| Date In: 12/9/18-18:19 | cb description | Date & Time Completed | Done b |
|--|--|---|--|
| | SAS e-filing | | |
| | E-mail (within Shrs, AIC 2hrs) | | - Halle Palls - State |
| | i-Motor Claim Form | | |
| | i-Motor W/O (Within: OD 2hr. | s, TP 4hrs) | |
| OD & TP ! Reporting Only | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand t | o Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: Fa | ax: |
| TP Particulars: Veh No: 1 7934 | // INC (|)/Non-INC(). | (t |
| Owner / Driver: (| | Tel: |) |
| Policy No: () Period: | () | Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| Insured/Driver Liability: (%) [Note- | -Est. Status (WO): N: 0-2 | 0%; P: 21-79%. P: 80-10 | 00%] |
| Year of Registration: () Warr | anty: YES ()/NO (|) | |
| Excess: (\$) Loading: \$1,000 (|)/\$2,000() | | |
| General Remarks: | | | Comments of the Comments of th |
| () Walk-In Customer: Customer's informati | ion strictly Confidential & St | rictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Insurer UI | | * | |
| Drive-In ()/ Towed-In (); Invoice: YE | | owing Co: (| |
| | | | |
| Estive-in (), towed-in (), invoice. The | 35()/10(),1 | | |
| Remarks; (INC hotline: 6788 6616) | | Date&Time Completed | Done by |
| Remarks: 7. (INC horline: 6788 6616) | | | Done b |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courte | | | Doneb |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courte 2) QC Check / Post Repair Inspection | esy Car () | | Donsb |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courte | esy Car () | | Doneb |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courte 2) QC Check / Post Repair Inspection | esy Car () | | Donsb |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: | esy Car () | | Doneb |
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| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions | Invoice Pre | Dates: Time Completed Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 | Anc(s) |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Inimant's Particulars: | lnveice Prc 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T | Dates: Tirns Completed paration Checklist: Reporting (\$30); Assessment (\$100); INC (\$80); the see S40/ | Ant (S) In Bill (S45) |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions | Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T | Dates: Tirns Completed Daration Checklist: Reporting (530); Assessment (5100); INC (880); assessment (5100); INC (880); Assessment (5100); INC (880); Assessment (8100); INC (880); | Ant(5) ficBill 0) 545 5120 530 |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars: Contact No: | Invoice Pre Invoice Pre I) AR: Accident I) DA: Damage I) TF: Towing F I) FT: Follow-T For claiming a I) TR: Re-inspec | Dates: Tirris Completed Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 os \$40 or | Anc(S) FicBill 0) 7545 1120 530 |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars: Contact No: | Invoice Pre Invoice Pre I) AR: Accident I) DA: Damage I) TF: Towing F I) FT: Follow-T For claiming a I) TR: Re-inspect I) N1: Idae DA | Dates: Tirris Completed Daration Checklist Reporting (530); Assessment (5100); INC (580 es 540 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2003) stion SMRT Survey 5 | Ant (S) (S) (S45) (120) (330) |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars: Contact No: Contact No: | lnvoice Pro i) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition | Dates: Tirris Completed Daration Checklist Reporting (530); Assessment (5100); INC (580 es 540 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2003) stion SMRT Survey 5 | Anc(S) FicBill 0) 7545 1120 530 |
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| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claimant's Particulars: Contact No: Camaged Portion: C Checked by (Engr-In-Charge): | Invoice Pre Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtesy *N6: Repair C | Dates Time Completed Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$80 es \$400 brough Survey (Resurvey) gainst INC Only (wef 10 Jan 2003) stion SMRT Survey \$ smal Services: Car / Tpt Allowance poordination | Anc(S) FirBill 0) S45 1120 530 575 1160 |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/ Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Claumant's Particulars: Oriver/Owner: Contact No: Damaged Portion: | lnveice Prc 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T For claiming a 6) TR: Re-inspect 7) N1: Idae DA 8) NTUC Addition OD* N5: Courtesy N6: Repair C N7: Post Rep N8: DV/Col | Dates: Tirrib Completed Daration Checklist: Reporting (330); Assessment (5100); INC (880 rough Survey (Resurvey) reinst INC Only (wef 10 Jan 2005) chion SMRT Survey S mal Services: Car / Tpt Allowance condination air Inspection lect Excess Coordination | \$ Ans (\$) |
| Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courts 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Contact No: Camaged Portion: C Checked by (Engr-In-Charge): | Invoice Pre Invoice Pre I) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additic OD* *N5: Courtesy *N6: Repair C *N7: Post Rep *N8: DV / Col TP (N11): TP | Dates: Tirrib Completed Daration Checklist: Reporting (530); Assessment (5100); INC (580); Assessment (5100); INC (580); Arough Survey (Resurvey); | \$120 \$30 \$75 \$160 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 |
| Remarks: (INC horline: 6788 6616): 1) Apply for Transport Allowance () / Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: C Checked by (Engr-In-Charge): | lnveice Prc 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T For claiming a 6) TR: Re-inspect 7) N1: Idae DA 8) NTUC Addition OD* N5: Courtesy N6: Repair C N7: Post Rep N8: DV/Col | Dates: Tirrib Completed Daration Checklist: Reporting (530); Assessment (5100); INC (580); Assessment (5100); INC (580); Arough Survey (Resurvey); | \$75 1120 \$30 \$75 1160 \$35 \$50 \$25 \$50 |

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 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.

| ACCI | DENI | SIA | EWI | ENI |
|------|------|-----|-----|-----|
| | | | | |

Date Of Report 12/09/2018 18:19
Date Of Accident 02/09/2018 23:55

Exact Location Of Accident JLN TENGKU AZIZAH TWDS JLN SULTAN ISKANDAR

Country/State of Loss MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG9416X

Insured/Policyholder

Name Of Registered Owner ZAINAL SULIMAN

NRIC No S1678461C Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-81614659
Alternative Phone No OFFICE-81614659

Vehicle Particulars

Manufacturer HONDA

Model STREAM 1.8 A

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE 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 CAR

Insurance Company

Name of Insurance Company EQ INSURANCE COMPANY LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMPPHQ18-002334

Cover Note Number

Driver

Name of Driver MUHAMMAD ZULHILMI BIN ZAINAL

 NRIC No
 S9526127B

 Date Of Birth
 22/07/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 13/03/2014

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92209595

Fax Number

Contact Number OFFICE-92209595

EMail Address NOEMAIL

BLK 240 BUKIT PANJANG RING ROAD Address

#02-125

Postcode 670240

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident? Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

5 Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

. .

Passenger 2 NAME: . +

: FEMALE

GENDER:

Passenger 3 NAME:

> GENDER: : FEMALE

5 +

Passenger 4 NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV2934H

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)

Passenger 1

2

NAME:

GENDER:

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)

Lunderstand, 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:
 - (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

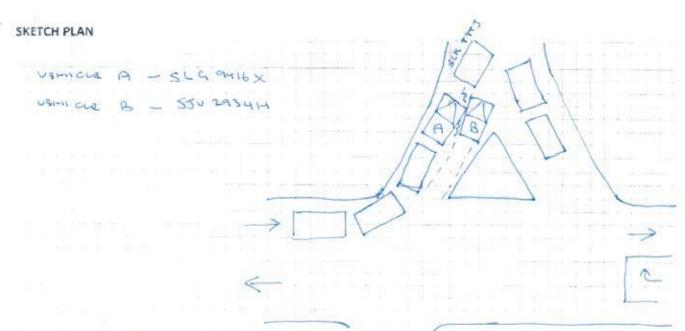
Oriver's Signature (If driver's not the policyholder)

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I was transminh on A single case, sinche correct way |
|--|
| ALONG JALAN TENGKON AZIZAH, JOHOR BAHRN. |
| BOOK BAREN. |
| |
| WHILE THANING INTO JALAN SHUTAN ISKANDAR CIQ JB- SINGAPORIE ON |
| A sinking came, shooteness A verticus cut in from this |
| RIGHT AND HIT ONTO THE RIGHT SIDE FROM OF MY VEHICLE. |
| MY VEHICLE WAS STATIONARY WOON THE ACCIDENT HAPPENED |
| AS I WAS QUELLING UP BEHIND A CAR WHICH THE VIDEO |
| CAPTURED BY MY IN-CAR CAMBRA SHOW. |
| |
| ALICATED FROM MY VEHICUS , THE DRIVER OF STV 293414 ACCUSED |
| THAT I WAS THE ONE THAT HIT ONTO HIS VEHICUE. |
| AND I WOULD LIKE TO EMPHASIZE, I WAS ON A SALLE THENING |
| LANE WITH CAR QUELLING INFRONT AND BEHIND ME, AND THIS |
| UNLICUE JUST CUT IN FROM THE RIGHT. WHILE I WAS IN A |
| STATIONARY POSITION. |
| THIS WHOLE ACCIDENT FOOTAGE WAS CAPELLINED BY MY IN-CAR |
| CAMERA. |
| *LATE REPORTING DUE TO CHUER OVERSEA DURING THE PERIOD * |
| VEHICLE A - SLG 9416X |
| vanicus 5 - 55v 2934 1-1 |
| ECLADATION |

DECLARATION

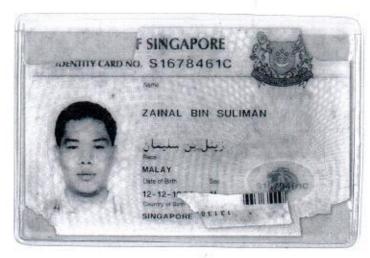
I/We declare the foregoing particulars are true in every respect.

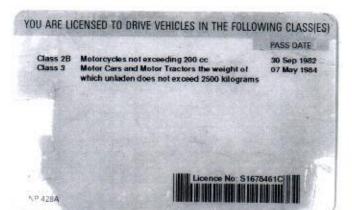
Policyholder's Signature Date & Time: Oriver's Algnature (If driver is not the policyholder) Date & Time:

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

| Vehicle No. | SL G 9416X Model / Make HONDA STRAAM |
|-------------------------------|--|
| Date of Accident | 02/09/18 |
| Time of Accident | 23 55 HRS |
| Location of Accident | SLIP ROOD PRUM JALAN TENGKU AZIZAH INTO JALAN SULTAN |
| Exact purpose use during acci | ZEONO2 0113 =0 / |
| Name of Owner | ZOINEL SUUTION |
| | |
| Telephone No. | |
| NRIC | 516784616 |
| Address | BLK 240 BURET PANJANG RING RD # 02-125 5(670240) |
| Claim type | OD THIRD PARTY REPORTING ONLY |
| Insurance Company | EQ INSURAN CIE |
| Type of Coverage | Comprehensive Third Party Third Party / Fire /Theft |
| Policy No. | DMOPHQ 18 - 002354 |
| Name of Driver | As Above If No, MUHAMMAD ZULHILMI BIN ZAINAL |
| NRIC | S95 26127 B Any Passengers: 4 (1 MALE 3 FEMALE |
| Date of birth | 22 SUL 1995 |
| Occupation | Outdoor / Nodoor |
| Driving License Pass Date | 13 mar 2014 |
| Gender | Male / Female |
| Contact No. | H/P: 9220 9595 Home: Office: |
| Address | BLK 240 BUNIT PONJANH RING PO #02-125 5(670240) |
| Driver have any own vehicle | No; If yes, Reg No. |
| Relationship | Employee, If no, state |
| Weather condition | |
| Road Surface | 122 |
| | |
| Any Injuries | No. If Yes, Who? |
| Name And Contact No. | |
| Name And Contact No. | |
| Police Report | (No,) If Yes, Where? |
| Vehicle B No. | SSV 2934 M Any Passengers: \ |
| Name of Driver | Contact No. : |
| Vehicle C No. | Any Passengers : |
| Vehicle D No. | Any Passengers : |
| Vehicle E no. | Any Passengers : |
| Vehicle F No. | Any Passengers : |
| Vehicle G No. | Any Passengers : |
| Witness Name | Witness Contact : |
| Accident Portion | RIGHT FRONT PORTION |
| Camera Recorder | ₹® / No |
| Email Address | |
| HAVE YOU BEEN APPROACH | BY UNKNOWN PERSON SOLICITING / |
| OFFERING ACCIDENT CLAIMS | ASSISTANCE? Yes / No |
| PARTICULAR WORKSHOP | N-51 AUTOMOTIVE PTR LTD |
| CONTACT NO. | 6842 0051 / 6744 0510 |
| CONTACT PERSON | IAN |
| FAX NO | 6741 0510 |
| WORKSHOP EMAIL APDRESS | |

















MUHAMMAD ZULHILMI BIN ZAINAL

محمد نوالحلم بن نيفال

MALAY

22-07-1995 M

SD 526 1275

Country of birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) Class 2B fClass 2A Class 2 Class 3 EFFECTIVE DATE Motorcycles =< 200 CC Motorcycles between 201 CC and 400 CC Motorcycles > 400 CC Motor cars =< 3600 kg with =< 7 passengers, suchasive of the driver, and motor traction/vehicles =< 2500 kg 27 Jan 2015 23 May 2016 28 Mar 2018 13 Mar 2014 5 / No.9000313637 S 59526127B NP 428A

4554161

Date of leave 29-03-2010

APT BLK 240 BUKIT PANJANG RING ROAD #02-125

SINGAPORE 670240

EQ Insurance Company Limited

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



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

PRIVATE CAR Comprehensive Classic

Certificate No.: DMPPHQ18-002334

1. Index Mark and Registration Number of Vehicles

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess

Insured&Named Driver S\$600.00(Section 1 - Own Damage) Unnamed Driver

S\$1,100.00(Section 1 - Own Damage)

YEIDR

Additional S\$3.000.00(Section 1 - Own Damage)

WindScreen

S\$100.00

2. Name of Policyholder

Zainal Suliman

SLG9416X

3. Effective Date of the Commencement of Insurance for the purpose of the Act 16/05/2018

4. Date of Expiry of Insurance

15/05/2019

5. Person or Classes of persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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 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*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover:

- (a) use for hire or reward
- (b) use for racing,pace-making,reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade

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

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

Hire Purchase: Index Credit Pte Ltd.

A000209/Agnes Tan Sock Leng Date of Issue: 13/04/2018 10:54

Authorised Signatory EQ Insurance Company Limited

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

