  ) S45 [20] S30  575 [160]  \$5 [510] S25 [55]

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- This report will be forwarded by the insurers of 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

AND DESCRIPTION OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	06/12/2017 11:12
Date Of Accident	01/12/2017 12:50
Exact Location Of Accident	RACE COURSE RD JUNC OF KINTA RD
Country/State of Loss	SINGAPORE
Dog Assert Control of the Control of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS1879S
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	September of the control of the action of th
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCFHQ17-000182
Cover Note Number	
Driver	
Name of Driver	FRASER TAN MING JUN
NRIC No	S8917778B
Date Of Birth	30/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97468482
Fax Number	
The state of the s	

NOEMAIL

13 SPRINGLEAF DR Address

788261 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

YES Was any body injured in the Accident?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

GEYLANG NEIGHBOURHOOD POLICE CENTRE Police Station Name

NO

NO

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 1800-8486999 - FAX NO: 68486799 Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

**GBE7416M** Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MUTHU KARTHIK Name of Driver G8327521P NRIC/Passport Number 96433544

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name.

Phone Number

## Email Address

## **DETAILS OF INJURED PERSON 1**

Name FRASER TAN MING JUN

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SGS1879S

Were seat belts wom?

Was injured conveyed to hospital by ambulance? NO

Address Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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. 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 lodgment 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)
  - (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.
  - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
  - (e) the information so collected under (d) above may be shared / disclosed:
    - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

emplying with requirements under any regulations, laws or court orders.

INE SE Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No .:

SKETCH PLAN Kinta Road. Race Cource Roads. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to Police Report DECLARATION I/We declare the formating particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyhok (If driver is not the policyholder) Date & Time: Name: Date & Time 835 NRIC/FIN No .:

- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

\* Seeling KS Auto advice for TP Clahu-

Date of Accident : 01/012 01/12/2017	Time :
1 as a side of Page Course Road In	notion of kinga kaad.
Country/State of Loss : Singapore	
INSURED/POLICYHOLDER (OWN VEHICL	E)
Registered Owner Name :	Reg Owner ID :
Email Address :	tornative Phone No :
Mobile Phone No :Al	ternative Phone No .
INSURANCE COMPANY (OWN VEHICLE)	
Handling Insurer :	Fleet Policy : Yes / No
Type Of Coverage : Comprehensive / Third Par	ty Policy Number :
DRIVER IDENTIFICATION	
Driver Name: Frager Tan Ming Jun	!- 0
Date Of Birth : 30/05/1989	Driving Date Pass: 03/03/2009.
Driver ID: S39177788	Occupation : Indoor / Outdoor
W/ Phone No . +65 97468482	Alternative Phone No :
Address: 13 Springleaf Drive S'pire (6)	788261)
Email Address : Frasertan @ Noting il-Com.	Relationship :
Was driver an employee of the Insured's Cor	
	Driver's Own Insurer :
Driver's Own Vehicle Reg No :	
VEHICLE INFORMATION	
Vehicle Registration No : Sus 1879 S.	- hisla
Manufacturer : Togota	Model:Nish
Reporting Type : Own Damage / Third Party	Reporting Only
Exact Purpose for which vehicle was being used a	at time of accident: Private Use / Company Use /
	Hired Use
GENERAL INFORMATION OF THE ACCID	
Weather Condition : (Clear) / Raining / After F	
Road Surface : Dry / Wet / Damp	Police Reported : Ves / No
Approach by Unknown : Yes (No	Video Camera : Yes No
Number of Passengers (Including Driver) :	1

# DETAILS OF INJURED PERSON Name : \_\_\_\_\_ Injuries Sustained : \_\_\_\_\_ Were seat belts worn? : Yes / No Approximate Age : \_\_\_\_\_ Injured person in which vehicle? : \_\_\_\_\_ Was injured conveyed to hospital by ambulance? : Yes / No Address : WITNESS Details of Witness : \_\_\_\_\_ Contact Number : \_\_\_\_\_ Email Address : \_\_\_\_\_ DETAILS OF OTHER VEHICLES Vehicle Registration No : GBE 7416 M. Vehicle Make/Model/Colour: Nissan Cabstar Grey. Name of Driver: Muthu Karthik Driver's NRIC: G8827521P Address : \_\_\_\_\_ No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_ Vehicle Registration No : \_\_\_\_\_ Vehicle Make/Model/Colour : \_\_\_\_\_ Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_ No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_ Vehicle Registration No : \_\_\_\_\_ Vehicle Make/Model/Colour : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_ Name of Driver : \_\_\_\_\_ Address : \_\_\_\_\_ No. Of Passenger (Including Driver) : \_\_\_\_\_\_ Contact Number : \_\_\_\_\_





1 of 3

Report No. T/20171201/2135

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

REPORT	F A TRAFFIC	ACCIDENT		Chatian Dian; No.	
Date/Time Report Made: 01/12/2017 18:13			Vide Report No.:	Station Diary No. 56	
Informa	nt's Particu	lars	TO SEE SEE SEE SEE SEE SEE SEE	The state of the s	
Name of	Informant: R TAN MINO	Water Milde	Address: 13 SPRINGLEAF DRIVE SII	NGAPORE 788261	
ID Type / ID No.: NRIC NO / S8917778B			Contact No.: Home/Office: Mobile: 97468482		
National		résuse	Email:		
Sex: Male	Age: 28	Date of Birth: 30/05/1989	Type of Informant: Driver		
Race: Chinese Occupation: GRAB DRIVER			Language: Institution / School		
			Driving Licence Information: Class: 3	Date of Expiry:	

seneral milon	mation of the Accid	Deink	Date/Time of	Type of Location:	
Type of Accident:	Injury Others	Drink Drive: No	Accident: 01/12/2017 12:50	Straight Road	
Weather:	RSE ROAD	ON OF KINTA ROAD Road Surface:		Road Speed Limit:	
Clear			-	Traffic Volume:	
Hanic Flow.		Traffic Control: Not Controlled		Moderate	
Type of Collision: Between Moving Vehicles - Head To Side		To Side	1	Anyone conveyed by ambulance: No	

ntails of Vo	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	Make	Model	Color	Condition	No of Passenge
		HILLIAN BULL AND SHOW THE PARTY OF THE PARTY	TURNING THE SEAL OF A SEAL OF		Slightly	0
GBE7416M	Lorry				Damaged	
00040700	Cor	THE RESERVE			Seriously	0
SGS1879S Car	SIGN CO.			Damaged		

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





T/20171201/2135

2 of 3

Report No. T/20171201/2135

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver		BART CHARLES		10.11	NAME OF TAXABLE PARTY.	G8327521ZP
Name	MUTHU KARTHIK		ID No.		G83275212P	
Related Vehicle	GBE7416M (Lorry)			Contac	ct No.	96433544
Hospital/Clinic	NIL			Class Driving Licend Expiry	e &	Class: 2B,3,3C Date of Expiry: 14/08/2021
Date Treatment	NIL Date Disc					
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	CONTRACTOR OF THE PARTY OF THE
Driver			port or would be			00047770D
Name	FRASER TAN MING JUN		ID No		S8917778B	
Related Vehicle	SGS1879S (Car)			Contact No.		97468482
Hospital/Clinic	ADVANCE CLINIC & SURGERY PTE LTD			Class Drivin Licens Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	01/12/2017 Date Disc			_	2/2017	
Date Freatment	ited Medical Leave	02	Degree o	f Injury	NIL	

Brief Details.

On 01/12/2017 at about 1250hrs, I was driving my vehicle bearing registration number SGS1879S for Grab. I then dropped my passenger along Race Course Road on the most left lane just before Kinta Road. After my passenger alighted, I then slowly moved off. Out of a sudden, there is one lorry bearing registration number GBE7416M coming from the right side of the lane and tried to turn left into Kinta Road. The lorry then collided onto the right side of my vehicle. No police or ambulance came to my scene. Both parties exchanged particulars and we left the scene. I have also seek treatment due to my neck injuries after the accident. I also wish to further inform that I rented my vehicle from TribeCar.



T/20171201/2135

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 3 of 3 Report No. T/20171201/2135

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 2 GNOH JUN XIAN, FREDERICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2017 18:13
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No : 65476179	Classification Of Case:

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8917778B





FRASER TAN MING JUN





CHINESE 30-05-1989

Country/Place of birth SINGAPORE

589177783



5272794



07-02-2014

13 SPRINGLEAF DRIVE SINGAPORE 788261 NRIC No. \$89177788

Date 12/05/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

NP 428A

**EQ Insurance Company Limited** 

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

### COMMERCIAL VEHICLE FLEET Third Party, Fire & Theft

Certificate No.: DMCFHQ17-000182

Index Mark and Registration Number of Vehicles

SGS1879S

Form: LCVH Excess:

Section 2

SGD2,000.00

Outside Singapore

SGD2,000.00

YEIDR (Section 2)

SGD4,000.00

2. Name of Policyholder ROSET LIMOUSINE SERVICES PTE. LTD.

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 01/11/2017
- 4. Date of Expiry of Insurance
- 5. Person or Classes of Persons entitled to drive\*

Any person who is Authorised to drive on the Insured's order or with their

\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use\*

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

Use for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

\*Limitations rendered inoperative by Section 8 of the Motor vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

> Authorised Signatory EQ Insurance Company Limited

unwit/HO/B000042/NEWSTATE STENHOUSE (

A Member of Citystate