		HA118139~13	
Date In: 26/1=/18-14:78	Job description	Date &Time Completed	Done by
Ref No: 44/ E 02/80 (9520/24	SAS e-filing		
Veh No: 48776164	E-mail (within Shrs, AIC 2hrs)		00
D.O.A: \$5/10/18-18:30	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	
OD THE Reporting Only	i-Photo Uploaded	1	18
TP Insurer:	Assessment/Survey Report		
IP insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	: )
TP Particulars: Veh No: 17	8024 INC (	)/Non-INC( ).	
Owner / Driver: (		Tel:	)
Policy No: ( ) P	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	9%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,	,000()/\$2,000()		
General Remarks:			on 9.
( ) Walk-In Customer: Customers info	ormation strictly Confidential & S	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insur		· · · · · ·	
		Towing Co: (	- )
			5:X888AC-90917
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allegranges ( ) (	Countries Con ( )		
1) Apply for Transport Allowance ( )/	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )	7	
	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$	( )		AND DECEMBER OF THE PARTY OF TH
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )		AND THE
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 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.
- 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.

Beautiful Committee of the Committee of	ACCIDENT STATEMENT
Date Of Report	26/10/2018 14:38
Date Of Accident	25/10/2018 18:30
Exact Location Of Accident	LOYANG AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF7616Y
Insured/Policyholder	
Name Of Registered Owner	HUP SEIK TEXTILES
Co Reg No	07255200W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98464373
Alternative Phone No	OFFICE-98464373
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-000826
Cover Note Number	
Driver	
Name of Driver	LEE CHOON HUAT
NRIC No	S1057823Z
Date Of Birth	31/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1972
Driving Experience	45 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98464373
Fax Number	colored the text of the colored text of the co
Contact Number	OFFICE-98464373

NOEMAIL

BLK 233 PASIR RIS DRIVE 4 Address

#10-492

Postcode 510233

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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? YES

Foreign Vehicle Registration Number JJF8026 (PRIVATE CAR)

Number of vehicles involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME: : POH LEE ING

> GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

# Circumstances of Accident

REFER TO POLICE REPORT - T/20181025/2147.

#### 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 JJF8026

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LEE BOON FENG

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

SH7953L

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

HAN HECK GUAN

NRIC/Passport Number

S0176844A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

LEE CHOON HUAT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

**GBF7616Y** 

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name

POH LEE ING

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBF7616Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

#### SKETCH PLAN

## MPORTANT NOTICE

- 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 occurate as possible. Any wilful misrapresentation 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 maurance companies.
- Any faise 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 aforessid.
- S. Consent under the Personal Data Protection Act (PDPA)

t 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 Monstery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - processing, handling and/or desting 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 low in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insured(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 (asurers and/or GIA to their third party service providers or agents (including their lawyars/law firms), which may be sked outside of Singapore, for one or more of the above Purposes.
- (a) my Personal Information will also be collected and used to compile claims bistory for the purpose of fraud detection, investigation and management in present and all future claims.
- (a) the information so collected under (a) above thay be shared / disclosed:
  - to ail 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.

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

Name: NRIC/FIN No.:

Reporting Centra Parsonnel's Signature

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A Z	Vehicle B: DJF802C
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
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DECLARATION

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

Policyholder's Signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 25/10/2018 Accident Time: 18:30 (24-HR-Format)
Accident Place	: Along ROCD 1, LOYANG AVENUE
Vehicle Reg. No. (Car Plate No.)	:GBF76164
Vehicle Make/Model	: Nissan Van
Insurance Company	:_EQPolicy No
Owner or Company Name /IC No.	: Hup Seik Textiles
Owner or Company Contact No.	: 98464373 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: LEE CHOON HUAT
DRIVER'S Date Of Birth	31 /03 / 1953 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWN
DRIVER'S Address	S510233 PASIR RIS DRIVE 4 #10-492
DRIVER'S Contact No./ Alt No.	:1) 98464373)
DRIVER'S Occupation	: INDOOR OUTDOOR e.g. working inside or outside office)
Email Address	: weiguan 0312@gmail.com
Weather & Road Surface	CLEAR & DRY\RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Oriver):_2
Was there any video Captured by c Exact purpose for which vehicle w	ar camera: YES (NO) as being used at the time of accident: Private use\ Work purpose
Vehicle B Vehicle Reg. No: 11 802	Party Driver's Particular (if any)  Whicle C  Vehicle Reg. No: SH 7953L
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver: LEE BOON FE	Name Driver: Han Heck Guan
IC No. Driver: 93 1107016	189 IC No. Driver: S0176844A
Driver's Contact & Add:	Driver's Contact & Add:

1.7







Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 4 Report No. T/20181025/2147

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 118 20:14	lade:	Vide Report No.:	Station Diary No.: 108		
Informa	nt's Partici	ulars	Committee and the second			
	Informant: OON HUAT		Address: APT BLK 233 PASIR RI 510233	S DRIVE 4 #10-492 SINGAPORE		
	/ ID No.: D / S105782	23Z	Contact No.: Home/Office:	Mobile: 98464373		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 65	Date of Birth: 31/03/1953	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: self-employed			Driving Licence Informatical Class: 3	tion: Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 25/10/2018 18:30	Type of Location Straight Road	
Location: Along Road 1 LOYANG AV merging to Ta Weather:		owards Changi Road Surface:		Road Speed Limit:	
Clear Dry				50 Km/h	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF7616Y	Van	NISSAN	NV200	Silver	Slightly Damaged	1
JJF8026	Car .	TOYOTA	Innova	Brown	Slightly Damaged	0
SH7953L	Car	HYUNDAI	Sonata	Blue	Slightly Damaged	0





2 of 4

Report No. T/20181025/2147

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

Details of Person	n Involved				SHEW.		
Any Pedestrian In	volved: No						
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA				
Driver	<b>第七四年至10日日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日</b>	SOLD WATER	HARDS AND A DE	NAME OF TAXABLE			
Name	LEE CHOON HUAT			ID No.		S1057823Z	
Related Vehicle	GBF7616Y (Van)			Contac	ct No.	98464373	
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL		
Date Treatment	NIL		Date Disch	narge	NIL		
	ed Medical Leave	NIL	Degree of		NIL		
Driver		and during	A CONTRACT OF	- Allega	THE PARTY		
Name	Lee Boon Feng		ID No.		931107016789		
Related Vehicle	JJF8026 (Car)		Contact No.		81550225		
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc		NIL		
	ted Medical Leave	NIL	Degree of				
Driver Driver		DISCUSSION OF		DISHES		and the state of the state of	
Name	Han Heck guan			ID No		S0176844A	
Related Vehicle	SH7953L (Car)		Contact No.		98067490		
Hospital/Clinic	NIL		Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	harge	NIL		
	ted Medical Leave	NIL	Degree of		NIL		

## Brief Details.

On the 25/10/2018 at around 6.20pm, I was driving my van bearing registration number GBF7616Y Nissan NV200 silver in colour along Loyang ave and merging into Tampines Expressway heading towards Changi. I was waiting at the give way line when I head a bang sound from the rear and followed by a second bang sound together with an impact that pushed me forward. I came down to make a check and discovered that there are two other car bearing registration JJF8026 Toyota Innova Brown in colour and behind it a car bearing registration number SH7953L Hyundai Sonata. None of us has any sign of visible injury as such we all change details and left to lodge a traffic report. During the accident my wife was sitting beside me at the passenger seat Poh Lee Ing S1247538A aged 61 years old.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 4 Report No. T/20181025/2147

CONTINUATION OF REPORT





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 4 of 4 Report No. T/20181025/2147

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report G / Sr Staff Sgt ANWAR BIN ZAINAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2018 20:14
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	TE TE

# INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR

## Business Profile (Business) of HUP SEIK TEXTILES (07255200W)

The Following Are The Brie	ef Particulars of :						
Name of Business			HUP SEIK TEXTILES				
Former Name(s) if any		:					
Date of Change of Name							
Registration No.			07255200W				
Registration Date		:	10/04/1975				
Commencement Date		:	01/10/1969				
Status of Business		:	Live				
Status Date			04/03/2017				
Renewal Date		:	04/03/2017				
Expiry Date		:	10/04/2020				
Renewal via GIRO		:	NO Sole-Proprietor				
Constitution of Business		:					
Principal Place of Business		2300	233 PASIR RIS DRIVE 4 #10-492 SINGAPORE (510233)				
Date of Change of Address		:	24/09/2015				
Principal Activities							
Activities (I)		:	WHOLESALE OF TEX	(TILES (46411)			
Description		:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	323-1-4-4/23-32-37			
Activities (II)		:					
Description		:					
Particulars of Authorised R	Representative(s)						
Name	ID		Nationality	Address	Address Source		
Existing Sole-Proprietor(s)	/ Partner(s)						
Name	ID		Nationality/Place of incorporation/Origin	Address	Address Source		

# INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR

## Business Profile (Business) of HUP SEIK TEXTILES (07255200W)

Name	ID	Nationality/Place of incorporation/Origin		Address		Address Source
LEE CHOON HUAT	S1057823Z	SINGAPORE CITIZEN		233 PASIR RIS DF #10-492 SINGAPORE (510		ACRA
Withdrawn Partner(s)						
Name	ID	Nationality/Place of incorporation/Origin	Addr	ess	Address Source	Date of En
YEO AH LEK	S0301103H	SINGAPORE CITIZEN		ENGKONG SATU IGAPORE (417483)	ACRA	29/03/19
		OTTZEN	Silv	IGAP ONE (417403)		Owner
LEE PHUAY HUANG	S0101942B	SINGAPORE		A COMPASSVALE	ACRA	01/04/19
		CITIZEN	CO	I-615 MPASSVALE VISTA IGAPORE (541224)		Owner
LEE SIEW HOCK	S0301114C	SINGAPORE		ENGKONG SATU	ACRA	01/10/19
		CITIZEN	SIN	IGAPORE (417483)		Owner
LEE CHUNG MONG	S1305391Z	SINGAPORE		B 9/F BLK1A THE	OSCARS	24/03/19
		CITIZEN	CH	NGS II,12 TONG UN ST TSEUNG 'AN O NT HK		Owner
LEE CHOON HUA	S1182536B	SINGAPORE	9 LI	ENGKONG SATU	ACRA	28/03/19
		CITIZEN	SINGAPORE (417483)			Owner

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

# INFORMATION RESOURCES

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## Business Profile (Business) of HUP SEIK TEXTILES (07255200W)

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Businthe QR code available on the last page of this profile to access the authentication page. For more information, please visit we

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA181026198672

DATE

: 26/10/2018

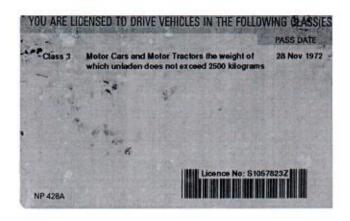
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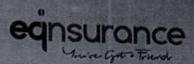


J'C Driver





act at7-00 Tower Block MND Complex Singapore 068110 133 | Tax 65 6224 2903 | www.aqinaurance.com.sg



## CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

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

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

#### COMMERCIAL VEHICLE PRIVATE (SCH I) Comprehensive

Certificate No.: DMCPHQ18-000826

1. Index Mark and Registration Number of Vehicles

2. Name of Policyholder **HUP SEIK TEXTILES** 

3. Effective Date of the Commencement of Insurance for the purpose of the Act 06/03/2018

4. Date of Expiry of Insurance

Person or Classes of persons entitled to drive Goods carrying - (MZ300) Authorised Driver. Any of the following :-

1. The Policyholder

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

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

6. Limitation as to use"

1)Use in connection with the Insured's business.

2)Use for the carriage of passengers (other than for hire or reward) in connection with the insured's

3)Use for social domestic and pleasure purposes THE POLICY DOES NOT COVER

1)Use for hire or reward or for racing pace-making reliability trial or speed testing.

2)Use whilst drawing a greater number of trailers in all than is permitted by Law.

 3)Use for the carriage of passengers for hire or reward.

4)Liability arising from or in connection with the carriage of hazardous. materials, high explosives, inflammable liquid or gases including LPG in

\*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.

NWE 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:

A000298/Tong Hin Insurance Agency Pte Ltd Date of Issue: 12/02/2018 14:25

Authorised Signatory EQ Insurance Company Limited

Exp No. ; DMCPHQ17-801155

A Member of Otystate