

NATIONAL Assessment Centre Services

(part 1 of 2)

MAA 018032-335

Date In: 18/10/2018 14:21	Job description	Date & Time Completed	Done by
Ref No: XDA/MSA/180/8960/4	SAS e-illing		
Veh No: SUM 6154P	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 17/10/2018 15:00	E-motor Claim Form		
OD: TP Reporting Only	E-motor W/O (within 2hrs, TP 2hrs)		
	E-photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeli No: XD 6669B	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%; PI: 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 repeller.

() 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/Action:

MAA00820	Invoice Preparation GR/CLIS	MAA 018032-335
Client's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)
Contact No:	3) TP: Towing Fee	\$10/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
	5) RT: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC Only (Ref ID: 210)	
	6) TR: Re-inspection	\$75
	7) NI: Inc DA + SMRT Survey	\$140
	8) NTUC Additional Services:	
	9) NI: Courtship Car / Tpl Allowance	\$5
	10) NI: Repair Coordination	\$10
	11) NI: Post Repair Inspection	\$15
	12) NI: DY / Collision Course Coordination	\$5
	13) TP (NI) / TP (Non INC) against INC	\$70
	14) NI: Loss Mobile	10
C. Checked by (Bug-In-Charge):	Invoice dated	Not Charged
	Invoice total	

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	18/10/2018 14:21
Date Of Accident	17/10/2018 15:00
Exact Location Of Accident	STILL ROAD TOWARDS MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6154P
Insured/Policyholder	
Name Of Registered Owner	WANG XIAOMEI
NRIC No	S8178814F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82283483
Alternative Phone No	OTHERS-82283483

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 L 4-DOOR SEDAN SP.6EAT (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	2100508825-01
Cover Note Number	

Driver

Name of Driver	WANG XIAOMEI
NRIC No	S8178814F
Date Of Birth	22/01/1981
Occupation	INDOOR
Date Of Driving Pass	27/05/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82283483
Fax Number	
Contact Number	OTHERS-82283483
Email Address	NOEMAIL

Address	70 BAYSHORE ROAD #22-11
Postcode	469987
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : DERRICK WANG TIANYANG GENDER: : MALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6669B
Vehicle Make/Model/Colour	VOLVO FMX370 64R DAYCAB
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOMASUNDARAM TAMIL SELVAM
NRIC/Passport Number	G2318440R
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WANG XIAO MEI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLM6154P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name DERRICK WANG TIANYANG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLM6154P

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.

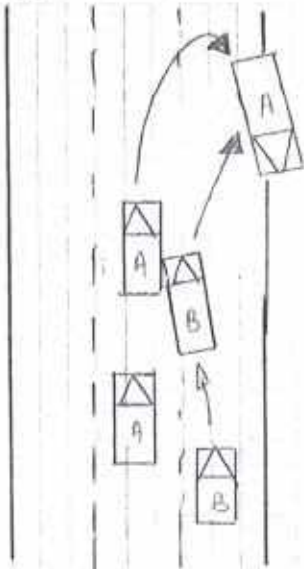
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

STILL ROAD TOWARDS MARINE PARADE ROAD



(A) SLM 6154 P
(B) XD 666 9B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT T/20181017/2125.

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: *Robert Gordon*
NRIC/FIN No. *18/10/2018*



SINGAPORE POLICE FORCE



T/20181017/2125

1 of 4

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

Report No. T/20181017/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 17:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WANG XIAOMEI			Address: 70 BAYSHORE ROAD #22-11 COSTA DEL SOL SINGAPORE 469987		
ID Type / ID No.: NRIC NO / S8178814F			Contact No.: Home/Office: Mobile: 82283483		
Nationality: CHINESE			Email:		
Sex: Female	Age: 37	Date of Birth: 22/01/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Secretary			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2018 15:00	Type of Location:
Location: Along Road 1 STILL ROAD TOWARDS MARINE PARADE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM6154P	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Blue		0
XD6669B	Lorry	VOLVO	FMX370 64F DAYCAB	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181017/2125

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM6154P	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100508825-01	03/04/2018	02/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	WANG XIAOMEI		ID No.	S8178814F
Related Vehicle	SLM6154P (Car)		Contact No.	82283483
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	SOMASUNDARAM TAMIL SELVAN		ID No.	G2318440R
Related Vehicle	XD6669B (Lorry)		Contact No.	NIL
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 17/10/2018 AT ABOUT 1500HRS AT STILL ROAD,

I WAS TRAVELLING ON THE SECOND LANE OF LANES AND THERE WAS A LORRY ON THE FIRST LANE. I WAS TRAVELLING BESIDE THE LORRY WHEN IT SUDDENLY DROVE INTO MY LANE. AS A RESULT, IT COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. MY VEHICLE THEN SWERVED TO THE RIGHT IN FRONT OF THE LORRY. THE LORRY WAS UNABLE TO STOP IN TIME AND COLLIDED INTO MY VEHICLE AGAIN. THIS TIME, IT PUSHED MY VEHICLE TO THE FIRST LANE AND MY VEHICLE ENDED UP MOUNTING THE CURB AND COLLIDED INTO THE BUSHES AT THE CENTRE DIVIDER. MY VEHICLE THEN CAME TO A STOP FACING THE OPPOSITE DIRECTION.



**SINGAPORE
POLICE FORCE**



T/20181017/2125

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

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Report No. T/20181017/2125

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20181017/2125

4 of 4

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

Report No. T/20181017/2125

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 /
LEE KWANG HONG KENDRICK

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
17/10/2018 17:39

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE
Signature: 

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 17 OCT 2018	TIME: 1500HRS	(hh:mm) 24 hrs Format
LOCATION STILL RD TWDS MARINE PARADE		
VEHICLE NUMBER 3L M 6154P		
INSURED NAME WANG XIAOMEI		
NRIC / FIN 58178814F	CONTACT: 82293483	
MAKE MAZDA	MODEL MAZDA 3-DOOR SEDAN 1.6 SP-6 EAT	
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 (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 2100508825-01		
NAME DRIVER: Wang Xiao Mei (/) SAME AS INSURED		
NRIC / FIN 58178814F	CONTACT:	
DATE OF BIRTH: 22 JAN 1981		
DRIVING PASS DATE: 27 MAY 2016		
OCCUPATION: (/) INDOOR () OUTDOOR		
GENDER: () MALE (/) FEMALE		
EMAIL ADDRESS: (/) NO EMAIL		
ADDRESS OF DRIVER: 70 BAY SHORE ROAD #22-11 COSTA DEL SOL S(469987)		
Number Of Passenger Include Driver: 01 DRIVER + 01 PASSENGER (Derrick Wang Tian Yang)		
Was driver an employee of the Insured's Company? () YES (/) NO		
If No, Relationship Of The Driver With The Insured		
(/) Owner () 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: (/) Clear () Raining () Drizzling () Others		
Road Surface : (/) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO		
Was Anybody Injured In The Accident? (/) YES () NO		
If YES, Injured details : WANG XIAOMEI (58178814F), (DERICK WANG TIANYANG, MALE)		
Convey By Ambulance: () YES (/) NO		
Was There Any Video Capture By Car Camera? (/) YES () NO WITH OWNER		
Was There Accident Reported To The Police? (/) YES () NO If Yes Attach Police Report		
Police Report Number (if any) T/20181017/2125		
Details Of 3rd Party	Name / NRIC	Contact
Veh B XD 6669B		
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8178814F**
 Name **WANG XIAOMEI**
 Birth Date: 22 Jan 1981
 Issue Date: 27 May 2016

002572033K

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. **S8178814F**



Name **WANG XIAOMEI**
王肖梅
 Race **CHINESE**
 Date of birth **22-01-1981** Sex **F**
 Country of birth **CHINA**

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

Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

27 May 2016

NP 428A



E784546

NRIC No: S8178814F



Race
CHINESE
Date of birth
22-06-2006

70 BAYSHORE ROAD #22-11
COSTA DEL SOL SINGAPORE 469067
NRIC No: S8178814F **Date: 29/03/2017**

CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Wang Xiaomei
Period of Insurance : 03 Apr 2018 To 02 Apr 2019
Engine No. : P520375600
Chassis No. : JM6BM42A8G0346559

Vehicle No. : SLM6154P
Policy No. : 2100508825-01
Endorsement No. :
Issued Date : 29 Mar 2018

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2017
Insuring with COE/PARE : 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 authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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 - 1900cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 55 of the Road Transport Act, 1967 (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)

Wang Xiaomei - \$600 (Own Damage)

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

1. Trans Eurokara Pte Ltd Add: 5 Ubi Close, Singapore 406605 63958898

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website 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: HONG LEONG FINANCE 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. 189), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA
 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
 SINGAPORE 059111
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8814F
Vehicle Details	
Vehicle No.:	SLM6154P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	18 Oct 2018
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Blue
Manufacturing Year:	2016
Engine No.:	P520375600
Chassis No.:	JM6BM42A8G0346559
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$20,231.00
Original Registration Date:	03 Apr 2017
First Registration Date:	03 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$15,324.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Apr 2027
PARF Rebate Amount:	\$11,493.00
Intended COE Rebate Details	
COE Expiry Date:	02 Apr 2027
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$51,000.00
COE Rebate Amount:	\$39,544.00
Total Rebate Amount:	\$51,037.00

The information contained herein is correct as at 18 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 : MNA 418133335 Vehicle Registration No: SLM 6154 P
Name (as shown in NRIC) : Wang Xiao Mei NRIC/FIN/Passport No : S817 8814 F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 70 Bayshore Road # 22-11 Costa Del Sol Singapore (469987)
Contact (Tel) : _____ Mobile No.: 8228 3483
Email Address : _____
Date of Accident : 17/10/18 Time of Accident : 15:00hr
Place of Accident : Still Road towards Marine Parade Road
Insurance Company: AG Asia Pacific Insurance Pte Ltd

(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:

UPDATE DRAWING. DUE ERROR

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.: _____
Date: 18/10/2018