

NATIONAL Assessment Centre Services (ver 1.2.1000)

Date In: 11/06/2018 16:52
 Ref No: NA/EQI18010662/K4
 Vch No: GBB 4186L
 D.O.A: 11/06/2018 09:15
 OD: TP / Reporting Only
 TP Insurech:
 Job description: SAS e-billing
 Date & Time Completed:
 Done by:
 E-mail (within 3hrs, AIC 3hrs)
 I-Motor Claim I/O in
 I-Motor W/O (within: OD 3hrs, TP 3hrs)
 I-Photo Uploaded
 Assessment/Survey Report
 Ass'l Report by Fax/Hand to Owner/Wksp

Preferred Wksp / INC Assgn Wksp / QW: ()
 TP Particulars: Ych No: PC 564 J, INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Tel: () Fax: ()
 Confirmed by: () Date: () Cover Type: ()
 Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-20%; P: 21-79%; P: 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 repair.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Hotline: 6788 6016)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Action

Item's Particulars	Invoice / Reproduction / Grd / Dist	Amount (\$)	Bill	Mod. Bill
1) AR: Accident Reporting (\$30)		\$30		
2) DA: Damage Assessment (\$100)	INC (\$100)	\$100		
3) TP: Towing Fee		\$40/\$43		
4) FT: Follow-Through Survey		\$120		
5) FT: Follow-Through Survey (Resurvey)		\$30		
For estimate against INC Only (ver 10 Jan 2005)				
6) TR: Re-inspection		\$75		
7) NI: Idan DA + SMRT Survey		\$160		
8) NTUC Additional Services				
OT:				
*NI: Courtesy Car / Tpl Allowance		\$5		
*NI: Repair Coordination		\$10		
*NI: Post Repair Inspection		\$25		
*NI: DY / Collect Excess Coordination		\$2		
TP (NI): TP (Non-INC) against INC		\$30		
9) NI: Idan Mobile		\$0		
Invoice dated	File Charged			
Invoice dated	File 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 16:52
Date Of Accident	11/06/2018 09:15
Exact Location Of Accident	TPE EXIT 7 TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4186L
Insured/Policyholder	
Name Of Registered Owner	DYNAMICWERKZ PTE LTD
Co Reg No	-
Email Address	DWERKZPL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98122020
Alternative Phone No	OFFICE-98122020

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-000670
Cover Note Number	

Driver

Name of Driver	SUBBAIAH SHANMUGAM
Work Permit No	F8277778N
Date Of Birth	04/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98122020
Fax Number	
Contact Number	OTHERS-98122020
Email Address	DWERKZPL@GMAIL.COM

Address DYNAMICWERKZ PTE LTD
 Postcode
 Was driver an employee of the Insured's Company YES
 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

Type Of Accident CHAIN COLLISION
 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) 3
 Passenger 1 NAME: : AYYAPAN MANIKANDAN
 GENDER: : MALE
 Passenger 2 NAME: : THIYAGARAJAH PRAMIAH
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name GEYLANG N.P.C
 Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180611/2110

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 PC564J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category BUS
 Name of Driver
 NRIC/Passport Number

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

DETAILS OF OTHER VEHICLE PROPERTY 2

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 SUBBAIAH SHANMUGAM
Approximate Age
Injuries Sustain RIGHT LEG PAIN
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AYYAPAN MANIKANDAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name THIYAGARAJAH PRAMAI AH
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? GBB4186L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
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.

DYNAMICWERKZ PRIVATE LIMITED

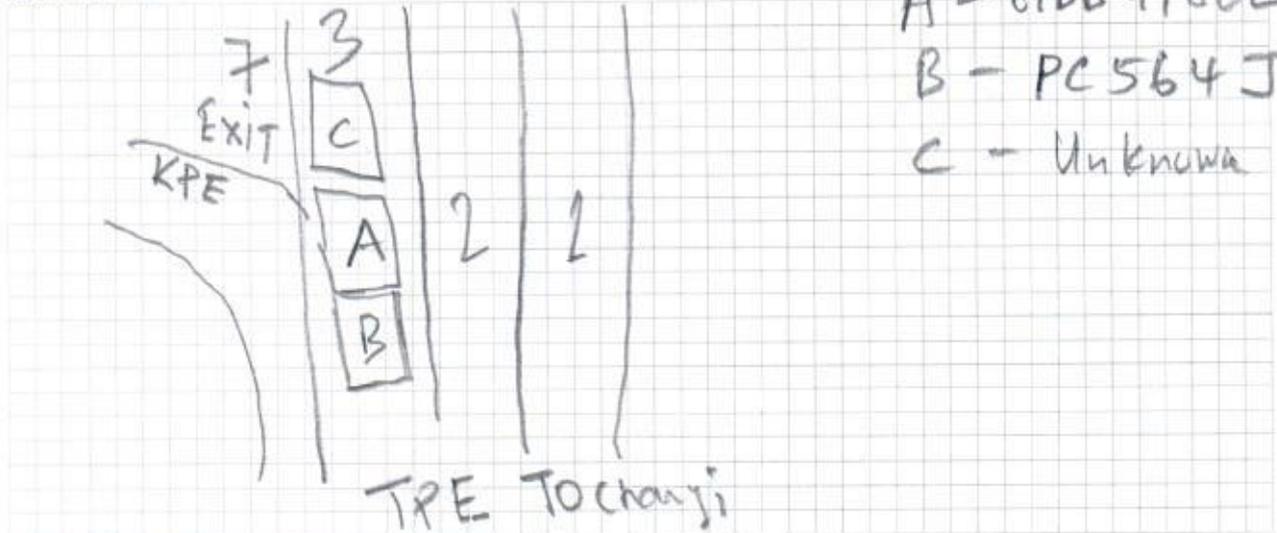
10 Kaki Bukit Road 1, #03-21
KB Industrial Building, Singapore 416175
Tel: 6844 - 4285, 6844 - 4075

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/06/2018


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A was driving on TPE towards Changi,
 CAR C suddenly stop, CAR A manage to stop
 on time to avoid collision.
 However, CAR B hit CAR A from behind
 CAR B later admitted he do not stop on time
 to avoid collision.

Pls Refer to the Police Report
 T/20180611/2110

DECLARATION

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

DYNAMICWERKZ PRIVATE LIMITED

10 Kaki Bukit Road 1, #03-21

KB Road, Singapore 416175

Date: 08/11/2018

Fax: 6844 - 4284

Dynamic Search Plan Form 1.0

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

[Signature]
 08/11/2018

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

[Signature]
 12/6/2018



**SINGAPORE
 POLICE FORCE**



T/20180611/2110

Police Station Of Origin:
 Geylang N.P.C
 132 Paya Lebar Road SINGAPORE 409014
 Tel No: 1800-8488999

1 of 4
 Report No. T/20180611/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 16:47		Vide Report No.:		Station Diary No.: 81	
Informant's Particulars					
Name of Informant: SUBBAIAH SHANMUGAM			Address: APT BLK 2 TAMPINES PLACE #02-07 TAMPINES DORMITORY SINGAPORE 528821		
ID Type / ID No.: FIN NO / F8277778N			Contact No.: Home/Office: Mobile: 98122020		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 04/05/1980	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: ELECTRICAL SUPERVISOR			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information on the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY EXIT 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBE4186L	Lorry				Slightly Damaged	2
PC564J	Van				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/20180811/2110

Police Station Of Origin:
 Geylang N.P.C
 132 Paya Lebar Road SINGAPORE 409014
 Tel No: 1800-3486969

2 of 4
 Report No. T/20180811/2110

CONTINUATION OF REPORT

Passenger			
Name	AYYAPAN MANIKANDAN	ID No.	G2609854N
Related Vehicle	GBB4186L (Lorry)	Contact No.	85355823
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	SUBBAIAH SHANMUGAM	ID No.	F8277778N
Related Vehicle	GBB4186L (Lorry)	Contact No.	98122020
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	THIYAGARAJAH PRAMIAH	ID No.	G8027944U
Related Vehicle	GBB4186L (Lorry)	Contact No.	90393013
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/06/2018	Date Discharge	11/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 11.06.2018 at about 0915hrs, I was driving on the 3rd lane of TPE and nearing exit 7 when the SBS bus in front of my vehicle came to a sudden stop. I quickly pressed on my emergency brake to avoid a collision. I managed to brake in time and did not collide into the rear of the bus however a mere seconds later, I felt an impact from the rear and it causes my vehicle to forcefully moved to the front and hit onto the SBS bus. All my passengers and I jerked forward due to the impact. I went out to make a check and discovered that a van collided into the rear of my lorry. Ambulance and traffic police then came down to scene. 2 of my passengers and I was conveyed to Changi General Hospital. The 3 of us suffered from neck pain, back pain and leg pain. The damages to my vehicle is both front and rear damaged.



**SINGAPORE
POLICE FORCE**



T/20180611/2110

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8436999

3 of 4

Report No. T/20180311/2110

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T20180611/2110

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8436999

4 of 4

Report No. T20180611/2110

CONTINUATION OF REPORT

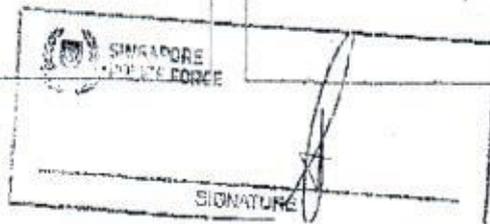
Sketch Plan

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/ Staff Sgt RUZIANA BINTE MUHAMMAD RUDY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2018 16:47
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp:
NP168



Enquire Transfer Fee

09 MAR 2018

Vehicle Details

Vehicle No. : GBB4186L

Vehicle Type : B31 - Goods (Open) Lorry (Metal Body)/Pickup

Vehicle Attachment 1 : No Attachment

Vehicle Scheme : Normal

Vehicle Make : MITSUBISHI

Vehicle Model : FB70BB1SRDEA

Chassis No. : FB70BBA10667

Propellant : Diesel

Engine No. : 4M42A66132

Engine Capacity : 2977 cc

Maximum Power Output : -

Maximum Laden Weight : 3390 kg

Unladen Weight : 1680 kg

Year Of Manufacture : 2008

Original Registration Date : 26 Feb 2009

Lifespan Expiry Date : 25 Feb 2029

COE Category : E - Open Category

Quota Premium : \$3,000.00

COE Expiry Date : 25 Feb 2019

Road Tax Expiry Date : 25 Aug 2018

Inspection Due Date : 25 Feb 2019

Intended Transfer Date : 12 Mar 2018

CO2 Emission : -



09 MAR 2018

Reported on 11/6/2018
@ 1525hrs

ACCIDENT STATEMENT

ACCIDENT DATE: (11/6/2018) (DD/MM/YYYY), TIME: (09:15 AM) (HH:MM)

LOCATION: TPE to Changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB4186L
- b) INSURANCE COMPANY: _____
- 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: _____
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 98122020
- c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) *Right Leg Pain*

7. a) REPORTED TO POLICE (YES / NO) _____
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC564J MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: Unknown MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

dwerkzpl@gmail.com ✓

Email = dwerkzpl@gmail.com

Fax = 68444284

Waiting for EQ Certificate? ✓
& Vehicle Photo? ✓
& Police Report? ← ? *

* No of passengers
(including driver)
(3)

2 male
passenger

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
DYNAMICWERKZ PTE. LTD.

Sector: **CONSTRUCTION**

Name
SUBBIAH SHANMUGAM

Occupation
ELECTRICAL SUPERVISOR

S Pass No.
0 31952638

Date of Application
08-07-2016

Date of Issue
25-08-2016

Date of Expiry
25-08-2018

L7159794





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **F8277778N**

Name
SUBBIAH SHANMUGAM

Birth Date **04 May 1980**

Issue Date **27 Dec 2013**

Valid Till **30 Dec 2018**

002259755K




VISIT PASS
Immigration Regulations

Name
SUBBIAH SHANMUGAM

Date of Birth **04-05-1980** Sex **M** Nationality **INDIAN**

FIN **F8277778N** Date of Issue **25-08-2016** Date of Expiry **25-08-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	31 Dec 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	31 Dec 2008
Class 4	Heavy motor cars and motor tractors > 2500 kg	03 Mar 2017

S / No. 9000257199

F8277778N

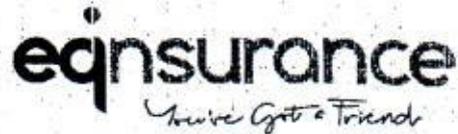
Licence No: F8277778N

NP 426A



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.cpm.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 PRIVATE (SCH I)

Comprehensive

Certificate No. : **DMCPHQ18-000670**

1. Index Mark and Registration Number of Vehicles

GBB4186L

2. Name of Policyholder

DYNAMICWERKZ PTE LTD

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

26/02/2018

4. Date of Expiry of Insurance

25/02/2019

5. Person or Classes of persons entitled to drive*

Goods carrying - (MZ300) Authorised Driver.

Any of the following :-

1. The Policyholder
2. Any person on the order or with the permission of the Policyholder

* 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 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*

- 1)Use in connection with the Insured's business.
 - 2)Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
 - 3)Use for social domestic and pleasure purposes.
- THE POLICY DOES NOT COVER
- 1)Use for hire or reward or for racing pace-making reliability trial or speed testing.
 - 2)Use whilst drawing a greater number of trailers in all than is permitted by Law.
 - 3)Use for the carriage of passengers for hire or reward.
 - 4)Liability arising from or in connection with the carriage of hazardous materials, high explosives, inflammable liquid or gases including LPG in cylinders.

*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.

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.

Hire Purchase : MALAYAN BANKING BERHAD

A000298/Tong Hin Insurance Agency Pte Ltd

Date of Issue : 02/02/2018 14:15

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ17-000499

A Member of Citystate