

NATIONAL Assessment Centre Services

Page 1 of 1000

MWA 118075865

| | | | |
|-----------------------------------------------------------|------------------------------------------|-----------------------|---------|
| Date In: 11/16/18 17:57 | Job description | Date & Time Completed | Done by |
| Ref No: WA/EAZ18010633/64 | SAS e-filing | | |
| Veh No: SKB 8009 H | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 10/16/18 00:50 | i-Motor Claim Form | | |
| OD: <input checked="" type="checkbox"/> 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:

Unknown.

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

Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars:-

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

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

Driver/Owner:

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

Contact No:

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

Damaged Portion:

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QI*

*N5: Courtesy Car / Tpl 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 \$0

Auditors' Comments:-

Ref 1:

Ref 2/3

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 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 | 11/06/2018 17:57 |
| Date Of Accident | 10/06/2018 00:50 |
| Exact Location Of Accident | JUNC OF TAMPINES AVE 1 & TAMPINES AVE 5 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | SKB8009H |
| Insured/Policyholder | |
| Name Of Registered Owner | HITACHI CAPITAL ASIA PACIFIC PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67341222 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E200 |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPPHQ18-002660 |
| Cover Note Number | - |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | DANIEL LIM JIN LING |
| NRIC No | S9407195Z |
| Date Of Birth | 26/02/1994 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/09/2012 |
| Driving Experience | 5 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96779645 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|-------------------------------|
| Address | BLK 804 TAMPINES AVE 4 #03-43 |
| Postcode | 520804 |
| 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 - CHANGE/CROSS LANE |
| 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: : SOH AI HUI CHARIS GENDER: : FEMALE |

Details of Police Action

| | |
|-------------------------------------------|-------------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|-----------------------------------------------------|---------------------|
| Name | DANIEL LIM JIN LING |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SKB8009H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|-----------------------------------------------------|-------------------|
| Name | SOH AI HUI CHARIS |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SKB8009H |
| 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.
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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

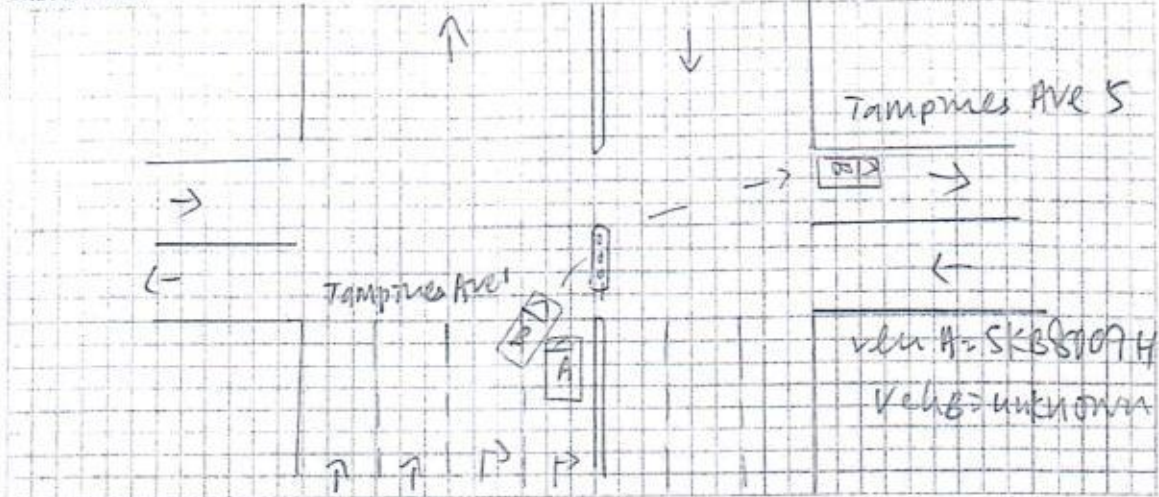
ROBIN OH (MR)
Department Manager
Total Vehicle Solution
Asia Pacific Business Division
Policyholder's Signature
Date & Time:

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

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

SKB 2007H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer the police report = T/20180610/2116

DECLARATION

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

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

ROBIN [Signature]
Policyholder's Signature
Department Manager
Total Vehicle Solution
Asia Pacific Business Division

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

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

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

30 Apr 2018

Our ref 3004180203N057016455

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
111 SOMERSET ROAD
#14-05-15
TRIPLEONE SOMERSET
SINGAPORE 238164

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SLT7819L WITH VEHICLE REGISTRATION NO. SKB8009H

You may be pleased to know that your application of 30 Apr 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SKB8009H (Previously SLT7819L)
Vehicle Make : MERCEDES BENZ
Vehicle Model : E 200CGI
Chassis No. : WDD2120482A339829
Engine No./ Motor No. : 27186030151205 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : WDD2120482A339829, Engine No./ Motor No. : 27186030151205 / -) to display the new/ replacement registration number, SKB8009H by 03 May 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20180430092316029753 or the vehicle registration number when making your enquiry.

VEHICLE NO: SKB 8009H

MAKE & MODEL: Mercedes E200

DATE OF ACCIDENT

10 / 06 / 2018

TIME OF ACCIDENT

0050 AM / PM

LOCATION OF ACCIDENT

Junction of Tampines Ave 1 & Tampines Aves

Exact Purpose use during accident

NAME OF OWNER

Hitachi Capital Asia Pacific PTE LTD

TELP NO

67341222

NRIC

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

INSURANCE CO.

EQ

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

DMPPH 218 - 002660

NAME OF DRIVER

As above /

If No:

Daniel Lim Jin Ling

NRIC

S9405156H

Any passengers:

1 Pax

DATE OF BIRTH

26 / 02 / 1994

Soh Ai Hui Chans (F)

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

10 / Sep / 2012

GENDER

Male /

Female

CONTAC NO.

96779645

Office:

Home:

ADDRESS

Blk 804 Tampines Ave 4 #03-43, S(520804)

DRIVER HAVE ANY OWN Vehicle

NO / If yes: Reg No.

RELATIONSHIP

Employee / If No:

Hirer.

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

Daniel Lim Jin Ling / Soh Ai Hui Chans

CONTAC NO.

96779645 / 97825572

POLICE REPORT

No / If yes: Where? Pasir Ris N.P.C

VEHICLE B NO.

unknown

Any Passenger:

unknown

NAME

CONTAC NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /
offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

hnamery@live.com-sg

TELP NO

CONTACT PERSON

June

FAX NO.



**SINGAPORE
POLICE FORCE**



T/20180610/2116

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20180610/2116

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|-------------------------------------|---------------------------|
| Date/Time Report Made: 10/06/2018 23:06 | Vide Report No.: G/20180610/0022 | Station Diary No.: 111 |
|--------------------------------------------|-------------------------------------|---------------------------|

Informant's Particulars

| | | | | | |
|-------------------------------------------|------------|------------------------------|----------------------------------------------------------------------|--|----------------------------|
| Name of Informant: DANIEL LIM JIN LING | | | Address: APT BLK 804 TAMPINES AVENUE 4 #03-43 SINGAPORE 520804 | | |
| ID Type / ID No.: NRIC NO / S9407195Z | | | Contact No.: Home/Office: Mobile: 96779645 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 24 | Date of Birth: 26/02/1994 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: SELF EMPLOYED | | | Driving Licence Information: Class: 3A Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---------------------------------------------------------------------------------|---------------------------|------------------------------------------|-----------------------------------------|------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 10/06/2018 00:50 | Type of Location: X-Junction |
| Location: Along Road 1 TAMPINES AVENUE 1 TOWARDS TAMPINES AVENUE 5 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| SKB8009H | Car | | | | Slightly Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180610/2116

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20180610/2116

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------------------------|--|----------------------------------------|-----------------------------------|
| Driver | | | | |
| Name | DANIEL LIM JIN LING | | ID No. | S9407195Z |
| Related Vehicle | SKB8009H (Car) | | Contact No. | 96779645 |
| Hospital/Clinic | LIFE-LINK CLINIC & SURGERY | | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | 10/06/2018 | | Date Discharge | 10/06/2018 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |
| Passenger | | | | |
| Name | SOH AI HUI CHARIS | | ID No. | S9405156H |
| Related Vehicle | SKB8009H (Car) | | Contact No. | 97825572 |
| Hospital/Clinic | KK WOMEN'S AND CHILDREN HOSPITAL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 10/06/2018 | | Date Discharge | 10/06/2018 |
| No. of Days granted Medical Leave | 03 | | Degree of Injury | Slight |

Brief Details.

On 10/06/2018 at about 0050hrs, I was driving my car bearing car plate number SKB8009H on Tampines avenue 1 towards Tampines avenue 5. I was driving on the most right lane at the point of time before making a right turn. Before I could make a right turn at the junction, a car from my left lane suddenly turned into my lane and sideswipe the left part of my vehicle. As a result, my car suffered minor scratches at the front left bumper. As the traffic light turned red, I had no choice but to stop and the car continue ahead and drove off. After she made a turn, she turned on her hazzle light and stopped. I got down and make a check on my vehicle and signaled her to stop. When I got back up to my car, she drove off. I then called for the Tp and Tp advised me to lodge a police report. I'm lodging this report for insurance claim purposes.

IO: Dylan



SINGAPORE
POLICE FORCE



T/20180610/2116

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180610/2116

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: G / Sgt 1 JUSTIN CHU JUN QUAN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 10/06/2018 23:06 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251 | Classification Of Case: |
| Authentication Stamp NP168 | SIGNATURE |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9407195Z**
 Name: **DANIEL LIM JIN LING**

Birth Date: **26 Feb 1994**
 Issue Date: **10 Sep 2012**

002104105A




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO: **S9407195Z**



Name: **DANIEL LIM JIN LING**

林金伶

Race: **CHINESE**

Date of birth:

26-02-1994

Country of birth:

SINGAPORE

Sex: **M**

S9407195Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
 with <= 7 passengers, exclusive of the driver; and
 other motor vehicles without clutch pedals <= 2500kg

10 Sep 2012

Licence No: S9407195Z



NP 428A



4435434

NRIC No: **S9407195Z**



Date of issue:
28-07-2009

Address:

**APT BLK 804 TAMPINES AVENUE 4
 #03-43
 SINGAPORE 520804**

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.

**PRIVATE CAR
Comprehensive****Certificate No.: DMPPHQ18-002660**

Form: MX2
Excess:
Named Driver SGD2,000.00
Unnamed Drivers Add SGD2,000.00
YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles

SLT7819L

2. Name of Policyholder

Hitachi Capital Asia Pacific Pte Ltd

3. Effective Date of the Commencement of Insurance for the purpose of the Act

26/04/2018

4. Date of Expiry of Insurance

25/04/2019

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.

*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*

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.

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

unwsbh/H0/A000298/Tong Hin Insurance A



A Member of Citystate