

NATIONAL Assessment Centre Services Part 1 of 2 MNA 118087364.

Date In: 6/7/18 17:08	Job description	Date & Time Completed	Done by
Ref No: NMA 15QZ18012364/h4	SAS e-filing		
Veh No: SFE 3220P	E-mail (within 5hrs, A/C 2hrs)		
DOI A: 5/7/18 13:30	i-Motor Claim Form		
GD - TP Preloading Only	i-Motor W/O (Within GD 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: SLK 5622Y	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$40		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) PT: Follow-Through Survey (Resurvey) \$30		
Est 1	For claiming against INC Only (wef 10 Jan 2003)		
Est 2/3	6) TR: Re-inspection \$75		
	7) N1: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	IP (N11) TP (Non INC) against INC \$20		
	9) N12: Idm Mobile \$0		
	Invoice date / Fee Charged		
	Invoice date / 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	06/07/2018 17:08
Date Of Accident	05/07/2018 13:30
Exact Location Of Accident	CHOA CHU KANG AVE 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFE3220P
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCFHQ17-000182
Cover Note Number	-
Driver	
Name of Driver	MARDIANA BINTE RAHMAT
NRIC No	S9518116C
Date Of Birth	31/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/06/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97522525
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 359A ADMIRALTY DRIVE #04-206
Postcode	751359
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
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	SLK5622Y
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBM4235X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
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 MARDIANA BINTE RAHMAT
Approximate Age
Injuries Sustain RIGHT LEG & NECK
Injured person in which vehicle? SFE3220P
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.



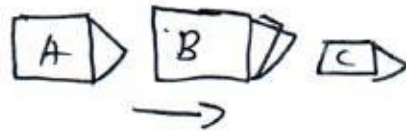
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A: SFE3220P
B: SLIL5622Y
C: FBM 4235Y.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION *

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

Policyholder Signature _____

Date & Time:

Driver's Signature _____
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

Date of Accident : 05/07/2018 Time : 1332HRS

Location Of Accident : CCK AVE 5 > KEAT HONG CLOSE

Country/State of Loss : SINGAPORE

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name : Mardiana Rahmat

Email Address : ~~mia.eeyana@hotmail.com~~ Reg Owner ID : S9518116C

Mobile Phone No : ~~97522525~~ Alternative Phone No : 9

INSURANCE COMPANY (OWN VEHICLE)

Handling Insurer : _____ Fleet Policy : Yes / No

Type Of Coverage : Comprehensive / Third Party Policy Number : _____

DRIVER IDENTIFICATION

Driver Name : Mardiana Rahmat

Date Of Birth : 31/05/1995 Driving Date Pass : 15/06/15

Driver ID : S9518116C Occupation : Indoor / Outdoor

H/P Phone No : 97522525 Alternative Phone No : 9235 8716

Address : # Bk 359A admiralty drive #04-206 EEE S(751359)

Email Address : mia.eeyana@hotmail.com Relationship : _____

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

Driver's Own Vehicle Reg No : _____

Driver's Own Insurer : _____

VEHICLE INFORMATION

Vehicle Registration No : SFE3220P

Manufacturer : _____ Model : Toyota Wish

Reporting Type : Own Damage / Third Party / Reporting Only

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

GENERAL INFORMATION OF THE ACCIDENT

Weather Condition : Clea / Raining / After Rain

Road Surface : Dry / Wet / Damp

Approach by Unknown : Yes / No

Number of Passengers (Including Driver) : 7

Injured : Yes / No

Police Reported : Yes / No

Video Camera : Yes / No

DETAILS OF INJURED PERSON

Name : _____

Injuries Sustained : _____

Were seat belts worn? : **Yes / No**

Approximate Age : _____

Injured person in which vehicle? : _____

Was injured conveyed to hospital by ambulance? : **Yes / No**

Address : _____

WITNESS

Details of Witness : _____

Contact Number : _____ Email Address : _____

DETAILS OF OTHER VEHICLES

Vehicle Registration No : 1) SLK 5622Y 2) FRM 4235X
Vehicle Make/Model/Colour : Black (Toyota Genta) Black & Yellow (Sniper)
Name of Driver : 1) Tay Liang Pheng Driver's NRIC : S7525619A
Address : Blk 252 CCK AVE 2 #05-316 S(680252)

No. Of Passenger (Including Driver) : _____ Contact Number : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____



**SINGAPORE
POLICE FORCE**



T/20180705/2121

1 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180705/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2018 16:44		Vide Report No.: J/20180705/0134		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: MARDIANA BINTE RAHMAT			Address: APT BLK 359A ADMIRALTY DRIVE #04-206 SINGAPORE 751359		
ID Type / ID No.: NRIC NO / S9518116C			Contact No.: Home/Office: Mobile: 97522525		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 23	Date of Birth: 31/05/1995	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Paramedic			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4235X	Motorcycle				Seriously Damaged	0
SFE3220P	Car				Slightly Damaged	6
SLK5622Y	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180705/2121

2 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180705/2121

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MARDIANA BINTE RAHMAT	ID No.	S9518116C
Related Vehicle	SFE3220P (Car)	Contact No.	97522525
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAY LIANG PHENG	ID No.	S7525619A
Related Vehicle	SLK5622Y (Car)	Contact No.	93266486
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was travelling along Choa Chu Kang Avenue 5 with SFE3220P. Suddenly, there was a Car namely SLK5622Y Jam-braked in-front of me. I immediately reacted by braking my Car but I could not stop in time due to the sudden stop of SLK5622Y. I hit the rear of SLK5622Y and SLK5622Y went to the opposite lane. I immediately went to make a check and I saw there was another motorcycle involved namely FBM4235X.

I wish to state that I suffered minor injury on my right leg. Both driver of SLK5622Y and rider of FBM4235X was conveyed to hospital by ambulance. I am unsure of how the rider of FBM4235X got involved. I do not have any in-car camera footage. The car that I was driving suffered damages on the right headlight and bumper while the Car that I hit suffered damages on the rear. The motorcycle has multiple parts damaged.



**SINGAPORE
POLICE FORCE**



T/20180705/2121

3 of 3

Police Station Of Origin:
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Report No. T/20180705/2121

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 CHUA KEE LENG

SN 120

Signature Of Interpreter:

Not applicable

Police Force

Signature Of Informant:

Date/Time:

05/07/2018 16:44

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168



T/20180706/2039

1 of 3

Report No. T/20180706/2039

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180705/2121

Report Number T/20180706/2039

Vide Report Number J/20180705/0134

Date/Time of Report Made 06/07/2018 11:50

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant MARDIANA BINTE RAHMAT

ID Type / ID No. NRIC NO / S9518116C

Home/Office -

Mobile 97522525

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 05/07/2018 13:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4235X	Motorcycle				Seriously Damaged	0
SFE3220P	Car				Slightly Damaged	6
SLK5622Y	Car				Seriously Damaged	0

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



T/20180706/2039

2 of 3

Report No. T/20180706/2039

Continuation of CSF For NP168

Driver			
Name	MARDIANA BINTE RAHMAT	ID No.	S9518116C
Related Vehicle	SFE3220P (Car)	Contact No.	97522525
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAY LIANG PHENG	ID No.	S7525619A
Related Vehicle	SLK5622Y (Car)	Contact No.	93266486
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

On the above mentioned date, time and location, I was travelling along Choa Chu Kang Avenue 5 with SFE3220P. Suddenly, there was a Car namely SLK5622Y Jam-braked in-front of me without any signal. I immediately

reacted by braking my Car but I could not stop in time due to the sudden stop of SLK5622Y. I hit the rear of SLK5622Y and SLK5622Y went to the opposite lane. I immediately went to make a check and I saw there was another motorcycle involved namely FBM4235X. The driver came out of the vehicle, shouted and claimed that the airbag was deployed. He started scolding while my passengers help out the rider. when TP arrived, no air bag was deployed.

I wish to state that I suffered minor injury on my right leg and neck. Both driver of SLK5622Y and rider of FBM4235X was conveyed to hospital by ambulance. I am unsure of how the rider of FBM4235X got involved. I do not have any in-car camera footage. The car that I was driving suffered damages on the right headlight and bumper while the Car that I hit suffered damages on the rear. The motorcycle has multiple parts damaged.



T/20180706/2039

3 of 3

Report No. T/20180706/2039

Continuation of CSF For NP168

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.

Case Sensitivity No

Officer-In-Charge of Case TP / GIT /
YAN MINGSHENG DANIEL

Classification of Case 1) INJURY / ATTENDED BY POLICE



SINGAPORE
POLICE FORCE

Signature: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

002772104K

S9518116C

MARDIANA BINTE RAHMAT

31 May 1995

08 Feb 2018

002772104K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9518116C

MARDIANA BINTE RAHMAT

31-05-1995

SINGAPORE

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

Class	Vehicle Class	Effective Date
Class 2B	Motorcycles <= 200 cc	08 Feb 2018
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	15 Jun 2015

Licence No. S9518116C

4600246

S9518116C

07-07-2010

APT BLK 369A ADMIRALTY DRIVE
#04-206
SINGAPORE 751359

EQ Insurance Company Limited

5 Maxwell Road, #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE FLEET
Third Party, Fire & Theft**

Certificate No.: DMCFHQ17-000182

Form: LCVH

Excess:

1. Index Mark and Registration Number of Vehicles
SFE3220P

Section 2	SGD2,000.00
Outside Singapore	SGD2,000.00
YEIDR (Section 2)	SGD4,000.00

2. Name of Policyholder

ROSET LIMOUSINE SERVICES PTE. LTD.

3. Effective Date of the Commencement of Insurance for the purpose of the Act
19/12/2017

4. Date of Expiry of Insurance
31/10/2018

5. Person or Classes of Persons entitled to drive*

Any person who is Authorised to drive on the Insured's order or with their permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

- (1) Use for racing pace-making reliability trial or speed-testing
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

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

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

Authorised Signatory
EQ Insurance Company Limited

UNWNB/HO/B000070/Newstate Stenhouse (



A Member of Citystate