

# NATIONAL Assessment Centre Services

|                          |   |                        |          |
|--------------------------|---|------------------------|----------|
| Date: 11/04/2023         | Job description: SAS e-filing             | Date & Time Completed: | Done by: |
| RefNo: NA/EOI23003704/04 | E-mail (within 8hrs, Aft 2hrs):           |                        |          |
| VehNo: SBB 45L           | i-Motor Claim Form:                       |                        |          |
| DOA: 09/04/2023 20:35    | i-Motor W/O (Within: OD 2hrs, TP 4hrs):   |                        |          |
| OD/TP/Reporting Only     | i-Photo Uploaded:                         |                        |          |
| TP Insurer:              | Assessment/Survey Report:                 |                        |          |
|                          | Ass't Report by Fax / Hand to Owner/Wksp: |                        |          |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( | Tel:   | Fax:                  |
| TP Particulars:                          | Veh No: FBP 7069Z  | 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 6610)                       | 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                   | Amf (\$)    | Amf |
|---------------------------------|---|-------------|-----|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |             | Add |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$30)    |             |     |
| Damaged Portion:                | 3) TP: Towing Fee \$40/\$45                     |             |     |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |             |     |
|                                 | 5) RT: Follow-Through Survey (Resurvey) \$30    |             |     |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |     |
|                                 | 6) TR: Re-inspection \$75                       |             |     |
|                                 | 7) NI: Idas DA + SMRT Survey \$160              |             |     |
|                                 | 8) NTUC Additional Services:-                   |             |     |
|                                 | ON*   |             |     |
|                                 | *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: Idas Mobile \$0                         |             |     |
| Call 1:                         | Invoice dated                                   | Fee Charged |     |
| Call 2/3:                       | 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 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              | 11/04/2023 13:03 (SGT)                            |
| Reported by                     | Both Policyholder and Actual Driver               |
| Date of Accident                | 09/04/2023 20:35 (SGT)                            |
| Exact Location of Accident      | Singapore   |
| Additional Location Information | ALONG UPPER SERANGOON ROAD TOWARDS PIE ( CHANGI ) |
| Country/State of Loss           | Singapore   |

### DETAILS OF OWN VEHICLE

|                             |        |
|-----------------------------|--------|
| Vehicle Registration Number | SBB45L |
|-----------------------------|--------|

#### INSURED/POLICYHOLDER

|                          |                                 |
|--------------------------|---------------------------------|
| Is company?              | No                              |
| Name Of Registered Owner | LIM TIONG ENG ( LIN CHANGRONG ) |
| NRIC No                  | SXXXX563A                       |
| Email Address            | telim72@gmail.com               |
| Mobile Phone No          | (Phone) +65-90223460            |
| Alternative Phone No     | -                               |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Harrier                   |
| Variant  | -                         |
| 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 - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 1986                      |

#### INSURANCE COMPANY

|                                   |                          |
|-----------------------------------|--------------------------|
| Name of Insurance Company         | EQ Insurance Company Ltd |
| Policy Number / Cover Note Number | DMPPHQ23-001448          |

#### DRIVER

|                |                                 |
|----------------|---------------------------------|
| Name of Driver | LIM TIONG ENG ( LIN CHANGRONG ) |
| NRIC No        | SXXXX563A                       |
| Date Of Birth  | 23/07/1972                      |
| Occupation     | Indoor                          |



|  |                       |
|--|-----------------------|
| Date Of Driving Pass   | 11/11/1994            |
| Driving experience   | 28 YEARS AND 5 MONTHS |
| Gender   | Male                  |
| Mobile Number  | (Phone) +65-90223460  |
| Alt. Phone Number  | -                     |
| Email Address  | telim72@gmail.com     |
| Address  | 23 KOVAN ROAD         |
| Address complement   | # 07-18               |
| Postcode   | 548193                |
| Is the driver the policyholder?                              | Yes                   |
| If No, Relationship of the Driver with the Insured           | -                     |
| 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   | Side Swipe |
| Weather Conditions | Clear      |
| Road Surface       | Dry        |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 2   |
| Was anybody injured in the Accident?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| 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   | -   |

#### PASSENGER 1

|        |              |
|--------|--------------|
| Name   | MATTHIAS LIM |
| Gender | Male         |

#### DETAILS OF POLICE ACTION

|   |                                     |
|---|-------------------------------------|
| Was the accident reported to the police?  | Yes                                 |
| Police Station Name                       | Hougang Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18004890999             |
| Alt. Police Station Phone No              | (Fax) +65-63128989                  |
| Police Station Address                    | 60 Hougang Ave 9 Singapore 538775   |
| Was notice of intended Prosecution given? | No                                  |
| If yes, against whom?                     | -                                   |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - F/20230409/2084

#### ATTACHMENT(S)

|   |            |
|---|------------|
| Are accident photos available for attachment?     | Yes        |
| Was there any video captured by Car Camera?       | Yes        |
| Reasons for not uploading a video of the accident | WITH OWNER |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                       |
|---|-----------------------|
| Vehicle Registration Number             | FBP7069Z              |
| Vehicle Manufacturer                    | -                     |
| Vehicle Model                           | -                     |
| Vehicle Variant                         | -                     |
| Vehicle Colour                          | -                     |
| Vehicle Category                        | Motorcycle            |
| Name of Driver                          | IMRAN                 |
| Contact Number                          | (Phone) +65-850002029 |
| Address                                 | -                     |
| Address complement                      | -                     |
| Postcode                                | -                     |
| Insurance Company Name                  | -                     |
| Nature Of Damage                        | -                     |
| Details of property damaged in accident | -                     |
| No. Of Passenger (Including Driver)     | -                     |



## 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)

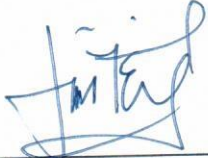
I understand, acknowledge, agree and consent that:

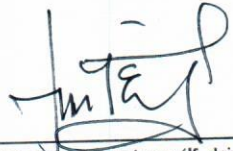
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

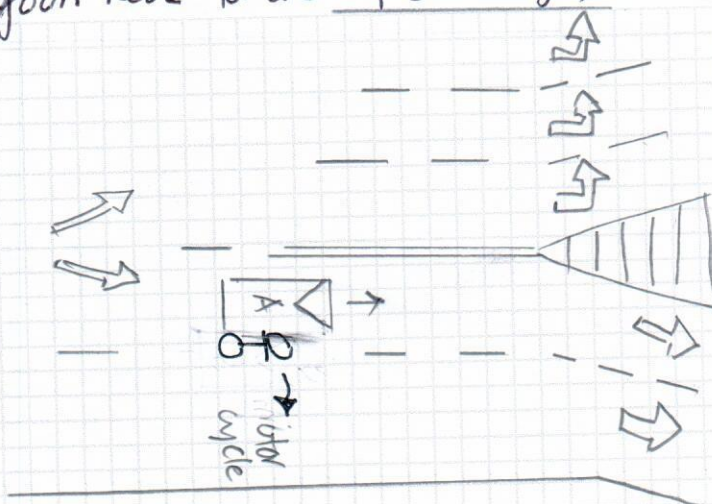
 11/4/2023  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Sketch Plan

Along upper Serangoon Road towards PIE (Changi)

A: SBB45L

B: FBP 7069Z





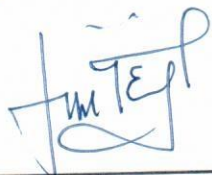
**Describe Circumstances of the Accident**

Refer to the police Report.

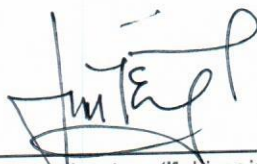
- F/20230409/2084 -

**Declaration**

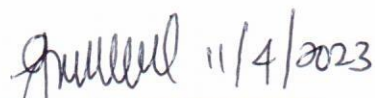
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



F/20230409/2084

1 of 2

## POLICE REPORT (NP299)

Report No. F/20230409/2084

Police Station Of Origin  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

|  |  |                          |
|--|--|--------------------------|
| Date/Time Report Made<br>09/04/2023 23:53                    | Vide Report No.  | Station Diary No.<br>110 |
| Name Of Informant<br>LIM TIONG ENG                           | Address<br>23 KOVAN ROAD #07-19 SINGAPORE 548193   |                          |
| ID Type / ID No.<br>NRIC NO / S7225563A                      | Contact No.<br>Home/Office   | Mobile<br>90223460       |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address  |                          |
| Occupation<br>MANAGER  | Sex<br>Male  | Age<br>50                |
| Institution/School Name                                      | Date of Birth<br>23/07/1972  | Race<br>Chinese          |
| Date/Time Of Incident<br>09/04/2023 20:35 - 09/04/2023 20:50 | Language<br>English  |                          |
|  | Location Of Incident<br>WOODSVILLE TUNNEL SINGAPORE<br>Under the green traffic signboard |                          |

### Brief details.

On 9/4/2023 at around 2035hrs, I was driving my vehicle (SBB45L) along Upper Serangoon Rd towards PIE (Changi).

I was staying on my lane, when suddenly a motorbike (FBP7069Z) from the right lane had come into the lane I was on and hit the side of my vehicle. The left side of the motorbike had hit the front right of my vehicle. The motorbike rider then fell off his motorbike and I immediately came out of my vehicle to check on the rider.

|  |                                |
|--|--------------------------------|
| Signature Of Officer Recording The Report:<br>F / SGT 1 JARED NG                                       | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>09/04/2023 23:53 |
| Officer In-Charge Of Case:<br>F / Serangoon N.P.C /<br>SGT 3 ALVIN OH WEI JIE<br>Contact No.: 64880999 | Classification Of Case:        |





**SINGAPORE  
POLICE FORCE**



F/20230409/2084

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. F/20230409/2084**

The rider had claimed that I had drove into his lane and ask how I wanted to settle the matter as the rider had claim he was injured due to my driving. Subsequently, we exchanged particulars and I informed the said rider that I will be going through the matter through proper channels. I then made a final check on the rider and left the scene. My vehicle had sustained minor damages on the front right door and the door handle of the same door.

I wish to further inform I had in-car camera in the front and back of my vehicle and they were operational at the time. My son (Matthias Lim, HP: 82981773) was with me at the time of the incident. No police or ambulance attended to the accident.

The following is the details of the said rider of FBP7069Z:

Name: Imran

NRIC: S\*\*\*\*095F

HP: +6585002029

This are the only information I have of the rider as it was a screenshot of his license on Singpass.

I am lodging this police report for my own proceedings.

Signature Of Officer Recording The Report:  
F / SGT 1 JARED NG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/04/2023 23:53

Officer In-Charge Of Case:  
F / Serangoon N.P.C /  
SGT 3 ALVIN OH WEI JIE  
Contact No.: 64880999

Classification Of Case:



# 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           | 09/04/2023                                    | (DD/MM/YY) |
| Time of accident           | 2035hrs                                       | (HH:MM)    |
| Exact location of accident | Along Upper Serangoon Rd towards PIE (Changi) |            |

## DETAILS OF VEHICLE

|  |   |   |   |
|--|---|---|---|
| Vehicle registration number                        | SBB45L                                      |   |   |
| Vehicle make and model                             | Toyota Kariya                               |   |   |
| Type of vehicle                                    | Saloon <input type="checkbox"/>             | MPV <input checked="" 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 checked="" type="checkbox"/> | Commercial <input type="checkbox"/>     | Motorcycle <input type="checkbox"/>   |
| Purpose of using at said time                      |   |   |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>                | No <input type="checkbox"/>             | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

## INSURANCE INFORMATION

|                   |   |   |                                  |
|-------------------|---|---|----------------------------------|
| Insurance company | EQ Insurance Company Limited                      |   |                                  |
| Policy number     | DMPH23-001448                                     |   |                                  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

## INSURED / POLICY HOLDER

|                              |                                    |  |                                 |
|------------------------------|------------------------------------|--|---------------------------------|
| Name                         | Lim Tiong Eng (Lim Changrong)      | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S7725563A                          |  |                                 |
| Contact                      | 90223460                           |  |                                 |
| Address                      | 23, Kovan Road<br># 07-19 SC548193 |  |                                 |

## DRIVER

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

|                              |  |                                  |                                 |
|------------------------------|--|----------------------------------|---------------------------------|
| Name                         |  | Male <input type="checkbox"/>    | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number |  |                                  |                                 |
| Contact                      |  |                                  |                                 |
| Address                      |  |                                  |                                 |
| Email address                | telim72@gmail.com                          |                                  |                                 |
| Date of birth                | 23/07/1972                                 |                                  |                                 |
| Occupation                   | Indoor <input checked="" type="checkbox"/> | Outdoor <input type="checkbox"/> |                                 |
| Driving date pass            | 11/11/1994                                 |                                  |                                 |



### 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: _____ |
| Accident captured by camera?                     | Yes <input checked="" type="checkbox"/> No <input 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                                  | 2  | (Inclusive of driver)                                |

### PASSENGER 1

|        |  |
|--------|--|
| Name   | matthias lim   |
| Gender | Male <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/> |

### DETAILS OF POLICE STATION ACTION

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

### WITNESS 1

|      |  |
|------|--|
| Name |  |
|------|--|

### WITNESS 2

|      |  |
|------|--|
| Name |  |
|------|--|



| THIRD PARTY VEHICLE 1        |            |
|------------------------------|------------|
| Vehicle registration number  | FBP 7069 Z |
| Vehicle make model           |            |
| Name                         | IMVAN      |
| NRIC / Fin / Passport number | S 095 F    |
| Contact                      | 8500 7029  |

| 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   | <u>Imran</u>  |
| Injuries sustained                             | <u>his left arm numb</u>  |
| 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 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"/> |



**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. : DMPPHQ23-001448**

Classic Plan - EQ Authorised Workshop Only

Form: MX2

Excess:

Insured/Named Driver: S\$600.00

Unnamed Drivers: S\$1,100.00

YEID Additional: S\$3,000.00

**1. Index Mark and Registration Number of Vehicles**

SBB45L

**2. Name of Policyholder**

LIM TIONG ENG

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

01/03/2023

**4. Date of Expiry of Insurance**

29/02/2024

**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  
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 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 : Hin Lung Auto Pte Ltd

A000008/Lee Kok Leong  
Date of Issue : 30/01/2023 18:08Authorised Signatory  
EQ Insurance Company Limited**Exp No. : DMPPHQ22-001391**