

Date In: 19/12/17 11:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ EQI 170234002144	E-mail (within 3hrs/ATC 2hrs):		
Veh No: SKU 6598 L	i-Motor Claim Form		
D.O.A: 18/12/17 17:40	i-Motor W/O (within 30 days TP 4hrs)		
OD <input checked="" type="checkbox"/> Reporting Only	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: SKU 9001 Y	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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Inc Bill	Ass Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$90)		
Damaged Portion:	3) TF: Towing Fee	\$40 \$40		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments:-	5) FT: Follow-Through Survey-Resurvey	\$20		
	For claiming against INC Only (w/ef 10 Jan 2018)			
	6) TR: Re-inspection	\$70		
	7) NI: Ideal DA - SMRI Survey	\$140		
	8) NTUC Additional Services:-			
	OT:-			
	*N5: Courtesy Car / Tpr Allowance	\$5		
	*N6: Repair Coordination	\$10		
	*N7: Post Repair Inspection	\$20		
	*N8: DV / Collect Excess Coordination	\$2		
	TP (Nil): TP Billing INC against INC	\$0		
	9) N12: Ideal Mobile	\$0		
	Invoice Date:	Fee Charged:		
	Invoice Date:	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 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 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.**
6. 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	19/12/2017 11:24
Date Of Accident	18/12/2017 17:40
Exact Location Of Accident	SELEGIE RD TWDS SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6598L
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000185
Cover Note Number	-

Driver

Name of Driver	HAN SAY KWANG
NRIC No	S0165096C
Date Of Birth	10/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1975
Driving Experience	42 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82071713
Fax Number	
Contact Number	OFFICE-67378929
EEmail Address	NOEMAIL

Address	56 JLN HARI RAYA
Postcode	578148
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU9001Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NG CHOON SIANG
NRIC/Passport Number	S1166615I
Contact Number	96370128
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	HAN SAY KWANG
Approximate Age	

Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKU6598L
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	AYU HSU
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKU6598L
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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) 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.
- (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
 - (ii) for complying with requirements under any regulations, laws or court orders.



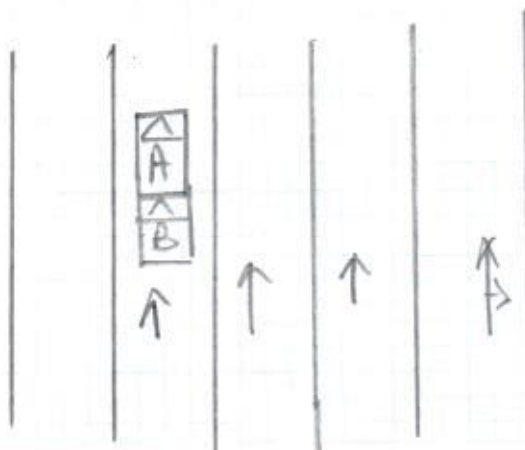
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SELEGIE RD
TOWARDS
SERANGOON RD



A: SKU6598L
B: SKU9001Y

[Signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

--

My car was completely stationary, along Selegie Road towards Serangoon road, and with a safe distance from the front vehicle as the traffic light was red. All of a sudden, I felt an impact from the rear of my vehicle. When I got off my car, I realised that Vehicle B has hit onto the rear of my car.

[Signature]

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:

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature]

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

Date and time of accident	Date: 18.12.2017 (DD/MM/YY) Time: 1740 PM. (HH:MM)
Exact location of accident	SELEGIE ROAD TOWARDS SERANGKUN ROAD

Details of vehicle

Vehicle registration number	SKU 6598L			
Vehicle make and model				
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/>	Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/>	Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" type="checkbox"/>	Motorcycle <input type="checkbox"/>	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select:	
	Third part claim <input checked="" type="checkbox"/>	Reporting only <input type="checkbox"/>		

Insurance information

Insurance company	EQ		
Policy number	DMCH(17)-0085		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

Insured / Policy holder

Name	ROSET LIMOUSINE SERVICES PTE LTD Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	200406722Z
Contact	6844 5225
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934

Driver

Same as insured above ☐ (skip to D.O.B)

Name	HAN SAM KUANG Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S01650916C
Contact	8207 1713 / 6737 8929 (MRS. HAN)
Address	56 JALAN HAN RAYA, S (578148)
Email address	
Date of birth	10.11.1950
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Driving date pass	05.07.1975

General information of the accident

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Wife</u> (Inclusive of driver)
No of passenger	<u>2</u>	
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____	
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>	

Other information

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Details of police action

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

Third party vehicle 1

Name	NG CHON SIANG
Contact number	9637028
NRIC / Fin / Passport number	S1166651
Vehicle registration number	SKU 90019
Vehicle make model	

(B) 42 Dakota Crescent
#11-20
SC 397740

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
------	--

Witness 2

Name	
------	--

Injured person 1

Name	Han Say Kwang	
Injuries sustained	Neck & back	
Which vehicle person in?	SKW 6598L	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 2

Name	Ayu Hsu	
Injuries sustained	Neck & Back	
Which vehicle person in?	SKW 6598L	
Were seat belts worn?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Injured person 4

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

10 Sin Ming Drive Singapore 575701
Tel: 1800 - CALL LTA (1800 - 2255 582) Fax: (65) 6553 5328/5329

24 MAY 2017

MR.HAN SAY KWANG
56 JALAN HARI RAYA
SINGAPORE 578148

Our ref: LTA/VT/APP/A201716480
Your ref:
DID: Fax:

Dear Sir/Mdm

APPLICATION FOR PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE (PDVL)

Please refer to your application for a Private Hire Car Driver's Vocational Licence (PDVL), which we received on 13/04/2017.

We are pleased to inform you that you have met our preliminary requirements for a PDVL, and you may proceed to register for the PDVL training course. **This approval to attend the PDVL training course is valid until 30 June 2018 during which time you may continue to provide chauffeured services¹ after 1 July 2017 until the outcome of your PDVL application is known [or until 30 June 2018 whichever is earlier].** You are advised to keep this letter in your 1 vehicle at all times as proof of your eligibility to provide chauffeured services.

- 3 You may register for the PDVL training course at;

Singapore Taxi Academy (STA)
The Herencia
46 Kim Yam Road
#04-15
Singapore 239351
Tel: 6472 7351

Or visit their website at www.taxi.org.sg for more details

4. Please note that you are required to produce proof of your ability to speak, read and understand English² when enrolling for the course at STA³. You are also required to complete the attached medical examination form (with chest X-ray results) duly endorsed and certified by a registered medical practitioner. The medical examination form must be submitted:

- a) when enrolling for the course at STA⁴, or

¹ This means the provision of a service whereby a person drive a vehicle that is used for the carriage of passengers for hire or reward.

² Either a copy of your educational certificate showing at least a D7 pass in English for the GCE "O" or "N" Level examinations, or a Level 3 pass in Conversational English under the Workplace Literacy programme.

³ You will be refused from enrolling for the course if you are not able to submit the above-mentioned types of proof to STA at the point of enrolment.

⁴ If you are not able to submit the medical examination form at the point of enrolment for your course, you will be required to submit it to STA at the point of taking the PDVL competency test.

b) to LTA by 30 June 2017, whichever is earlier.

5. Upon the passing of your PDVL course and test and fulfilling all other requirements including but not limited to the Medisave contributions required by the Central Provident Fund Board (CPF Board), you will receive a separate notification letter informing you of your PDVL collection date.

6. Please note that you will be subject to rules and legislation applicable to the providers of chauffeured services, including without limitation, the Road Traffic Act, the Road Traffic (Public Service Vehicles) Rules, the Road Traffic (Public Service Vehicles) (Vocational Licences and Conduct of Drivers, Conductors, Trishaw Riders and Passengers) Rules, and applicable legislation on vocational licence demerit points.

7. During the period up to the time you receive your PDVL, LTA may reject or cancel your PDVL application and revoke this approval, by written notice to you if:

- a. you do not qualify for, or are assessed to be unsuitable to be granted, a PDVL pursuant to any legislation applicable to providers of chauffeured services;
- b. any of the information in your application form is false or inaccurate;
- c. if you are not employed as a private hire car driver in a Chauffeured Services Company⁵ for a continuous period exceeding 3 months⁶;
- d. you have failed to submit the medical examination form in accordance with paragraph 4 above; or
- e. you have not completed the PDVL training course and passed the competency test by 30 June 2018.

8. Upon such rejection or cancellation, you will have to immediately stop providing chauffeured services until such time when you have obtained a valid PDVL.

Yours sincerely



ALLISON TAN (MS)
MANAGER
VOCATIONAL LICENCE SERVICES
TAXI & VOCATIONAL LICENCE SERVICES DIVISION

⁵ This refers to a person (including a company) who, in the course of a business, provides chauffeured services or accepts or makes provision for the invitation or acceptance of bookings for chauffeured services and communicates such bookings to drivers to carry out that chauffeured service.

⁶ Please ensure that you remain as an employee of any Chauffeured Services Company during the transition period (i.e. from 1 July 2017 to 30 June 2018) and after you obtain a PDVL. Please note that you are required to keep LTA updated on your employer details in terms of Chauffeured Services Company name, start date and end date of your employment at all times via lta_pdvl@lta.gov.sg.



Dear Partner,

Congratulations! Your Private Hire Car Driver's Vocational License (PDVL) application has been approved by LTA. Please find enclosed the official approval letter from LTA.

As you have also passed your medical examination, you may now attend the PDVL training course, which is a requirement to attain your PDVL. Please follow the steps below to register for training:

Step 1

Head down to the Singapore Taxi Academy (STA) at 46 Kim Yam Road, #04-15, The Herencia, Singapore 239351. Please bring along copies of the following documents:

- NRIC
- Driver's License
- Approval Letter from LTA
- Certificate of English Proficiency. Acceptable documents are your GCE 'O' or 'N' level pass in English (Grade D7 and above), or Workplace Literacy (WPL) programme pass in English (level 3 or higher).¹
- Original Medical Report

Step 2

Stop by the Grab office at STA to pick up your medical examination report. You will need to submit the original medical documents to STA in order to register for your course.

Step 3

Proceed to the STA counter to select your preferred PDVL training date and make payment for the course (NETS and cheque accepted). Don't worry, these are entirely claimable through SkillsFuture and/or Grab! The fees breakdown (inclusive of 7% GST) is as follows:

- PDVL Course + Test Fees - \$128.40
- PDVL Course Training Materials - \$26.75

How to claim your PDVL training course fees

For Singaporeans above 25 years old, you have an initial \$500 credits in your SkillsFuture account. Your PDVL training course and test fees are claimable from SkillsFuture. Login to the SkillsFuture portal using SingPass and follow the instructions to submit your claim here: <http://www.skillsfuture.sg/credit/submit-a-claim>

Grab will cover your training materials fee, which are not claimable from SkillsFuture. Please follow the steps to submit your claim through this website: <http://grb.to/pdvlclaims>

If you are ineligible for SkillsFuture credits or do not have sufficient credits in your account, Grab will cover your training costs. You can submit your claim using the Grab PDVL expense claims form above. You may also stop by the Grab office at STA, and we will be happy to guide you through the steps for claiming your PDVL training fees.

If you have other questions about the PDVL application process, please feel free to email Grab Support at support.sg@grab.com or call us at 6655 0005.

Thank you for choosing Grab!

¹ If you have lost or misplaced your GCE certificate(s), you may wish to purchase a Statement of Results from the Singapore Examinations and Assessment Board: http://www.seab.gov.sg/pages/purchase_of_SOR.asp (not reimbursable). If you have lost or misplaced your WPL certificate, please login to your SkillsConnect account with SingPass (<https://www.skillsconnect.gov.sg/web/guest/home>), click on view achievement, find the certificate and print it out. If you do not have a certificate of English proficiency, you may register to take a WPL-Computer Adaptive Test (WPL-CAT). The cost of this test will be reimbursed by Grab.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0165096C**

Name: **HAN SAY KWANG**

Birth Date: **10 Nov 1950**

Issue Date: **30 Mar 2004**

001179703F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0165096C**

Name: **HAN SAY KWANG**





韓仕光

Race: **CHINESE**

Date of Birth: **10-11-1950**

Country of Birth: **CHINA**

Sex: **M**

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Jan 1977
Class 2A	Motorcycles between 201 cc and 400 cc	03 Jan 1977
Class 2	Motorcycles exceeding 400 cc	03 Jan 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Jul 1975
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	03 Jun 1976
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	10 Feb 1977

NP 428A

Licence No: **S0165096C**



2212150

NRIC No: **S0165096C**

Blood Group: **O+**

Date of Issue: **21-07-1994**

56 JALAN HARI RAYA
SINGAPORE 578149

NRIC No: **S0165096C**

Date: **04/06/2012**

No: **7124684**




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
Comprehensive

Certificate No.: DMCFHQ17-000185

Form: LCVH

Excess:

1. Index Mark and Registration Number of Vehicles
SKU6598L

Section 1	SGD1,500.00
Outside Singapore	SGD1,500.00
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
31/10/2018

5. Person or Classes of Persons entitled to drive*

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

*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

- (1) 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

unwjt/HO/B000042/NEWSTATE STENHOUSE (



A Member of Citystate