NATIONAL Assessment Cent.	re Services we!	1 James MNA 1180393	56	
Date In: 13/3/18-15:42	Jeb description		e Completed	Done by
Res No: NA EQ 18005420/24	SAS e-filing			
Veh No: Sicx 36068	E-mail (within Shrs,	AIC 2hrs)		
D.O.A.: 18/1/18-16:30	i-Motor Claim F	orm		
	i-Motor W/O (wi	thin: OD 2hrs, TP 4hrs)		
OD : TP ! Reporting Only	i-Photo Uploade	1 .		
TD	Assessment/Survey	Report		
TP Insurer:	Ass't Report by Fa	x / Hand to Owner/Wk	sp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Pede	strian .	INC()/Non-I	NC().	
Owner / Driver: (Tel:		
Policy No: () P	eriod: () Cover Typ)
Confirmed by : (ime:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO)		9%. F: 30-100%	•)
Year of Registration: ()		/NO()		
Excess: (\$) Loading: \$1,	000 ()/\$2,000 ()	W. 17 1897 .	
General Remarks:-		Jacob desertion		S
() Walk-In Customer: Customer's info	ormation strictly Confide	ential & Strictly NO refe	or of repairer.	
() Total Loss Case : to e-mail Insur			13 .	
	e: YES () / NO () ; Towing Co: (.)
Remarks;- (INC hotline: 6788 6616)		Date&Tim	s Comptered *	Done by
	Courtesy Car ()			16.1
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Country Car ()			
3) Upload Resurvey Photo [Repair Cost > \$	20007 ()			
3) Opload Resurvey Flioto (Repair Cost > 3	()		No.	
Injury:	•			
Date/Time Actions		MARKET THE	6.5	BOST SE
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***	In	voice Preparation Cl	iecklist	Amt (S) Amt
			30);	
latinant's Particulars :-		DA : Damage Assessment (S FF : Towing Fee	100); INC (\$80) \$40/\$45	
river/Owner:	4)]	T : Follow-Through Survey	\$120	
ontact No:	5))	T: Follow-Through Survey ((Resurvey) \$30 y (wef 10 Jan 2005)	
	6)	TR : Re-inspection	\$75	
arnaged Portion:	5 2)1	N1 : Idac DA + SMRT Survey NTUC Additional Services:-	. 3160	
		OD.		
C Checked by (Engr-In-Charge):		N5: Courtesy Car / Tpt Allow N6: Repair Co-ordination	venue \$5 510	
Vivare and Campagagagagagagagagagagagagagagagagagaga	SCHOOL SECTION STATES	N7: Fost Repair Inspection	\$25	
nditors' Comments :-	\$2.75(\$1.74) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N8: DV / Collect Excess Coo FP (N11): TP (Non INC) age	ordination \$5 inst INC \$20	
at. 1:		N12: Idao Mobile	30	1
at. 2/3;	122	olce dated	Per Charged	SECTION STATE
	Inv	oice dated	Fee Charged	PARTICIPAL

Far project (1997)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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

ACC	IDENT	STATE	EMENT

23/03/2018 10:42 Date Of Report 18/01/2018 16:30 Date Of Accident

JUNC TOA PAYOH N & LOR 1 TOA PAYOH Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SKX3606B Vehicle Registration Number

Insured/Policyholder

ROSET LIMOUSINE SERVICES PTE LTD Name Of Registered Owner

200406722Z Co Reg No NOEMAIL **Email Address**

Mobile Phone No.

Alternative Phone No OFFICE-89999999

Vehicle Particulars

NISSAN Manufacturer

ELGRAND HIGHWAY STAR 2.5 MCVT 8AB LED Model

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

REPORTING ONLY If No. Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

EQ INSURANCE COMPANY LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMCFHQ17-000185 Policy Number

Cover Note Number

Driver

ABD MALEK BIN MOHAMMAD Name of Driver

S2190945I NRIC No 07/10/1966 Date Of Birth OUTDOOR Occupation 19/06/1992 Date Of Driving Pass

25 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96346466 Mobile Number

Fax Number

OFFICE-96346466 Contact Number

NOEMAIL EMail Address

BLK 717A WOODLANDS DRIVE 70 Address

#07-10

731717 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PEDESTRIAN Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 1 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180118/2148.

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

PEDESTRIAN

Vehicle Make/Model/Colour

Details Of Properties

GOVERNMENT Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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.
- 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.
- 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:

4

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO.

DECLAR 1000 House particulars are true in every respect.

Policyholder's Sig Date & Time: Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE a)VEHICLE NUMBER: SICX366B D)INSURANCE COMPANY: £01 c)POLCY NUMBER: DMCEND 11-003185 d)POLCY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL: i)TYPE:(SALOON / GOUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) e)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) i)PURPOSE OF USING AT ACCIDENT TIME: i)PURPOSE OF USING EXPRENENCE: i)PURPOSE OF US	ACC	IDENT DATE: 8/1/8 (DD/MM/Y	YYY), TIME:(16 : 30)(HH:MM)	8 .
OJVEHICLE NUMBER: 10 10 10 18 18 19 19 18 19 19 18 19 19 18 19 19 18 19 19 18 19 19 18 19 19 18 19 19 18 19 19 19 18 18 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18	100		for 1 you payoh	
DJINSURANCE COMPANY: LEGIT - 007185 C)POLICY NUMBER: DMC LEGIT - 007185 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: h)PURPOSE OF USING AT ACCIDENT TIME: l)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: 1344 L'MOMORO REVICES HE UM (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: C)ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER O)NAME: Abd Make Bin Malammad (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 519 69457 CONTACT: 96346466 C)ADDRESS: **d)DATE OF BIRTH: (1 / 0 / 965) (IDD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: [9] 6992 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) WEATHER CONDITION: (CIEAR / RAINING / OTHERS) b) ROAD SURFACE; (DRY) / WET / FOTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: D) DRIVER'S NAME C) NRIC/FIN/PASSPORT: CONTACT: D) DRIVER'S NAME C) NRIC/FIN/PASSPORT: CONTACT: MODEL: HO of passes Also of	1	DETAILS OF VEHICLE	nit/L.	
C)POLICY NUMBER: DICKETT - 000163 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 l)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: 1364 (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D)NRIC/FIN/PASSPORT: SIN MARC CONTACT: d)NAME: Abd MARC Bin Mayor Mad (MALE / FEMALE) b)NRIC/FIN/PASSPORT: SIN MARC CONTACT: d)DATE OF BIRTH: (1 / 0 / 960) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRENENCE: (9 6 92 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b)ROAD SURFACE: (DRY / WEI / OTHERS b)ROAD SURFACE: (DRY / WEI / OTHERS b)ROAD SURFACE: (DRY / WEI / OTHERS b) ROAD SURFACE: (DRY / WEI / OTHERS b) ROAD SURFACE: (DRY / WEI / OTHERS b) DRIVER'S NAME: d) VEHICLE NUMBER: DR destriag MODEL: b) DRIVER'S NAME c) NEIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: b) DRIVER'S NAME c) NEIC/FIN/PASSPORT: CONTACT: 9. DRIVER'S NAME c) DRIVER'S NAME e) DRIVER'S NAME e) DRIVER'S NAME e) DRIVER'S NAME e) DRIVER'S NAME		I TIMESTER AND CE COMPANY.	1.	
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O)NAME: Ald Make Bin Mahamad (MALE) FEMALE) b)NRIC/FIN/PASSPORT: S219 69451 CONTACT: 96346466 c)ADDRESS: "d)DATE OF BIRTH: (THOLDER	()
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4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:		THE LAS OF BON THE EVEDEDIENCE:	1992	20 V
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6. WAS ANYBODY INJURED (YES /NO) 7. a)REPORTED TO POLICE (YES /NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: De dering MODEL:	7,54,6	BIROAD SURFACE: (DRY / WET FOTHERS_		
7. a) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: De dering MODEL: Who of passo b) DRIVER'S NAME: CONTACT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: Who of passo e) DRIVER'S NAME: (Including displayed)	6.	WAS ANYBODY INJURED (YES /NO)	(9)	
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: De destriga MODEL: SHOW of passo (Including do neichfin/Passport: Contact: (D) 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: Ho of passo (Including do neichfin/Passport: Contact: (D)	7.	a)REPORTED TO POLICE (YES (NO)		20
a) VEHICLE NUMBER: Placetion MODEL: The of passing do DRIVER'S NAME: CONTACT: CONTACT: CONTACT: 4 He of passing do DRIVER'S NAME: MODEL: 4 He of passing do DRIVER'S NAME: (Linear documents)		IF YES, PLEASE STATE WHICH POLICE STAT	TON:	-
b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 7. THIRD PARTY VEHICLE d) VEHICLE NUMBER: DRIVER'S NAME: ODDEL: Ho of passing the passing of the passing	- 8.	THIRD PARTY VEHICLE		well of possess
b) DRIVER'S NAME:		a) VEHICLE NUMBER: Pedestiga	MODEL:	
9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: 40 of passing the passing th				- Clududing di
d) VEHICLE NUMBER: MODEL: 4 No of passi		c) NRIC/FIN/PASSPORT:	CONTACT:	$-(\Omega)$
e) DRIVER'S NAME:	9.	THIRD PARTY VEHICLE	and the same of th	
e) DRIVER'S NAME:		d) VEHICLE NUMBER:	MODEL:	- * Ho of passi
f) NRIC/FIN/PASSPORT:CONTACT:CONTACT:CONTACT:		e) DRIVER'S NAME:		· Cindudina d
() .	1	f) NRIC/FIN/PASSPORT:	CONTACT::-	
		34		() .

Qmail = fax =





ambulance:

Yes

1 of 3 Report No. T/20180118/2148

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Type of Collision:

Date/Time Report Made: 18/01/2018 18:52		Vide Report No.:				Station Diary No.:		
Informa	nt's Partic	culars						
	Informan LEK BIN I	t: MOHAMMAD	Addres APT B 73171	BLK 717A W	OODLANDS	DRIVE 70	#07-10 SINGAPORE	
	/ ID No.: D / S2190	9451		ct No.: /Office:		Mobile: 96	6346466	
National SINGAP	ity: ORE CITI	ZEN	Email:					
Sex: Male	Age: 51	Date of Birth: 07/10/1966	Type of Driver	of Informant				
Race: Indian			Langu	lage:		Institution	/ School Name:	
Occupat				g Licence Ir 2B,2A,3	nformation:	Date of E	xpiry:	
General	Informati	on of the Accident		In it	Date/Tin		Type of Location:	
Type of Acciden	t:	Injury Conveyed By Ambi	ulance	Drink Drive: No	Accident		Type of Location	
TOA PA	G 1 TOA YOH NOI ost Numb	RTH						
Weathe			Road	Surface:		R	Road Speed Limit:	
Traffic F	Flow:		Traffic Control:			T	Traffic Volume:	
Type of Collision:				Д	Anyone conveyed by			

Details of ve	ehicle Invo	1400			0 1011	N 6 D
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX3606B	Car				No	0

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





T/20180118/2148

2 of 3

Report No. T/20180118/2148 *

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver						ALTONIA SERVICE PROGRAM
Name	ABD MALEK BIN MOHAMMAD			ID No.		S2190945I
Related Vehicle	SKX3606B (Car)			Contact No.		96346466
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge NIL		
	ted Medical Leave	VIL	Degree of	Injury	NIL	
Passenger						
Name	Unknown Passenger			ID No.		NIL
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment NIL Date Dis			Date Disc	scharge NIL		
The second secon	ted Medical Leave	NIL	Degree of	Injury	Serio	ous

Brief Details.

ON 18/01/2018 AT AROUND 1630 HRS TO 1645 HRS I WAS TRAVELLING ALONG TOA PAYOH NORTH AND I WANTED TO MAKE RIGHT TURN AT JUNCTION OF LORONG 1 TOA PAYOH TOWARDS LORONG 6 TOA PAYOH I WAS AT THE JUNCTION WHEN THE LIGHT WAS GREEN AS I TRIED TO MAKE A RIGHT TURN I DID NOT SAW PEDESTRIAN CROSSING FROM LEFT TO RIGHT AND THEREFORE HIT ONTO THE PEDESTRIAN.





3 of 3

Report No. T/20180118/2148

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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: TP / SEBASTIAN NG JING PEI

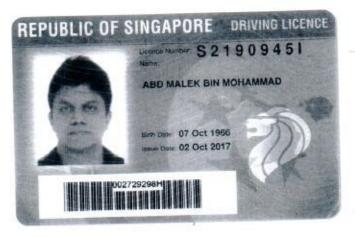
Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214

Authentication Stamp NP168

Signature Qf Informant:

Date/Time: 18/01/2018 18:52



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$21909451



ABD MALEK BIN MOHAMMAD

Name

INDIAN Date of birth 07-10-1966

Sex M

52190945

5613705

MALAYSIA

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

02 Dec 1988 02 Dec 1988 19 Jun 1992

NP 428A

HRIC No. S21909451

02-06-2016

APT BLK 717A WOODLANDS DRIVE 70 #07-10 SINGAPORE 731717

NRIG No. 821909451

Date 13/12/2016

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 rog 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

Name of Policyholder ROSET LIMOUSINE SERVICES PTE. LTD. 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

- Effective Date of the Commencement of Insurance for the purpose of the Act 01/11/2017
- Date of Expiry of Insurance 31/10/2018

SKX3606B

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.

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

科學出版

THE POLICY DOES NOT COVER

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

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

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

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

Authorised Signatory EQ Insurance Company Limited



