

# NATIONAL Assessment Centre Services

(wef 1 Jan'03)

NA418129140

Date In: 05/10/2008 10:51	Job description	Date & Time Completed	Done by
Ref No: N38/A14/180/8069/Y	SAS e-filing		
Veh No: SKX 9945H	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 04/10/2008 09:50	i-Motor Claim Form		
OD <input checked="" type="radio"/> TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SHC 5823Z	INC ( ) / Non-INC ( )
Owner / Driver: (		Tel: ( )
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA41806415

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile 30			
Cat. 2/3:	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 Report	05/10/2018 10:28
Date Of Accident	04/10/2018 09:50
Exact Location Of Accident	AYE TOWARDS CITY BEFORE ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9945H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE LAY HUAN
NRIC No	S1349079A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97803288
Alternative Phone No	OTHERS-97803288

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CLASSIC CVT (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100446225-02
Cover Note Number	

### Driver

Name of Driver	MUI KEE LEONG, RICHARD
NRIC No	S1349294H
Date Of Birth	09/03/1959
Occupation	INDOOR
Date Of Driving Pass	23/05/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97803288
Fax Number	
Contact Number	OTHERS-97803288
EMail Address	NOEMAIL



Address	BLK 432 CLENENTI AVENUE 3 #03-272
Postcode	120432
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181004/2084

#### 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	SHC5823Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY AH SENG
NRIC/Passport Number	S6975277B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUI KEE LEONG, RICHARD
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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





A: SFX 9945H

B: SHC 5823Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls. refer to Police Report # T/20181004/2084

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:

Reporting Centre Personnel's Signature

Name:

NRIC/EIN No.:

05/10/2018

Rafiqi HADIS



# SINGAPORE POLICE FORCE



T/20181004/2084

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20181004/2084

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2018 14:08	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MUI KEE LEONG, RICHARD			Address: APT BLK 432 CLEMENTI AVENUE 3 #03-272 SINGAPORE 120432	
ID Type / ID No.: NRIC NO / S1349294H			Contact No.:	Mobile: 97803288
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 59	Date of Birth: 09/03/1959	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: BUSINESS DEVELOPEMENT MANAGER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Driver: No	Date/Time of Accident: 04/10/2018 09:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  100M FROM ALEXANDRA JUNCTION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHC5823Z	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0
SKX9945H	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	White	Slightly Damaged	0



SINGAPORE  
POLICE FORCE



T/20181004/2084

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20181004/2084

CONTINUATION OF REPORT

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG THE SAID LOCATION. I WAS ON THE 2ND LANE, I NOTICED THE VEHICLE INFRONT OF ME STARTED TO SLOW DOWN, BRACING FOR A HALT. I THEN START TO SLOW DOWN AS WELL. HOWEVER, THE VEHICLE WHO WAS AT MY REAR, COLLIDED ONTO MY VEHICLE WHILST MOVING. WE GOT OFF AND EXCHANGE PARTICULARS. WE THEN WENT AND REPORT TO OUR RESPECTIVE INSURANCE.





**SINGAPORE  
POLICE FORCE**



T/20181004/2084

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20181004/2084

**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:  
TP /  
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/10/2018 14:08

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

Signature:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	4/10/11	TIME:	0950	(hh:mm) 24 hrs Format
LOCATION	A/E towards City before Alexandra Exit			
VEHICLE NUMBER	SKX 9945H			
INSURED NAME	Lee Lay Huan			
NRIC / FIN	S1649079H	CONTACT:		
MAKE	Toyota	MODEL	Alfa Classic 1.6 CVT	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes, If No, Pls Select : ( ) Third Party ( ) Reporting Only				
INSURANCE COMPANY	AIG			
TYPE OF POLICY ( <input checked="" type="checkbox"/> )	COMPREHENSIVE ( )	THIRD PARTY ( )	TPFT	
POLICY NUMBER:	2100446225-02			
NAME DRIVER:	Mu, Kee Leong Richard	( ) SAME AS INSURED		
NRIC / FIN	S1349294H	CONTACT:	9780-3288	
DATE OF BIRTH:	9/3/59			
DRIVING PASS DATE:	23/5/78			
OCCUPATION:	( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER:	( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:	( ) NO EMAIL			
ADDRESS OF DRIVER:	Blk 432 Clementi Ave 3 #03-272 (120432)			
Number Of Passenger Include Driver:	1 driver Only			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If No, Relationship Of The Driver With The Insured				
( ) Owner ( <input checked="" type="checkbox"/> ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others				
Does The Driver Own Any Other Vehicle? : ( ) YES ( ) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others				
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO				
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO				
If YES, Injured details : Neck Back Pain				
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO				
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party		Name / NRIC	Contact	
Veh B	SHC 5823Z	Tay Ah Seng		
Veh C		S6975277B		
Veh D				
Veh E				
Veh F				
Veh G				



2986244



NRIC No. S1349294H



Blood Group B+ Date of issue 21-10-1997

APT BLK 432 CLEMENTI AVENUE 3 #03-272  
SINGAPORE 120432

NRIC No. S1349294H Date: 13-11-1998 No: 2566009

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1349294H



Name  
MUI KEE LEONG, RICHARD



梅其量

Race  
CHINESE

Date of Birth 09-03-1959 Sex M

Country of Birth  
SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	14 Aug 1982
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	23 May 1978
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	08 Mar 2016

S / No. 9000245721

S1349294H

Licence No: S1349294H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1349294H

Name: MUI KEE LEONG, RICHARD

Birth Date: 09 Mar 1959

Issue Date: 02 May 2003

000442990B

2210420



NRIC No. S1349079A



Blood Group O+ Date of issue 07-07-1994

Address  
APT BLK 432 CLEMENTI AVENUE 3 #03-272  
SINGAPORE 120432

NRIC No. S1349079A Date: 13-11-1998 No: 2566010

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1349079A



Name  
LEE LAY HUAN



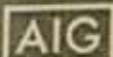
Race  
CHINESE

Date of Birth 29-12-1959 Sex F

Country of Birth  
SINGAPORE







# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lee Lay Huan  
 Period of Insurance : 05 Jan 2018 To 04 Jan 2019  
 Engine No. : 12RX553100  
 Chassis No. : MR053REH104545798

Vehicle No. : SKX0045H  
 Policy No. : 2100446225-02  
 Endorsement No. :  
 Issued Date : 03 Jan 2018

### ABOUT THE COVER

Make/Model	TOYOTA COROLLA ALTI5 1.6 DUAL		
Engine Capacity/Tonnage	1,598.00 CC	Sum Insured	Market Value
Driver Restriction	NA	Off Peak Car	No
		First Year of Registration	2016
		Insuring with COE/PARF	Yes

#### 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/her permission.  
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

\* You have to pay an additional sum of \$2,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if you are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition All Age Condition

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1500cc Optional

\* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0; Own Damage - \$600; Theft - \$0; Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Lay Huan - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/AIG Authorized Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Insurer's workshop.

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency helpline at +65 8338 8200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1988 (Malaysia).

0691123000

LEE LAY HUAN

BLK 432 #01-271 CLEMENTI AVENUE 3

SINGAPORE 120432 SP-ALXLEE-VICTORIUM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9079A
Vehicle Details	
Vehicle No.:	SKX9945H
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2018
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS CLASSIC 1.6 CVT
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	1ZRX553100
Chassis No.:	MR053REH104545798
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$17,804.00
Original Registration Date:	05 Jan 2016
First Registration Date:	05 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$17,804.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jan 2026
PARF Rebate Amount:	\$13,353.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$59,200.00
COE Rebate Amount:	\$42,490.00
<b>Total Rebate Amount:</b>	<b>\$55,843.00</b>

The information contained herein is correct as at 05 Oct 2018

OK

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MAA418129140 Vehicle Registration No: SKX 9945H  
Name (as shown in NRIC): BEU KEE HONG RICHARD NRIC/FIN/Passport No: S1349294H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 97803288  
Email Address: \_\_\_\_\_  
Date of Accident: 04/10/2018 Time of Accident: 09:50  
Place of Accident: AYE LAURENCE CITY BEFORE ALEXANDRA FCX17  
Insurance Company: MS

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INCORRECT VEHICLE NUMBER SHOULD BE SKX 9945H

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: ROSH KUNDA  
NRIC/FIN No: 0570/2018  
Date: