Date In: 5/3/18-15:34	Jeb description	Date &Time Completed	Done by
Ref No: No E Q = 1800 19 19 12 4	SAS e-filing		
Veh No: SESAOTL	E-mail (within Shrs, AIC 2	thrs)	
D.O.A: 4/3/18-13:30	i-Motor Claim Form		
	i-Motor W/O (Within:	OD 2hrs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		
Th I	Assessment/Survey Rep	port	
TP Insurer:	Ass't Report by Fax / I	land to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	x:
TP Particulars: Veh No: SHD	3176R	NC()/Non-INC()	
Owner / Driver: (Tel:	
Policy No: () P	eriod: () Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N	I: 0-20%; P: 21-79%. P: 80-10	00%]
Year of Registration: ()	Warranty: YES ()/NC)()	
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Remarks: (INC hotline: 6788 6616)	remember of the contract of	Date&Time Completed	Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

ACCID	CNIT	етлт	CM	ENT
ACCID		SIAI		

05/03/2018 15:34 Date Of Report Date Of Accident 04/03/2018 12:30

JUNC PUNGGOL RD & TPE Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SJE8907L Vehicle Registration Number

Insured/Policyholder

NIN SAID BIN SUPRI Name Of Registered Owner

NRIC No S0102141I NOEMAIL Email Address

Mobile Phone No (LOCAL) +65-81255446 OFFICE-81255446 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer ALLION 1.5 A Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

EQ INSURANCE COMPANY LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMPPHQ17-002538 Policy Number

Cover Note Number

Driver

NIN SAID BIN SUPRI Name of Driver

S0102141I NRIC No Date Of Birth 18/04/1955 INDOOR Occupation Date Of Driving Pass 23/01/1980

38 YEARS AND 1 MONTH Driving Experience

Gender

(LOCAL) +65-81255446 Mobile Number

Fax Number

OFFICE-81255446 Contact Number

NOEMAIL **EMail Address**

BLK 704 YISHUN AVENUE 5 Address

#03-220

760704

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

YES

NO

2

NO

YES NO

NO

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD3176R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process,
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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 Perspnnel's Signature

Name:

NRIC/FIN No .:

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.:

SMRMC Stotchill discore. VS

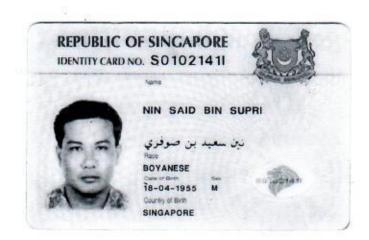
ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG JUNCTION PUNGGOL RD AS THE TRAFFIC LIGHT WAS RED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

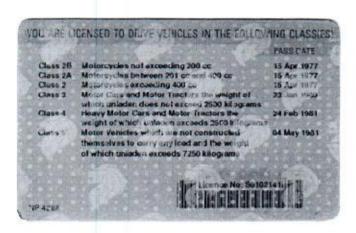
ACCIDENT STATEMENT

b) DRIVER'S NAME: (Including do c) NRIC/FIN/PASSPORT: CONTACT: (ACCI	DENT DATE: 4/ 3/ 18 (DD/MM	/YYYY), TIME:(1) : 30)(HH:M)	۸) .
1. DETAILS OF VEHICLE O)VEHICLE NUMBER: JE 8907 L O)VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) G)VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE / O)VEHICLE CONTACT: JOD 1417 CONTACT: ST 1 55 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	rio -	mac		
O)VEHICLE NUMBER: JE & 90 L D)RISURANCE COMPANY: 501 C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) 9)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Private use l)PARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Nin & 10	LOCA	MON: / Maggo) Rd Z ITE		
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D)INSURANCE COMPANY: EQ COPOLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) B)MAKE & MODEL: I)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Private MS I)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Nin Aid Nin Appri (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 0103 VIII CONTACT: 8125 V / 6 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER c)NAME: OF DRIVING EXPRENENCE: 2010 1 VIII CONTACT: (Including of Including of I	1.	DETAILS OF VEHICLE	7)76	•
C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: p) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: p) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: p) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: p) VEHICLE ALIEN PARTY CLAIM / REPORTING ONLY) 2. INSURED / FOULCY HOLDER A) NAME: N) NEW NAME: N) NEW NOTORISMORY (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: N) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) D) NOAD SURFACE: (DRY / WET / OTHERS) N) NEW NAME: N) NAME:	**	a) VEHICLE NUMBER: 03 E 6 9 0 10	24.5	12
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e)MAKE & MODEL: ITYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: i)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: No. 10		c)POLICY NUMBER:	D BARTY / TUIDD PARTY FIRE &THEF	n .
ITYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (ITHIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: NIA BOOK OF CONTACT: C) ADDRESS: TIK DY YITH A AVENUE \$ 07-220 (760704) * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER O) NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: C) ADDRESS: *d) DATE OF BIRTH: (18 / / 1953) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 22 1 1000 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTPOOR b) DROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: SHOTITAL MODEL: 1410 of passes c) NRIC/FIN/PASSPORT: CONTACT: (Ladwing d) C) VEHICLE NUMBER: MODEL: 410 of passes d) DRIVER'S NAME: (MODEL: 410 of passes) O) DRIVER'S NAME: (MODEL: 410 of passes)			DPARIT / IHIRD FARIT TIRE WITE	
G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: PRIVATE VISE I]ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: NIA SOID ON MAPCA (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 81255446 c)ADDRESS: 116 DAY YISHAA AVEANE 5 & 07-220 (760704) *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: *d)DATE OF BIRTH: [18 / 4 / 1955] (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 22 1970 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTPE 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SUFFACE: (DRY / WEF / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: SHO 3176 MODEL: 1410 of passes C) VEHICLE NUMBER: SHO 3176 MODEL: 1410 of passes C) VEHICLE NUMBER: MODEL: 1410 of passes C) VEHICLE NUMBER: MODEL: 1410 of passes C) DRIVER'S NAME: (MILL) C) VEHICLE NUMBER: MODEL: 1410 of passes C) DRIVER'S NAME: (MILL) C) VEHICLE NUMBER: MODEL: 1410 of passes C) DRIVER'S NAME: (MILL) C) DRIVER'S N		e)MAKE & MODEL:	- CTUEDEL	8
INJPURPOSE OF USING AT ACCIDENT TIME: POVATE USE JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: No. A. In Social Contact: P12551/6 C)ADDRESS: P1 C DU YILLY AVENUE S CONTACT: P12551/6 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a)NAME: (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: (Including of the contact) C)ADDRESS: CONTACT: (INDOOR / OUTDOOR) T)YEARS OF DRIVING EXPRERIENCE: DISTORMANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTPOOR D)ROAD SURFACE: (DRY / WEF / OTHERS		FITYPE: (SALOON / COUPE / MPV /VAN /	LORRY / MOTORCYCLE / OTHERS)	
JARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: Nin & No Nin Napro (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: 81255466 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER O)NAME: (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: C ADDRESS: (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: C ADDRESS: (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: C ADDRESS: (MALE / FEMALE) O)CCUPATION: (INDOOR / OUTDOOR) 1)YEARS OF DRIVING EXPRERIENCE: 23 1 1000 1) YEAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 15 NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUTLOORS D)ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (DRY / WET / OT		g) VEHICLE CATEGORY: (PRIVATE / COMA	MERCIAL / MOTORCYCLE)	84
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A)NAME: Ni A Sid Ni Supri (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 5010 11/17 CONTACT: 812 5/14/6 c)ADDRESS: Nik Dy Yidha Avenue 5 x 07-220 (7 607 04) * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a)NAME: (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: *d)DATE OF BIRTH: (18/14/1453/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 22/11/400 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUNCE 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WEI / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SHO3176 MODEL: AND A PASSE C) NRIC/FIN/PASSPORT: CONTACT: (Including displayed) c) NRIC/FIN/PASSPORT: CONTACT: (Including displayed) d) VEHICLE NUMBER: MODEL: A Ho of passe ### Ho of passe			M / REPORTING ONLY)	D D
D)NRIC/FIN/PASSPORT: 1010 1147 CONTACT: 8125546 c)ADDRESS: 116 DAY YILMAN AVENUE 5 & 07-320 (760704) * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER G)NAME: [MALE / FEMALE] D)NRIC/FIN/PASSPORT: [CONTACT: [MALE / FEMALE] E)DNRIC/FIN/PASSPORT: [CONTACT: [MALE / FEMALE] D)NRIC/FIN/PASSPORT: [CONTACT: [MALE / FEMALE] * MODEL: [MALE / MALE / FEMALE] * MODEL: [MALE / FEMALE] * MODEL: [MALE / FEMAL	2.	INSURED / POLICY HOLDER	~	712 20
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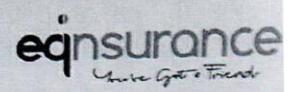






EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 to 66 5223 9433 | 1ax 65 5224 3903 | www.eqinsurence.com.eg neg no. 1979-00490-N



\$\$500.00

5\$1,000,00

\$\$3,000.00

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

PRIVATE CAR Comprehensive

Form MX2

Insured Named Driver:

YEID Additional

Unnamed Drivers:

Certificate No.: DMPPHQ17-002538

1. Index Mark and Registration Number of Vehicles

SJE8907L

2. Name of Policyholder

Nin Said Bin Supri

 Effective Date of the Commencement of Insurance for the purpose of the Act 12/05/2017

4. Date of Expiry of Insurance

11/05/2018

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission permission.

- Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of. Court of Law or by reason of any enactment 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. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover

- (a) use for hire or reward
- (b) use for racing pace-making reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade

*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.

TIWE 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.

Hire Purchase STANDARD CHARTERED BANK (SINGAPORE) LIMITED

A000005 Marilyn Lim Lay Lay Date of Issue : 05/05/2017 18:04

Authorised Signatory EQ Insurance Company Limited

Exp No.: DMPPHQ16-002134