

NATIONAL Assessment Centre Services.

(ver 1 Jan 00)

MA2000 11510

Date In: 24/01/2000 11:07	Job description	Date & Time Completed	Done by
Ref No: MA2000/146614	SAS e-filing		
Veh No: SMH 211M	E-mail (John Sims, AIC 2hrs)		
DOA: 23/01/2000 15:50	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tels: ( ) Fax: ( )

TP Particulars: Vch No: SMH 211M 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% P: 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: ( )

Repairer Information:

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

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

Date	Time	Activity

MA2000-152

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) FT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2000)	
6) TR: Re-inspection	\$75
7) NI: Idea DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$3
*N6: Repair Co-ordination	\$10
*N7: Post Repair Inspection	\$25
*N8: DV / Collect Excess Coordination	\$3
TE (NI) / TP (Non-INC) against INC	\$20
2) NI: Idea Mobile	\$0

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Author's Comments: \_\_\_\_\_

Ref. 1: \_\_\_\_\_

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	24/01/2020 11:07
Date Of Accident	23/01/2020 15:50
Exact Location Of Accident	AYE TOWARDS MCE BEFORE ALEXANDRA ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2117M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEE KOK KEONG
NRIC No	SXXXX587D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91134876
Alternative Phone No	OTHERS-91134876

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 ABS D/AB 2WD 4DR (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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3009661900
Cover Note Number	

### Driver

Name of Driver	SEE KOK KEONG
NRIC No	SXXXX587D
Date Of Birth	17/08/1975
Occupation	OUTDOOR
Date Of Driving Pass	29/10/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91134876
Fax Number	
Contact Number	OTHERS-91134876
Email Address	NOEMAIL

Address	BLK 305D ANCHORVALE LINK #07-17
Postcode	544305
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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 SKETCH PLAN AND POLICE REPORT T/20200124/7027

#### 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	SLX7421D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKW6088G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

SEE KOK KEONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMH2117M

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:

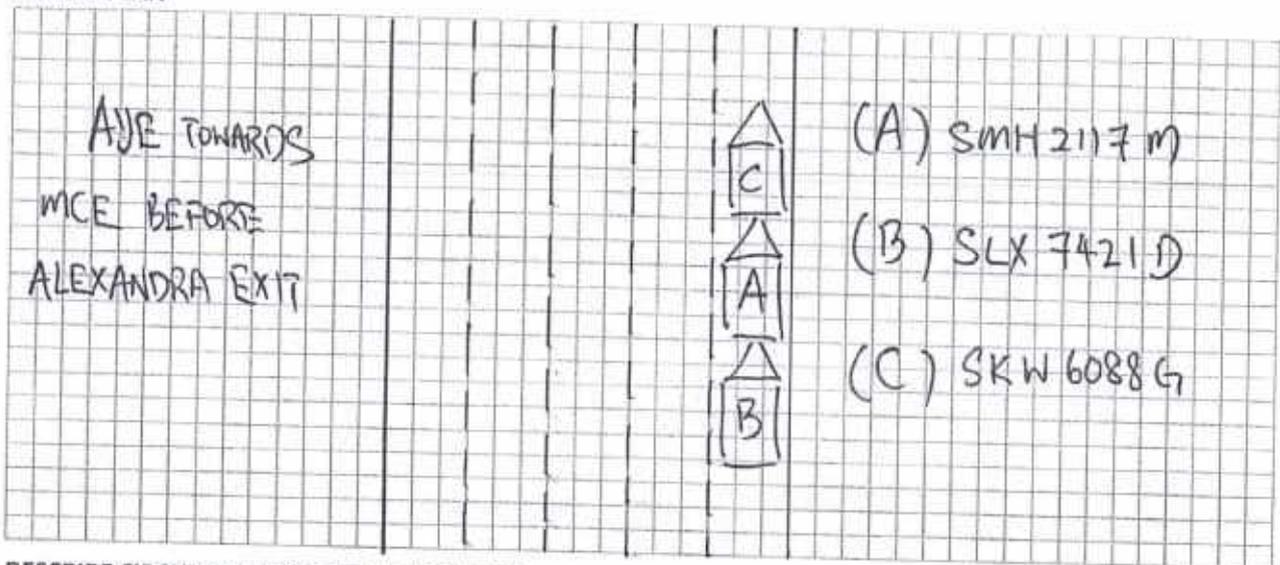
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/mall 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: *24/10/2020*  
NRIC/FIN No.: *[Signature]*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards MCE on lane 1 of 5 lanes.  
 Weather was clear, traffic was moderate. The vehicle in front of me slowed down and stopped. I followed suit and came to a halt. After a few seconds, I felt an great impact from the rear, the impact was so huge that it pushed me forward and collided onto the vehicle in front. I alighted and realised it was a chain collision involving 3 vehicle and I was the second vehicle from the front

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/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 23/01/2020	TIME: 1556 HRS	(hh:mm) 24 hrs Format
LOCATION AVE Towards MCE Before Alexandra EX14		
VEHICLE NUMBER SMH 2117M		
INSURED NAME See Kok Keong		
NRIC / FIN S7524587D	CONTACT:	
MAKE Hyundai	MODEL Elantra 1.6 AT ABS D/ABS 2WD APR	
Are you claiming under your own insurance policy for repair to your vehicle?		
<input type="checkbox"/> Yes, If No, Pls Select : <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only		
INSURANCE COMPANY Aina		
TYPE OF POLICY <input checked="" type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> TPFT		
POLICY NUMBER: PmPCS N 300966100		
NAME DRIVER : <input type="checkbox"/> SAME AS INSURED		
NRIC / FIN	CONTACT: 91134876	
DATE OF BIRTH:		
DRIVING PASS DATE :		
OCCUPATION : <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR		
GENDER : <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
EMAIL ADDRESS: <input type="checkbox"/> NO EMAIL		
ADDRESS OF DRIVER: 305D Anchor Vale Link #01-17 S(544 3057)		
Number Of Passenger Include Driver: Driver only		
Was driver an employee of the Insured's Company? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If No, Relationship Of The Driver With The Insured		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Others		
Does The Driver Own Any Other Vehicle? : <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Raining <input type="checkbox"/> Drizzling <input type="checkbox"/> Others		
Road Surface : <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others		
Was Any Foreign Vehicle Involved In This Accident? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Was Anybody Injured In The Accident? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, Injured details :		
Convey By Ambulance: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Was There Any Video Capture By Car Camera? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Was There Accident Reported To The Police? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver) Contact
Veh B	SLX 7421D	<input type="checkbox"/> / Not Sure <input type="checkbox"/>
Veh C	SKW 60886	<input type="checkbox"/> / Not Sure <input type="checkbox"/>
Veh D		<input type="checkbox"/> / Not Sure <input type="checkbox"/>
Veh E		<input type="checkbox"/> / Not Sure <input type="checkbox"/>
Veh F		<input type="checkbox"/> / Not Sure <input type="checkbox"/>
Veh G		<input type="checkbox"/> / Not Sure <input type="checkbox"/>



**SINGAPORE  
POLICE FORCE**



T/20200124/7027

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

1 of 3

Report No. T/20200124/7027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/01/2020 18:55		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SEE KOK KEONG			Address: APT BLK 305D ANCHORVALE LINK #07-17 SINGAPORE 544305		
ID Type / ID No.: NRIC NO / S7524587D			Contact No.:		Mobile: 91134876
Nationality: SINGAPORE CITIZEN			Email: alvinos_sg@yahoo.com		
Sex: Male	Age: 44	Date of Birth: 17/08/1975	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: LOGISTICS OPERATION			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2020 15:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKW6088G	Car					0
SLX7421D	Car					0
SMH2117M	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20200124/7027

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

2 of 3  
Report No. T/20200124/7027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SMH2117M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3009661900	31/01/2019	13/02/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEE KOK KEONG	ID No.	S7524587D
Related Vehicle	SMH2117M (Car)	Contact No.	91134876
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2020	Date Discharge	24/01/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 23rd January 2020, at about 15:50hrs, I was travelling along AYE towards MCE before Alexandra Road Exit on lane 1 of 5 lanes. The vehicle in front of me slowed down and stopped. I followed suit and came to a halt. After a few seconds, I felt a great impact from the rear, the impact was so huge that it pushed me forward and collided onto the vehicle in front. I alighted and realised vehicle SLX7421D had collided onto my vehicle and it was a chain collision involving total 3 vehicles and I was the second vehicle in the chain.

After the accident, I went to SengKang General Hospital to seek treatment and was given 7 days MC.



**SINGAPORE  
POLICE FORCE**



T/20200124/7027

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

3 of 3

Report No. T/20200124/7027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/01/2020 18:55

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



中国太平保險(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

CLASS  
E. 00  
ACT 194A  
COMPREHENSIVE  
AUTOWARE

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	08F02M3008661959	Policy No. 2 04F000466251	CLASS E. 00
1. Index Mark and Registration Number of Vehicle	33W62117H	CLASS 001 F0KDR410MCO432040	ACT 194A
2. Name of Policy Holder	MR SEE HOP SEOW		COMPREHENSIVE
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	31 JANUARY 2019 (11:25 HOURS)	NAMED DRIVERS EX SECT. 1.....55,000.00	AUTOWARE
4. Date of Expiry of Insurance	13 FEBRUARY 2020	IN ADDITION TO NAMED DRIVERS EX: EX SECT. 1 - AGE <= 25.....1,000,000.00	
5. Persons or Classes of Persons entitled to drive *		EX SECT. 1 - AGE >= 26.....25000.00	
		* AGE AS AT DATE OF ACCIDENT	
		EX ON WINDSCREEN.....74000.00	

(A) THE POLICYHOLDER.  
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS QUALIFIED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT REGARD FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: \*

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.  
THE POLICY DOES NOT COVER USE FOR HIRE OR RENTAL TUITION DRIVING TEST RACING RACE-MAKING, RELIABILITY TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WAIVER IS APPLICABLE FOR DAMAGES OCCURRING OUTSIDE SINGAPORE (AGGREGATIVE TOTAL AMOUNT OF THREE MILL) BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST LOSS WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF ANY DAMAGE CLAIM AT OUR AUTHORIZED WORKSHOP FOR EACH POLICY YEAR.

HIRE PURCHASE OR LEASE HAVING FINANCE OR AS AN OWNER

\* 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). Please see reverse for CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer

Authorised Signatory

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	587D
Vehicle Details	
Vehicle No.:	SMH2117M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Primary Colour:	Silver
Manufacturing Year:	2012
Engine No.:	G4FGCU466293
Chassis No.:	KMHDH41CMCU423040
Maximum Power Output:	95.6 kW (128 bhp)
Open Market Value:	\$14,247.00
Original Registration Date:	14 Feb 2012
First Registration Date:	14 Feb 2012
Transfer Count:	3
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Feb 2022
PARF Rebate Amount:	\$8,548.00
Intended COE Rebate Details	
COE Expiry Date:	13 Feb 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$52,809.00
COE Rebate Amount:	\$10,766.00
<b>Total Rebate Amount:</b>	<b>\$19,314.00</b>

The information contained herein is correct as at 24 Jan 2020

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 : MNA420011510 Vehicle Registration No: SMH 2117M  
 Name (as shown in NRIC) : See Kok Keong NRIC/FIN/Passport No : ST5245870  
 (\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate  
 Address : 3050 Anchorvale Link #07-17 Singapore 544305  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 9113 4870  
 Email Address : \_\_\_\_\_  
 Date of Accident : 23.01.2020 Time of Accident : 15:50hrs  
 Place of Accident : A/E  
 Insurance Company : China Taiping

**(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:

① Attached Police Report No: T/20200124/1027

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
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~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

G  
 Policyholder / Driver's Signature  
 Date: 28.1.2020

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: Rishi WATHAN  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 28/01/2020