

NATIONAL Assessment Centre Services (part 1 of 2)			
Date In: 27/07/2023 10:56	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 12300210814	E-mail (within 24hrs, A/C 24hrs)		
Veh No: GBA 98DE	1-Motor Claim Form		
D.O.A: 24/07/2023 11:20	1-Motor W/O (within 24hrs, A/C 24hrs)		
QC: (79) Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Yelt No: SPH 6599	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Notes:
Insured/Driver Liability: ()	(Note: Use Status (W/O): 10-0-30%, 21-72%, 30-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO info of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 12300210814)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury:
Date of Incident:
Location:
Weather:
Witness:
Police:
Insurance:
Other:

Invoice Preparation Checklist	Amount
1) All: Accident Particulars (\$300)	
2) DA: Damage Assessment (\$1000) INC (\$50)	
3) TP: Towing Fee (\$10/\$40)	
4) PT: Follow-Through Survey (\$150)	
5) PT: Follow-Through Survey (Emergency) (\$50)	
6) TR: Rep/Inspection (\$70)	
7) NI: New DA + SMPT Survey (\$140)	
8) NTUC Additional Fee (\$100)	
9) Other	
10) NI: Courtesy Car / Tel Allowance (\$5)	
11) NI: Repair Coordination (\$10)	
12) NI: Post Repair Inspection (\$10)	
13) NI: BY / Collect Excess Coordination (\$1)	
14) NI: (1) : TP (1) : INC (1) : Repair INC (\$10)	
15) NI: (1) : Repair (\$10)	
16) NI: (1) : Repair (\$10)	
17) NI: (1) : Repair (\$10)	
18) NI: (1) : Repair (\$10)	
19) NI: (1) : Repair (\$10)	
20) NI: (1) : Repair (\$10)	
21) NI: (1) : Repair (\$10)	
22) NI: (1) : Repair (\$10)	
23) NI: (1) : Repair (\$10)	
24) NI: (1) : Repair (\$10)	
25) NI: (1) : Repair (\$10)	
26) NI: (1) : Repair (\$10)	
27) NI: (1) : Repair (\$10)	
28) NI: (1) : Repair (\$10)	
29) NI: (1) : Repair (\$10)	
30) NI: (1) : Repair (\$10)	
31) NI: (1) : Repair (\$10)	
32) NI: (1) : Repair (\$10)	
33) NI: (1) : Repair (\$10)	
34) NI: (1) : Repair (\$10)	
35) NI: (1) : Repair (\$10)	
36) NI: (1) : Repair (\$10)	
37) NI: (1) : Repair (\$10)	
38) NI: (1) : Repair (\$10)	
39) NI: (1) : Repair (\$10)	
40) NI: (1) : Repair (\$10)	
41) NI: (1) : Repair (\$10)	
42) NI: (1) : Repair (\$10)	
43) NI: (1) : Repair (\$10)	
44) NI: (1) : Repair (\$10)	
45) NI: (1) : Repair (\$10)	
46) NI: (1) : Repair (\$10)	
47) NI: (1) : Repair (\$10)	
48) NI: (1) : Repair (\$10)	
49) NI: (1) : Repair (\$10)	
50) NI: (1) : Repair (\$10)	
51) NI: (1) : Repair (\$10)	
52) NI: (1) : Repair (\$10)	
53) NI: (1) : Repair (\$10)	
54) NI: (1) : Repair (\$10)	
55) NI: (1) : Repair (\$10)	
56) NI: (1) : Repair (\$10)	
57) NI: (1) : Repair (\$10)	
58) NI: (1) : Repair (\$10)	
59) NI: (1) : Repair (\$10)	
60) NI: (1) : Repair (\$10)	
61) NI: (1) : Repair (\$10)	
62) NI: (1) : Repair (\$10)	
63) NI: (1) : Repair (\$10)	
64) NI: (1) : Repair (\$10)	
65) NI: (1) : Repair (\$10)	
66) NI: (1) : Repair (\$10)	
67) NI: (1) : Repair (\$10)	
68) NI: (1) : Repair (\$10)	
69) NI: (1) : Repair (\$10)	
70) NI: (1) : Repair (\$10)	
71) NI: (1) : Repair (\$10)	
72) NI: (1) : Repair (\$10)	
73) NI: (1) : Repair (\$10)	
74) NI: (1) : Repair (\$10)	
75) NI: (1) : Repair (\$10)	
76) NI: (1) : Repair (\$10)	
77) NI: (1) : Repair (\$10)	
78) NI: (1) : Repair (\$10)	
79) NI: (1) : Repair (\$10)	
80) NI: (1) : Repair (\$10)	
81) NI: (1) : Repair (\$10)	
82) NI: (1) : Repair (\$10)	
83) NI: (1) : Repair (\$10)	
84) NI: (1) : Repair (\$10)	
85) NI: (1) : Repair (\$10)	
86) NI: (1) : Repair (\$10)	
87) NI: (1) : Repair (\$10)	
88) NI: (1) : Repair (\$10)	
89) NI: (1) : Repair (\$10)	
90) NI: (1) : Repair (\$10)	
91) NI: (1) : Repair (\$10)	
92) NI: (1) : Repair (\$10)	
93) NI: (1) : Repair (\$10)	
94) NI: (1) : Repair (\$10)	
95) NI: (1) : Repair (\$10)	
96) NI: (1) : Repair (\$10)	
97) NI: (1) : Repair (\$10)	
98) NI: (1) : Repair (\$10)	
99) NI: (1) : Repair (\$10)	
100) NI: (1) : Repair (\$10)	

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 Actual 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. 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 Submission	27/02/2023 10:56 (SGT)
Reported by	Driver
Date of Accident	24/02/2023 11:20 (SGT)
Exact Location of Accident	Jurong Pier Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG982E
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RANGER FIRE SYSTEMS PTE. LTD.
Company Reg No	2XXXXX083K
Email Address	raja@rangerfiresystems.com.sg
Mobile Phone No	(Phone) +65-62557039
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCPHQ22-001636

DRIVER

Name of Driver	RAVICHANDRAN RAJASEKAER
Passport No/FIN	GXXXXX615W
Date Of Birth	26/05/1991
Occupation	Outdoor

Date Of Driving Pass	14/05/2019
Driving experience	3 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87434667
Alt. Phone Number	-
Email Address	raja@rangerfiresystems.com.sg
Address	6B SELETAR NORTH LINK #04-183
Address complement	-
Postcode	797447
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JPH6599
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	KUTTHAIYAN ARUNKUMAR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230224/2045

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JPH6599
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RUSLI BIN ABDUL RAHIM
Passport No/FIN	0XXXXXXX7868
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RAVICHANDRAN RAJASEKAER
Gender	Male
Phone No	(Phone) +65-87434667
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG982E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KUTTHAIYAN ARUNKUMAR
Gender	Male
Phone No	(Phone) +65-83456550
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBG982E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.
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.

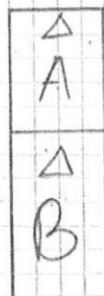


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A = GBG 982E

B = JPH 6599

Describe Circumstances of the Accident

Please Refer Police Report

No. : T/20230224/2045

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Pei Seng
24/02/2023

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

Witnessed by Reporting Centre Personnel

27/02/2023



**SINGAPORE
POLICE FORCE**



T/20230224/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20230224/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/02/2023 12:48		Vide Report No.:		Station Diary No.: 60	
Informant's Particulars					
Name of Informant: RAVICHANDRAN RAJASEKAER			Address:		
ID Type / ID No.: FIN NO / G2055615W			Contact No.: Home/Office: Mobile: 87434667		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 26/05/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/02/2023 11:20	Type of Location: Straight Road
Location: JURONG PIER WAY				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG982E	Van	NISSAN		White	Slightly Damaged	1
JPH6599	Lorry	MITSUBISHI		Blue	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20230224/2045

2 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230224/2045

CONTINUATION OF REPORT

Passenger			
Name	KUTTHAIYAN ARUNKUMAR	ID No.	G7412727X
Related Vehicle	GBG982E (Van)	Contact No.	83456550
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	RAVICHANDRAN RAJASEKAER	ID No.	G2055615W
Related Vehicle	GBG982E (Van)	Contact No.	87434667
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	RUSLI BIN ABDUL RAHIM	ID No.	NIL
Related Vehicle	JPH6599 (Lorry)	Contact No.	01123617868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24.02.2023 at about 1120hrs, I was driving my company's van; GBG982E after exiting Jurong Island and was travelling along Jurong Pier Way. However a vehicle; JPH6599 collided onto the rear of my van. We exchanged particulars and the officer at the said site advised me to lodge a police report. Both my passenger and I sustained aching pain on our shoulders and back. We have yet to seek any medical attention. We will proceed to see a doctor after lodging this report.

My van have no build-in camera.



**SINGAPORE
POLICE FORCE**



T/20230224/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No. T/20230224/2045

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20230224/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20230224/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature of Officer Recording The Report:
J/
SR STAFF SGT MOHAMMED
AMIRULHAFIZ BIN RAMLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
24/02/2023 12:48

Classification Of Case:

Date of Accident : 24.02.2023 Accident Time : 1120hrs (24-HR-Format)

Who reported the accident? : Owner / Driver / Both

Accident Place : Jurong Pierway

Vehicle No (Car Plate No) : GBG 982E Make/Model: Nissan NV350 Panel Van 2.5

Insurance Company : EQ Policy No: DMCPHQ22-001636

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Ranger Fire Systems Pte Ltd (2010020831K)

Owner Contact No : - Owner's Hp 62557039 Company Tel

Driver Name / IC No : Ravichandran Rajasekar (G2055615W)

Driver's Date of Birth : 26 May 1991 Driver's License Pass Date: 14 May 2019

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: -

Driver's Address : 6B Seletar North Link #04-183 S 797447

Driver's Contact No : 1) 8743 4667 2) -

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : Raja @ rangerfiresystems.com.sg

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 2 person, 1 Driver 1 Passenger

Was there any video footage? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes

Other Party Driver's Particular (if any)

VEH B : <u>JPH 6599</u>	Name & Contact No: <u>Rusli Bin Abdul Rahim (011-23617868)</u>
VEH C : _____	Name & Contact No: _____
VEH D : _____	Name & Contact No: _____
VEH E : _____	Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

M: Kutthaiyan Arunkumar

P. Rajasekar
24/02/2023



EQ Insurance Company Limited

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



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

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

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

**COMMERCIAL VEHICLE PRIVATE (SCH I)
Comprehensive Classic**

Certificate No. : DMCPHQ22-001636

Classic Plan - EQ Authorised Workshop Only

Form: LCVP1

Excess:

Section 1:

YEID-AC Additional:

S\$500.00

S\$3,000.00

1. Index Mark and Registration Number of Vehicles

GBG982E

2. Name of Policyholder

RANGER FIRE SYSTEMS PTE LTD

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

01/06/2022

4. Date of Expiry of Insurance

31/05/2023

5. 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

EQI Motor Accident
Hotline

6311 3211



* 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 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 business.

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 cylinders.

*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 :

A000363/Gideon Insurance Agencies Pte Ltd

Date of Issue : 13/05/2022 17:16

Authorised Signatory
EQ Insurance Company Limited

Exp No. : DMCPHQ21-001870

A Member of Citystate