

NATIONAL Assessment Centre Services

Date In: 22/12/17	Job description	Date & Time Completed	Done by
Ref No: NA/EQI17024275/13	SAS e-filing		
Veh No: SKX6436E	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/12/17 1815	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLT4960E	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 (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	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:-			
	OD*			
	*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			
	Invoice dated	Fee Charged		
	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 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	22/12/2017 14:36
Date Of Accident	21/12/2017 18:15
Exact Location Of Accident	BUKIT TIMAH RD TWDS NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6436E
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	20040672Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	DMCFQ17-000185
Cover Note Number	

Driver

Name of Driver	CHIN CHEE MENG
NRIC No	S6848381F
Date Of Birth	27/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1993
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98572978
Fax Number	(LOCAL) +65-96126651
Contact Number	
EMail Address	NOEMAIL

Address	BLK 471C FERNVALE STREET #07-73
Postcode	793471
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	INFRT ONLY WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT4960E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FRANKIE
NRIC/Passport Number	
Contact Number	91808113

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHIN CHEE MENG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SKX6436E
Were seat belts worn?	YES
Was this 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.
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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.



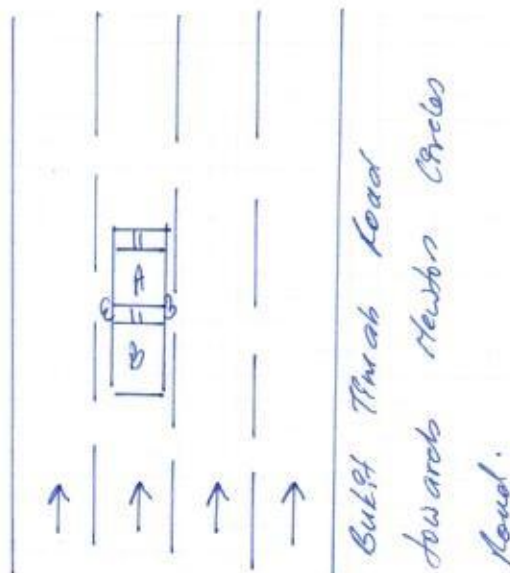
Policyholder's Signature
Date & Time:

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

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

[Signature] 22/12/17

SKETCH PLAN



A: 8KX 6463E

B: SL74960E.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to traffic police report

T / 20171221 / 2159

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:

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



**SINGAPORE
POLICE FORCE**



T/20171221/2159

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20171221/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 22:31	Vide Report No.:	Station Diary No.: 192
Informant's Particulars		
Name of Informant: CHIN CHEE MENG	Address: APT BLK 471C FERNVALE STREET #07-73 SINGAPORE 793471	
ID Type / ID No.: NRIC NO / S6848381F	Contact No.: Home/Office:	Mobile: 98572978
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 48	Date of Birth: 27/12/1968
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/12/2017 18:15	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD before the traffic junction outside of Bukit Timah Waterworks				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Moving Vehicle against Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX6436E	Car				Seriously Damaged	1
SLT4960E	Car				Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171221/2159

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20171221/2159

CONTINUATION OF REPORT

Driver			
Name	CHIN CHEE MENG	ID No.	S6848381F
Related Vehicle	SKX6436E (Car)	Contact No.	98572978
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FRANKIE	ID No.	NIL
Related Vehicle	SLT4960E (Car)	Contact No.	91808113
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 21/12/2017 at about 1815hrs, I was in my Grab Vehicle (SKX6436E) travelling along Bukit Timah Road beside of Bukit Timah Waterworks. I was travelling on the third lane from the left and had stopped my vehicle due to a traffic junction ahead. My vehicle had stopped behind a line of other vehicles. It was then when suddenly another Vehicle (SLT4960E) had collided onto the rear of my vehicle. I had got off my vehicle and taken pictures of the damages and had also took down his name and contact number. My vehicle had sustained damages to the rear boot resulting in my boot being unable to be closed. I had a passenger with me on board at that time however, none of us had sustained serious injuries or was conveyed by ambulance. I had only felt some pain and had visited the doctor who had gave me 5 days of Medical leave due to this incident. I wish to state that I only have an In-car camera facing the front of the vehicle. I did not notice if the vehicle behind me had an in-car camera. I am lodging this report for insurance and recording purposes.



SINGAPORE
POLICE FORCE



T/20171221/2159

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20171221/2159

CONTINUATION OF REPORT

Sketch Plan

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:

E /

Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

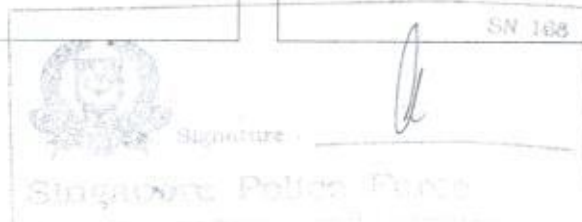
Date/Time:

21/12/2017 22:31

Classification Of Case:

Authentication Stamp

NP158



SN 168

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 wilful 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: 21 Dec 2017 (DD/MM/YY) Time: 18:15 (HH:MM)
Exact location of accident	Bukit Timah Road towards Hewton Circles Road.

Details of vehicle

Vehicle registration number	Sky 64366
Vehicle make and model	Toyota Altis
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	Grab
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	DMCPH017 - 00005
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

Insured / Policy holder

Name	Rose Limouine Senkes Hk Hkl.	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	2004067222	
Contact	6844 5225	
Address		

Driver

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

Name	Chin Chee Meng	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S 6848381P	
Contact	9857 2978 / 9612 6651 (Kelly)	
Address	Block 471C Penvale Street #07-73 Singapore 793471	
Email address		
Date of birth	27 Dec 1968	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	05 Aug 1993	

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>frer</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"/>	
No of passenger	<u>2</u>	(Inclusive of driver)

Passenger 1

Name	<u>Unknown</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

Passenger 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

Passenger 6

Name	
Gender	Male <input type="checkbox"/> Female <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 checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>TPY MPC</u>

Third party vehicle 1

Name	Frankie
Contact number	9180 8113
NRIC / Fin / Passport number	
Vehicle registration number	SLT 4960E
Vehicle make model	

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	

Third party vehicle 5

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

Third party vehicle 6

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6848381F**

Name: **CHIN CHEE MENG**

Birth Date: **27 Dec 1968**
Issue Date: **01 Sep 2003**

000789280G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S6848381F**

Name: **CHIN CHEE MENG**

Race: **CHINESE**
Date of Birth: **27-12-1968**
Country of Birth: **SINGAPORE**

Sex: **M**






YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Dec 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Aug 1993

Licence No: S6848381F



NP 428A

2590962

NRIC No: S6848381F

APT BLK 471C FERNVALE STREET #07-73
SINGAPORE 793471

NRIC No: S6848381F

Date: 23/04/2015

09-03-1995

0+




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**
SKX6436E

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

