

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 31.1.18 14:59    | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/EAZ18000143/h4 | SAS e-filing                             |                       |         |
| Veh No: SJJ 2584 Y        | E-mail (within 2hrs, AIC 2hrs)           |                       |         |
| D.O.A: 21.12.17 09:45     | i-Motor Claim Form                       |                       |         |
| 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:

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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: -

Date/Time

Actions

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

## Invoice Preparation Checklist

Amt (\$)  
1st BillAmt (\$)  
Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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:-

OP\*

\*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 (N-in 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             | 03/01/2018 14:59 |
| Date Of Accident           | 31/12/2017 09:45 |
| Exact Location Of Accident | PIE EXIT TO BKE  |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SJJ2584Y                         |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | ROSET LIMOUSINE SERVICES PTE LTD |
| Co Reg No                   | -                                |
| Email Address               | NOEMAIL                          |
| Mobile Phone No             |                                  |
| Alternative Phone No        | OFFICE-81301183                  |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | TOYOTA       |
| Model  | AXIO         |
| 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? | YES          |
| If No, Please state action to be taken                                       |              |
| 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       | SHA'ARI BIN SALLEH    |
| NRIC No              | S7123616A             |
| Date Of Birth        | 04/07/1971            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 03/10/1996            |
| Driving Experience   | 21 YEARS AND 2 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97500490  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |



|   |                                     |
|---|-------------------------------------|
| Address   | BLK 566 CHOA CHU KANG ST 52 #03-134 |
| Postcode  | 680566                              |
| 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   | COLLIDED INTO PROPERTY |
| Weather Conditions | HEAVY RAIN             |
| Road Surface       | WET                    |

#### 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?   | NO                                  |
| Was any injured conveyed to hospital by ambulance?  |                                     |
| Was any other material or property damaged?   | NO                                  |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO                                  |
| Number of Passengers (Including Driver)   | 2                                   |
| Passenger 1   | NAME: : UNKNOWN<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | CHOA CHU KANG NPC  |
| Police Station Address                    | ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,<br>COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:  |
| 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  |

## 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

Refer to police report.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Pte exit to BKE, I skidded along the bend. It was raining heavily and road was wet and slippery. In front of me was another ~~the~~ accident vehicle. I tried to avoid the cone that was used to divert the traffic from ~~the~~ <sup>my</sup> car skidded & spin a few times before it came to stop.

DECLARATION

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

Policyholder  
Date & Time:



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

*[Signature]* 02-JAN-18

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

*[Signature]*



**SINGAPORE  
POLICE FORCE**



T/20180102/2164

1 of 3

Report No. T/20180102/2164

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>02/01/2018 18:12 | Vide Report No.: | Station Diary No.:<br>103 |
|--|------------------|---------------------------|

|  |  |   |
|--|--|---|
| <b>Informant's Particulars</b>           |  |   |
| Name of Informant:<br>SHA'ARI BIN SALLEH |  | Address:<br>APT BLK 566 CHOA CHU KANG STREET 52 #03-134<br>SINGAPORE 680566 |
| ID Type / ID No.:<br>NRIC NO / S7123616A | Contact No.:<br>Home/Office:                   | Mobile: 97500490  |
| Nationality:<br>SINGAPORE CITIZEN        | Email:   |   |
| Sex:<br>Male                             | Age:<br>46                                     | Date of Birth:<br>04/07/1971  |
| Type of Informant:<br>Driver             |  |   |
| Race:<br>Malay                           | Language:                                      | Institution / School Name:  |
| Occupation:<br>TECHNICIAN                | Driving Licence Information:<br>Class: 2B,2A,3 | Date of Expiry:   |

**General Information of the Accident**

|  |                                   |   |  |                                     |
|--|-----------------------------------|---|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Government Property | Drink Drive:<br>No                          | Date/Time of Accident:<br>31/12/2017 09:45 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1 Traveling Toward Road 2<br>PAN ISLAND EXPRESSWAY<br>BUKIT TIMAH EXPRESSWAY<br>Extreme right lane |                                   |   |  |                                     |
| Weather:<br>Heavy rain   |                                   | Road Surface:<br>Wet                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way   |                                   | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Moving Vehicle Against - Road Divider/Kerb/Railings  |                                   |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition         | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| SJJ2584Y    | Car  |      |       |       | Seriously Damaged | 1               |

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20180102/2164

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20180102/2164

**CONTINUATION OF REPORT**

|                                   |                    |  |                                       |
|-----------------------------------|--------------------|--|---------------------------------------|
| Driver                            |                    |  |                                       |
| Name                              | SHA'ARI BIN SALLEH | ID No.                                 | S7123616A                             |
| Related Vehicle                   | SJJ2584Y (Car)     | Contact No.                            | 97500490                              |
| Hospital/Clinic                   | NIL                | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL                | Degree of Injury                       | NIL                                   |

**Brief Details.**

On 31 December 2017 at about 0945 am, I was travelling in my vehicle bearing plate number SJJ2584Y along PIE (on the extreme right lane) exiting towards BKE. When I was approaching a bend, I saw an accident which had occurred (cones have been put up on accident scene). Upon trying to avoid colliding on to the cones, I swerved my vehicle, which then caused my vehicle to skid and collide onto the side railings of the expressway. I wish to state it was raining at that time and the road was wet. Due to the collision, it caused the front bumper of my car to be badly damaged. Based on my visual assessment, I am unsure of the severity of damage on the railings of the expressway.





**SINGAPORE  
POLICE FORCE**



T/20180102/2164

3 of 3

Report No. T/20180102/2164

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**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:

J /

Sgt 2 ASRAF ZULKARNAIN BIN 'AZIMI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No.: 65476325

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
02/01/2018 18:12

Classification Of Case:



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

\* Pending Police Report

Date of Accident : 31 DEC 2017 Time : 0945

Location Of Accident : PIE EXIT TO BKE

Country/State of Loss : SINGAPORE

#### INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name : \_\_\_\_\_

Email Address : \_\_\_\_\_ Reg Owner ID : \_\_\_\_\_

Mobile Phone No : \_\_\_\_\_ Alternative Phone No : \_\_\_\_\_

#### INSURANCE COMPANY (OWN VEHICLE)

Handling Insurer : \_\_\_\_\_ Fleet Policy : Yes / No

Type Of Coverage : Comprehensive / Third Party Policy Number : \_\_\_\_\_

#### DRIVER IDENTIFICATION

Driver Name : SHAARI BIN SALLEH

Date Of Birth : 04-07-1971 Driving Date Pass : 03-07-1996

Driver ID : S712361LA Occupation : Indoor / Outdoor

H/P Phone No : 97500490 Alternative Phone No : \_\_\_\_\_

Address : BLK 566 CHOA CHU KANG ST 52 #03-134 S680566

Email Address : riasah71@gmail.com Relationship : \_\_\_\_\_

Was driver an employee of the Insured's Company? : Yes / ☒ No

Driver's Own Vehicle Reg No : SJJ 2584Y Driver's Own Insurer : \_\_\_\_\_

#### VEHICLE INFORMATION

Vehicle Registration No : SJJ 2584Y

Manufacturer : \_\_\_\_\_ Model : \_\_\_\_\_

Reporting Type : ☒ Own Damage / ☐ Third Party / ☐ Reporting Only

Exact Purpose for which vehicle was being used at time of accident : Private Use / Company Use /

Hired Use

#### GENERAL INFORMATION OF THE ACCIDENT

Weather Condition : Clear / ☒ Raining / After Rain

Road Surface : Dry / ☒ Wet / Damp

Approach by Unknown : Yes / ☒ No

Number of Passengers (Including Driver) : 02

Injured : Yes / ☒ No

Police Reported : ☒ Yes / No

Video Camera : Yes / ☒ No

**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 : GOVERNMENT PROPERTY.

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_



# REPUBLIC OF SINGAPORE DRIVING LICENCE

LEARNER PERMIT S7123616A

Name

SHA'ARI BIN SALLEH

Birth Date 04 Jul 1971

Issue Date 14 Apr 2003



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7123616A

Name

SHA'ARI BIN SALLEH

شوي بن صالح

Race

MALAY

Issued Date

04-07-1971

Country of Birth

SINGAPORE



## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 2B Motorcycles not exceeding 200 cc  
Class 2A Motorcycles between 201 cc and 400 cc  
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

13 Apr 1994

29 Aug 1995

03 Oct 1996

Licence No: S7123616A



NP 426A



S7123616A



Blood Group

Date of Issue

B+

11-11-1992

APR BLK 566 CHOA CHU KANG STREET 52 #03-134  
SINGAPORE 680566

NRIC No: S7123616A

Date: 31-07-2000

No: 1709003

**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

1. Index Mark and Registration Number of Vehicles  
SJJ2584Y

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.

Form: LCVH

Excess:

|                   |             |
|-------------------|-------------|
| 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 |

unwjt/H0/B000042/NEWSTATE STENHOUSE (



A Member of Citystate

Authorised Signatory  
EQ Insurance Company Limited