Date In M.D. o KITE	0 105 W 105 W 105	The state of the s	The second second
Date In: 31 7 18 - 15:15	Jeb description	Date &Time Completed	Done by
Ref No: NA/EQI186 12286 74	SAS e-filing		
Veli No: SUF2774M	E-mail (within Shrs, AIC 2hrs)		
D.O.A 20 2/18-19:20	i-Motor Claim Form		
AND NOTE OF THE PARTY	i-Motor W/O (Within: OD 2h	irs, TP 4hrs)	
OD . TP Reporting Only	i-Photo Uploaded		
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fax	
TP Particulars: Veh No: 50	BY4596 . INC)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-100)%]
Year of Registration: ()	Training: The Contract)	
Excess: (\$) Loading: \$		and manager of the state of the	*
General Remarks:-			of State
() Walk-In Customer : Customer's i			
() Total Loss Case : to e-mail Ins	surer URGENTLY.		•
Drive-In ()/Towed-In (); Invo	oice: YES() / NO();	Towing Co: ()
da a sa		Date & Time Completed	Done by
Remarks:- (INC hotline: 6788 6616	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Dates: 111716 Configure 34	A STATE OF THE STA
1.1 Completed on Thomas and Allasson on (
	/ Courtesy Car ()	 	
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		Managara da
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		SSOCIAL STREET
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()		STOCKES .
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	()	Variation Checklist	54 8 18 SE SEC.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Onte/Time Actions	() >\$3000] ()	paration Checklist	64 8 8 8 8 C.A.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time: Actions	() >\$3000] () Invoice Pri 1) AR: Accider 2) DA: Dameg	at Reporting (\$30); Assessment (\$100); INC (\$80)	TRBIII Add B
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions atimant's Particulars:-	() > \$3000] () Invoice Pro 1) AR: Accider 2) DA: Darnag 3) TF: Towing	at Reporting (530); c Assessment (5100); INC (580) Fee 540/54	TRBIII Add B
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions alimant's Particulars:- iver/Owner:	() \$3000] () Invoice Pro 1) AR: Accider 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	at Reporting (530); c Assessment (5100); INC (580) Fee S40/5 Chrough Survey 512 Chrough Survey (Resurvey) 532	Tit Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions aimant's Particulars:- iver/Owner:	Invoice Pri 1) AR : Accider 2) DA : Dameg 3) TF : Towing 4) FT : Follow 5) FT : Follow For claiming	At Reporting (530); Assessment (5100); INC (580) Fee S40/54 Through Survey (8201740) Through Survey (8201740) S32	THEBILL Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions aimant's Particulars:- iver/Owner: ntact No:	Invoice Product Invoice Pr	At Reporting (530); Assessment (5100); INC (580) Fee S40/54 Through Survey (8201740) Through Survey (8201740) S32	Tit Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions aimant's Particulars:- iver/Owner: ntact No:	Invoice Pri	At Reporting (530); Assessment (5100); INC (580) Fee S40/54 Through Survey (Resurvey) 512 Through Survey (Resurvey) 533 against INC Only (wef 10 Jan 2005) action 573 + SMRT Survey 516	Tit Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars :- iver/Owner: ntact No: maged Portion:	Invoice Product Invoice Pr	At Reporting (530); Assessment (5100); INC (580) Fee S40/54 Through Survey (Resurvey) 512 Through Survey (Resurvey) 53 against INC Only (wef 10 Jan 2005) action 57 A + SMRT Survey 514 ional Services.	16 Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars :- iver/Owner: intact No: imaged Portion:	Invoice Product Invoice Pr	At Reporting (530); Assessment (5100); INC (580) Fee S40/54 Through Survey (Resurvey) 512 Through Survey (Resurvey) 533 against INC Only (wef 10 Jan 2005) cetion 57 + SMRT Survey 516 ional Services. y Car / Tpt Allowance 500 Co-ordination 51	18 Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars :- iver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice Product Invoice Pr	At Reporting (530); Assessment (5100); INC (580) Fee S40/54 Through Survey (Resurvey) 512 Through Survey (Resurvey) 532 against INC Only (wef 10 Jan 2005) action 57 + SMRT Survey 516 ional Services y Car / Tpt Allowance 5 Co-ordination 55 pair Inspection 57	78 Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aumant's Particulars :- iver/Owner: ontact No: maged Portion: C Checked by (Engr-In-Charge):	Invoice Product Invoice Pr	At Reporting (\$30); Assessment (\$100); INC (\$80) Fee S40/\$4 Through Survey (Resurvey) S12 Through Survey (Resurvey) S2 S3 S3 S3 S4 S5 S5 S5 S5 S7 S7 S7 S7 S7 S8 S8 S8 S8 S8	18 Bill Add Bi
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice Pri	At Reporting (\$30); Assessment (\$100); INC (\$80) Fee S40/\$4 Through Survey (Resurvey) S12 Through Survey (Resurvey) S2 S3 S3 S3 S4 S5 S5 S5 S5 S7 S7 S7 S7 S7 S8 S8 S8 S8 S8	15 Bill Add

2 . pri at 1 32

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

Marie de la lacera de marie de la lacera de lacera de la lacera de la lacera de la lacera de la lacera de lacera de la lacera de lacera de la lacera de la lacera de la lacera de la lacera de lacera de la lacera de lacera de lacera de la lacera de la lacera de la lacera de la lacera de lacera de la lacera de lacera de la lacera de la lacera de lacera delacera de lacera de lacera delacera delacera delacera delacera delacera delacera delacera delacera delacera	ACCIDENT STATEMENT
Date Of Report	21/07/2018 15:58
Date Of Accident	20/07/2018 19:20
Exact Location Of Accident	MERCHANT RD TWDS CHINATOWN
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF2774M
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	
Driver	

Name of Driver CHIN CHEE KEONG NRIC No S1740325G Date Of Birth 01/11/1966 Occupation INDOOR Date Of Driving Pass 17/12/1986

31 YEARS AND 7 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-82126840

Fax Number

Contact Number OFFICE-82126840

EMail Address NOEMAIL

BLK 182 ANG MO KIO AVENUE 5 Address

#03-2896 560182

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

Postcode

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 2

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) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SLB4459G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

TAI KEONG TATT PAUL Name of Driver

NRIC/Passport Number S8904337I Contact Number 98385847

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHIN CHEE KEONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & SHOULDER

SLF2774M

YES

NO

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.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

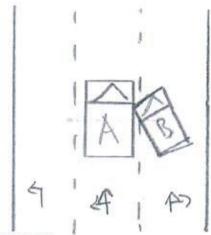
(If driver is not the policyholder)

Date & Time:

Policyholder's Signature Date & Time: 3 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Vehicle 13 > SLB 44596

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling along the Merchant Road towards Chinatown on the second lane. As the traffic was very heavy, all the vehicles are moving very slowly. Just as I was about to move off, vehicle B from my right side suddenly cut into my lane and collided onto my vehicle right portion.

DECLARATION

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

Policyholder's Signature Date & Finde:

LTD

Driver's Signature (If driver is not the policyholder) Date & Time; Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- 4
- This form must be filled up by the policy holder and/or authorised driver.
 Information provided must be as fruitful 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 traffic police department for investigation.

Date of accident	20.07.2018.		DD/MM/YY)
Time of accident	7.20pm		(HH:MM)
Exact location of accident	MERCHANT RD toward	ts Whatom	

	DETAILS OF VEHICLE
Vehicle registration number	SCF 2774M.
Vehicle make and model	TOYOTA WISH.
Type of vehicle	Saloon MPV CRV Nan D
Vehicle category	Private D Commercial Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No d if no, please select: Third part claim A Reporting only D

	INSURANCE INFORMATION
Insurance company	EQ
Policy number	DMCFHQ 17-000185
Type of policy	Comprehensive Third party fire & theft TP only

SECTION OF THE RESIDENCE AND T	INSURED / PO	DLICY HOLDER			1100		
Name	ROSET LIMOUS	INE SERVICE	SPTE	LTD	Male	j Fe	male in
NRIC / Fin / Passport number	200406722Z	17.55	1.0	1.14	A. Carrier	100 mg 7 mg 7	
Contact				v.	(1) Y (1)		25,000
Address			1700		1970 E		13.5
	(g)		100				100

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	CHIN CHEE FEONG. Male Female u
NRIC / Fin / Passport number	5(1403256)
Contact	8212 6840 .
Address	BUC 182 Ang Moterio Ave 5 # 03 - 2896, SG. 560, 182.
Email address	sohny cheekeong 0325 @ yahap. Com.
Date of birth	01.17, 1966
Occupation	Indoor D Outdoor D
Driving date pass	17/12/1986.

	egnier/A SIV	FORMATION OF THE	ACCIDENT		
CONTRACTOR OF THE PROPERTY OF THE PERSON NAMED IN COLUMN	Vece	No of			
Was driver an employee of the insured's company?	If no, rela	tionship of the driver	and insured: _	HIPER.	4,100
Accident captured by camera?	Yes 🗆	No	Array Comment		
Weather condition	Clear	The state of the s	ners:		
Road surface	Dry g	Wet 🗆			
No of passenger	12			(Inclusive o	f driver)
A Commence of the Commence of	a daire has seeing	na Nashija mpakabbik	alabahahahahahah		spicklesovi.
Ship and the second of the sec		PASSENGER 1	A. Carrier		
Name	ARIGINAL SEASON	A Charles of the State State	A STATE OF THE PARTY OF THE PAR	Addanse in Alberta	TOWN BUT
Gender	Male	Female 🗆	-15		
A Commission of the Commission	And Current				ations 27
	A STATISTICS	PASSENGER 2			
Name					A STAND
Gender	Male 🗆	Female 🗆	TATES SAME	TOTAL TRANSPORT	11/2/2015
		viu her and a ker and a second	A MARTINE TAILURE	ida est estado en entra	data and t
Control of the second	4000	PASSENGER 3			and the second s
Name			A SECTION ASSESSMENT		
Gender	Male 🗆	Female 🗆	Ling basists	CHARLES GRASSING	* 14 (SECOND)
	action Ministration				
		PASSENGER 4			Control of the Contro
Name	PERSONAL PROPERTY.	The state of the s	The property of	Elitheric States of the	10 C
Gender	Male □	Female 🗆	Designation of the	M. A. St. District Sec.	HE SHARE
	and separate land				Manager 1
		PASSENGER 5			
Name	TENEDIS	THE PROPERTY OF THE PARTY OF TH			1000000
Gender	Male n	Female 🗆			-12074017
Secretarion of the second secretarion of the second second second second second second second second second se					Miles in the Control of the Control
		PASSENGER 6		and the same state of the same	W40991175873
Name	THE STATE	DUGATE CLERKY NEW	Opening Service	All the state of t	11.10.19151.
Gender	Male □	Female 🗆	and the colonial	and the second of the second	
	ASILLARIAN				
		THER INFORMATION	THE PROPERTY OF THE PARTY OF TH	energaping series	(Schoolstern)
Was anybody injured?	Yespr	No pl	Calmin and Conf.		
Was other vehicle damaged?	Yes of	Non	TANK TAKE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Maria Maria Alaski Maria Ba	in the second second			and designation of the second	(Pathagains)
	The state of the s	AILS OF POLICE ACTIO		n police station.	and search and
Reported to police?	Yes c	No if yes, plea	ise state winc.	1 police station.	100
Police station name	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carlon St. Seriamilia	Section and the	The state of the s	1 15 15 15 15 15 15 15 15 15 15 15 15 15
Contract of the Contract of Parish Charles	distribution	STATES A	Charles of the Land Asset Asse	The second second second	2000年11月1日
	Manager Manager A	WITNESS 1	SHEET SHEET SHEET		
Name		A CONTRACTOR OF THE PARTY OF TH	ECHANICE	ALEXANDER OF	7 5 7 5 5 5
galactic or extra particular and	Asia Bandalia	THE PROPERTY OF STATES	School Sold Street	STATE OF THE PARTY	e description la
) surround contract	WITNESS 2	enternamentali	istorian in in paratrianes i	**************************************
Name	4				

Secret Character McGelery	THIRD PARTY VEHICLE 1
Vehicle registration number	9 CB 4459 G.
Vehicle make model	
Name	TAI DEONG TATT PAUL.
NRIC / Fin / Passport number	S 890 4337I
Contact	9838 5847.

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	The state of the s

THIRD PARTY VEHICLE 3				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	A demonstration of a release of the responsibilities and a place of the responsibilities of the reference
Contact	

Vehicle registration number	Handle State		Control of the second	Append (S)	distriction.	man for	311.3	Berthelm his	可以以后
Vehicle make model	5,tag				+ 100	like.	1	-111111111	
Name	name of the second					14	- 11	1.00	1 1
NRIC / Fin / Passport number		The second second							
Contact				3000		10.5		+ + + + + + + + + + + + + + + + + + + +	No.

	THIRD PARTY VEHICLE 6	
Vehicle registration number	and a series of the series of	headann and relation
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

	THIRD PARTY VEHICLE 7
Vehicle registration number	and the second state of the second
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

建筑和外部的建筑和	INJURED PERSON 1
Name	chin thee keong
Injuries sustained	necle k shoulder
Which vehicle person in?	SLF2774M
Were seat belts worn?	Yes ra No ra
Was injured conveyed to hospital by ambulance?	Yes D No D

Estate da receisio accesso	di Amariani Sa	ada sa	Section Associated desirable	A SAMERANA AND AND A	นาร์สามร์เกรียร์ (พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ. พ.ศ
	No Page	INJURED PE	RSON 2		
Name	The test of the same of the sa			entransmitted factors as as	A CONTRACTOR OF THE CONTRACTOR
Injuries sustained		ACHTER TOUR			
Which vehicle person in?	-0.0	1572	2223 181 (3.20)	MENT OF RE	
Were seat belts worn?	Yes 🗆	No.			
Was injured conveyed to hospital by ambulance?	Yes □	№ П			

	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes □ No □
hospital by ambulance?	

Name	
injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes □ No.□

Name	and castilla site	State of the Assessment of the	a en estetitabilitati	A STATE OF THE PARTY OF	SERVINE SERVING	h *****
Injuries sustained	470					34
Which vehicle person in?	1 1 1	4+				11.
Were seat belts worn?	Yes 🗆	No 🗆				170.5
Was injured conveyed to hospital by ambulance?	Yes 🗆	No.				

		INJURED P	ERSON 6			
Name					Maddistra.	1,571,52
Injuries sustained			- Company	37 X 2 C 37 X 2 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C	4-55-55-55-54-4-4-4-5	
Which vehicle person in?						
Were seat belts worn?	Yes 🗆	No 🖂			200	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	V2.V2.00		2010	



CHIN CHEE KEONG





CHINESE

01-11-1966 Country/Place of lower SING APORE





5592155



26-04-2016

APT BLK 182 ANG MO KIO AVENUE 5 #03-2896 SINGAPORE 560182

MYTHANION



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 SLF2774M

2. Name of Policyholder ROSET LIMOUSINE SERVICES PTE. LTD. Form: LCVH Excess:

Section 1 SGD1,500.00 Outside Singapore Section 2 Outside Singapore YEIDR (Section 2)

SGD1,500.00 SGD2,000.00 SGD2,000.00 SGD4,000.00

- 3. Effective Date of the Commencement of Insurance for the purpose of the Act 01/11/2017 September 1
- 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

SPORTS

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.

unwjt/HO/B000042/NEWSTATE STENHOUSE (

A Member of Citystate

Authorised Signatory EQ Insurance Company Limited