

**NATIONAL Assessment Centre Services** [ver 1 Jan 05]

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 30/07/2018 15:41 | Job description  | Date & Time Completed | Done by |
| Ref No: NA/EQT18013847/K4 | SAS e-filing   |                       |         |
| Veh No: SJJ 2962P         | E-mail (within 8hrs, AIC 2hrs)                         |                       |         |
| D.O.A: 27/07/2018 22:00   | i-Motor Claim Form                                     |                       |         |
| OD TP Reporting Only      | i-Motor W/O (Within: OD 2hrs, TP 4hrs)                 |                       |         |
|                           | i-Photo Uploaded                                       |                       |         |
| TP Insurer:               | Assessment/Survey Report                               |                       |         |
|                           | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLP 7603M. 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                   |             | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
|                                 |   |             | In Bill  | Add Bill |
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             |          |          |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |          |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |          |          |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |          |          |
| Auditors' Comments:-            | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |          |
|                                 | 7) N1: Idau DA + SMRT Survey \$160              |             |          |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |          |
|                                 | Q1*   |             |          |          |
|                                 | *N5: Courtesy Car / Tpt 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: Idau Mobile \$0                         |             |          |          |
|                                 | 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             | 30/07/2018 15:41                                   |
| Date Of Accident           | 27/07/2018 22:00                                   |
| Exact Location Of Accident | UPP SERANGOON RD B'LOW SERANGOON FLYO POTONG PASIR |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SJJ2962P                         |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | ROSET LIMOUSINE SERVICES PTE LTD |
| Co Reg No                   | 200406722Z                       |
| Email Address               | ROZAILEY@GMAIL.COM               |
| Mobile Phone No             | (LOCAL) +65-91833231             |
| Alternative Phone No        | OFFICE-91833231                  |

### Vehicle Particulars

|  |                        |
|--|------------------------|
| Manufacturer   | TOYOTA                 |
| Model  | COROLLA ALTIS 1.6 AUTO |
| 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   | PRIVATE HIRE           |

### Insurance Company

|                           |                          |
|---------------------------|--------------------------|
| Name of Insurance Company | EQ INSURANCE COMPANY LTD |
| Type Of Coverage          | COMPREHENSIVE            |
| Fleet Policy              | NO                       |
| Policy Number             | DMCFHQ17-000185          |
| Cover Note Number         |                          |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ROZAILEY BIN MOHLAWI  |
| NRIC No              | S7419592Z             |
| Date Of Birth        | 28/06/1974            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 11/05/2001            |
| Driving Experience   | 17 YEARS AND 2 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91833231  |
| Fax Number           |                       |
| Contact Number       | OTHERS-91833231       |
| Email Address        | ROZAILEY@GMAIL.COM    |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 115 HOUGANG AVENUE 1<br>#02-1332 |
| Postcode  | 530115                               |
| 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 - HEAD TO REAR |
| 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

PLS REFER TO THE ATTACHED 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         | SLP7603M      |
| Vehicle Make/Model/Colour           |               |
| Details Of Properties               |               |
| Vehicle Category                    | PRIVATE CAR   |
| Name of Driver                      | RAMASAMY MANI |
| NRIC/Passport Number                | S7060780H     |
| Contact Number                      | 98504541      |
| Address                             |               |
| Postcode                            |               |
| Insurance Company Name              |               |
| Nature Of Damage                    |               |
| No. Of Passenger (Including Driver) |               |

#### DETAILS OF INJURED PERSON 1

|      |                      |
|------|----------------------|
| Name | ROZAILEY BIN MOHLAWI |
|------|----------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SJJ2962P

YES

## 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.

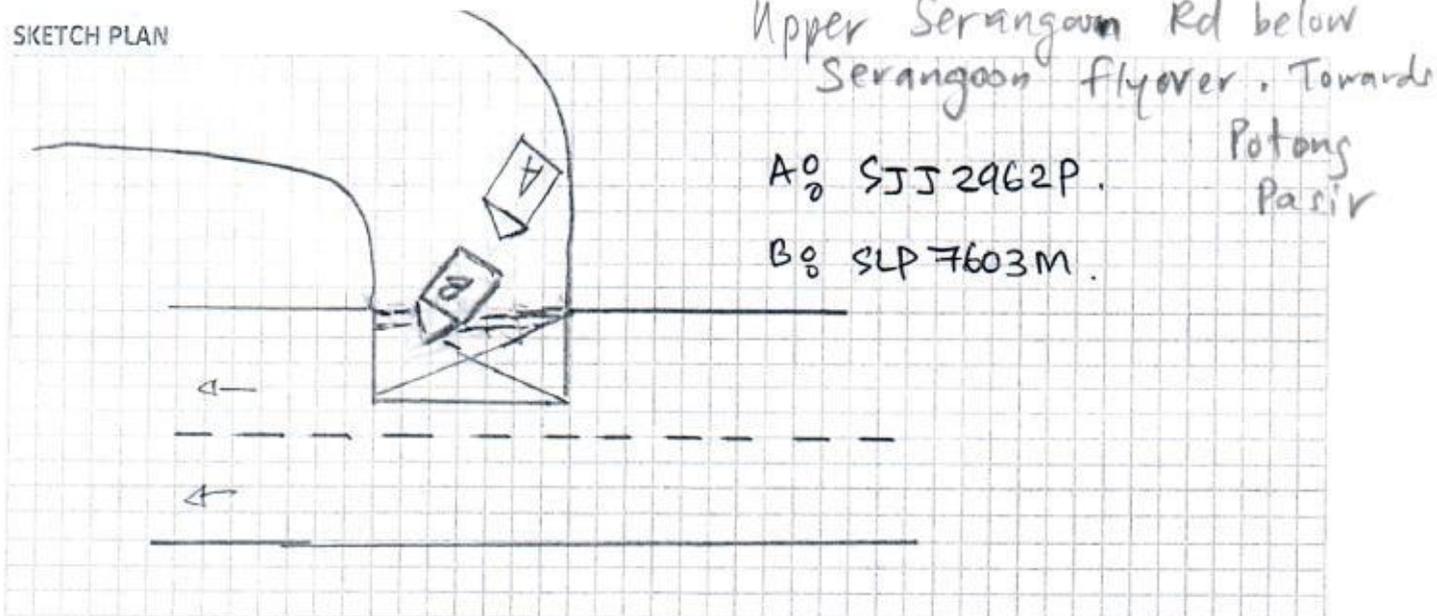


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

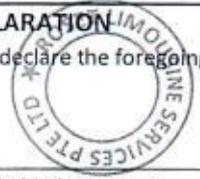


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along upper Serangoon road below Serangoon flyover making a right u turn towards Potong Pasir. The car in front of me started to move off, I checked and see if there is any oncoming vehicle. However there was no oncoming vehicle and the road was clear and I started to move off. Out of a sudden the front car jam brake for no reason causing me to hit onto his rear portion.

DECLARATION

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



\_\_\_\_\_  
 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.:  
 - 30/7/2018

### 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.
- ❖ 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.

#### ACCIDENT DETAILS

|                            |  |            |
|----------------------------|--|------------|
| Date of accident           | 27/07/18.  | (DD/MM/YY) |
| Time of accident           | 10.00PM  | (HH:MM)    |
| Exact location of accident | UPPER SERANGOON RD BELOW SERANGOON FLYOVER<br>TOWARDS POTONG PASIR |            |

#### DETAILS OF VEHICLE

|  |  |  |   |
|--|--|--|---|
| Vehicle registration number                        | STJ 2962P.                                 |  |   |
| Vehicle make and model                             | TOYOTA ALTIS                               |  |   |
| Type of vehicle                                    | Saloon <input checked="" type="checkbox"/> | MPV <input type="checkbox"/>                   | CRV <input type="checkbox"/> Van <input type="checkbox"/>   |
|  | Lorry <input type="checkbox"/>             | Bus <input type="checkbox"/>                   | Motorcycle <input type="checkbox"/> Others: _____   |
| Vehicle category                                   | Private <input type="checkbox"/>           | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/>   |
| Purpose of using at sold time                      |  |  |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>               | No <input checked="" type="checkbox"/>         | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

#### INSURANCE INFORMATION

|                   |   |   |                                  |
|-------------------|---|---|----------------------------------|
| Insurance company | EQ  |   |                                  |
| Policy number     |   |   |                                  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

#### INSURED / POLICY HOLDER

|                              |                                  |                               |                                 |
|------------------------------|----------------------------------|-------------------------------|---------------------------------|
| Name                         | ROSET LIMOUSINE SERVICES PTE LTD | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 200406722Z                       |                               |                                 |
| Contact                      |                                  |                               |                                 |
| Address                      |                                  |                               |                                 |

#### DRIVER

#### SAME AS INSURED ABOVE (SKIP TO D.O.B)

|                              |  |   |                                 |
|------------------------------|--|---|---------------------------------|
| Name                         | ROZAILLEY BIN MOHLAWI                      | Male <input checked="" type="checkbox"/>    | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7419592Z.                                 |   |                                 |
| Contact                      | 9183 3231                                  |   |                                 |
| Address                      | 115 HOUGAAN AVE 1<br># 02-1322. SG 530115. |   |                                 |
| Email address                | ROZAILLEY@gmail.com.                       |   |                                 |
| Date of birth                | 28/06/1974.                                |   |                                 |
| Occupation                   | Indoor <input type="checkbox"/>            | Outdoor <input checked="" type="checkbox"/> |                                 |
| Driving date pass            | 11/5/2001.                                 |   |                                 |

Email: Teamwork

Waiting for EQ Certificate? ✓

**GENERAL INFORMATION OF THE ACCIDENT**

|  |  |  |
|--|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      | If no, relationship of the driver and insured: <u>HIREN.</u> |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |  |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |  |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |  |
| No of passenger                                  | <u>1</u>   | (Inclusive of driver)  |

**PASSENGER 1**

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 2**

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 3**

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 4**

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 5**

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**PASSENGER 6**

|        |   |
|--------|---|
| Name   | _____   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

**OTHER INFORMATION**

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**DETAILS OF POLICE ACTION**

|                     |   |  |
|---------------------|---|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | If yes, please state which police station. |
| Police station name | _____   |  |

**WITNESS 1**

|      |       |
|------|-------|
| Name | _____ |
|------|-------|

**WITNESS 2**

|      |       |
|------|-------|
| Name | _____ |
|------|-------|

| THIRD PARTY VEHICLE 1        |               |
|------------------------------|---------------|
| Vehicle registration number  | SLP 7603 M    |
| Vehicle make model           |               |
| Name                         | RAMASAMY MANI |
| NRIC / Fin / Passport number | S 7060 780H   |
| Contact                      | 9850 4541     |

| THIRD PARTY VEHICLE 2        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

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

| THIRD PARTY VEHICLE 4        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 5        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 6        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 7        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

**INJURED PERSON 1**

|  |   |  |
|--|---|--|
| Name   | ROZAILEY BIN MOHLAWI                    |  |
| Injuries sustained                             | NECK & BACK                             |  |
| Which vehicle person in?                       | SJJ 2962P.                              |  |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |

**INJURED PERSON 2**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 3**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 4**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 5**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INJURED PERSON 6**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Name   |                              |                             |
| Injuries sustained                             |                              |                             |
| Which vehicle person in?                       |                              |                             |
| Were seat belts worn?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |



Name: ROZAILEY BIN MOHLAWI  
روزايلي بن موحلاوي  
Race: JAVANESE  
Date of birth: 28-06-1974 Sex: M  
Country of birth: SINGAPORE

Licence Number: S7419592Z  
Name:

ROZAILEY BIN MOHLAWI

Birth Date: 28 Jun 1974  
Issue Date: 31 Mar 2008



NRIC No: S7419592Z



Date of Issue: 12-06-2008

APT BLK 115 HOUBANG AVENUE 1 #07-1332  
SINGAPORE 530115

NRIC No: S7419592Z Date: 27/03/2010 No: 8382887  
SINGAPORE 530142

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

|  | PASS DATE   |
|--|-------------|
| Class 2B Motorcycles <= 200 cc   | 09 Dec 1991 |
| Class 2A Motorcycles between 201 cc and 400 cc   | 27 May 1997 |
| Class 2 Motorcycles > 400 cc   | 08 Nov 2002 |
| Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 11 May 2001 |



Licence No: S7419592Z

NP 428A

## 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

Form: LCVH

Excess:

1. Index Mark and Registration Number of Vehicles

SJJ2962P

Section 1 SGD1,500.00

Outside Singapore SGD1,500.00

Section 2 SGD2,000.00

Outside Singapore SGD2,000.00

YEIDR (Section 2) SGD4,000.00

2. Name of Policyholder

ROSET LIMOUSINE SERVICES PTE. LTD.

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

01/11/2017

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