

**NATIONAL Assessment Centre Services.** Part 1 Jan 2003 **MA1420039826**

Date In: 02/04/2000 17:50	Job description	Date & Time Completed	Done by
Ref No: N3A/C720004936/4	SAS e-filing		
Veh No: SML 4612R	E-mail (By date time, AIC time)		
D.O.A: 02/04/2000 17:25	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 Pnx / Hand to Owner/Vksp		

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

TP Particulars: Vch No: XD 6927G INC ( ) / Non-INC ( ) Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( ) Dates: Times: ( )

Confirmed by: ( )

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 ( )

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

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

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

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Damage: ( )

Other: ( )

**NA2002562**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

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

Additional Comments: ( )

2/2

1) All: Accident Reporting (\$30)	INC (\$40)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: Re-inspection	\$160
7) NI: Ideal DA + SMRT Survey	
8) NIUC Additional Sortloss:	
9) NI: Ideal Mobile	
10) NI: Courtesy Car / Tpt Allowance	\$3
11) NI: Repairs Co-ordination	\$10
12) NI: Post Repair Inspection	\$23
13) NI: DV / Collect Excess Co-ordination	\$3
14) NI: TP (Non INC) against INC	\$20
15) NI: TP (Non INC) against INC	\$30

Fee Charged: ( )  
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	03/04/2020 17:50
Date Of Accident	02/04/2020 17:25
Exact Location Of Accident	FORT ROAD (JUST BEFORE BUS STOP 91089)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML4612R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROZAIDI BIN ZAINAL
NRIC No	SXXXX786A
Email Address	HANAH.HAYDEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97966444
Alternative Phone No	OTHERS-97966444
<b>Vehicle Particulars</b>	
Manufacturer	PORSCHE
Model	PANAMERA
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3037871900
Cover Note Number	
<b>Driver</b>	
Name of Driver	ROZAIDI BIN ZAINAL
NRIC No	SXXXX786A
Date Of Birth	13/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97966444
Fax Number	
Contact Number	OTHERS-97966444
Email Address	HANAH.HAYDEN@GMAIL.COM

Address	53 BEDOK ROAD #03-31
Postcode	469569
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 (including own vehicle) involved in the accident	2
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: : NURHANAH BINTE AZMAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - 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/20200404/2048

#### 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	XD6927G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WONG THIAM FATT
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ROZAIDI BIN ZAINAL  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SML4612R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name NURHANAH BINTE AZMAN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SML4612R  
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.

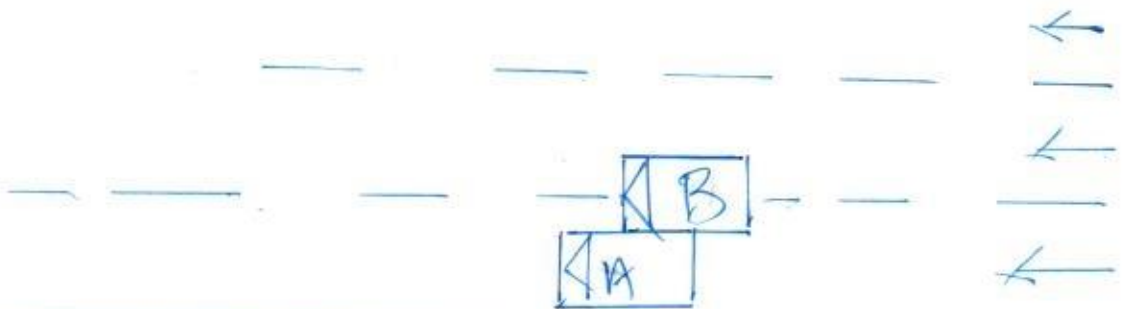
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

A = SML4612R  
B = XD 6927G

SKETCH PLAN



FORT ROAD (JUST BEFORE BUS STOP 91089)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Fort Rd on the outer left lane. A huge truck suddenly hit us on the right side of the car, and caused us to move further to the front. The truck and our car came to a complete stop slightly after the bus stop.

POLICE REPORT T/20200404/2048

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  
Date & Time: 08/06/2020  
Roshan Wadhvani



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 2 APR 2020	TIME: 5.25pm	(hh:mm) 24 hrs Format
LOCATION FORT RD (just before bus stop 91089)		
VEHICLE NUMBER SML4613R		
INSURED NAME ROZAIDI BIN ZAINAL		
NRIC / FIN 58019786A	CONTACT: 97966444	
MAKE PORSCHE PANAMERA MODEL		
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( / ) Third Party ( ) Reporting Only		
INSURANCE COMPANY		
TYPE OF POLICY ( / ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER :		
NAME DRIVER : ROZAIDI BIN ZAINAL ( / ) SAME AS INSURED		
NRIC / FIN 58019786A	CONTACT: 97966444	
DATE OF BIRTH: 13 JUL 1980		
DRIVING PASS DATE: 13 DEC 2003		
OCCUPATION: ( ) INDOOR ( / ) OUTDOOR REAL ESTATE AGENT		
GENDER: ( / ) MALE ( ) FEMALE		
EMAIL ADDRESS: HANAH.HAYDEN@GMAIL.COM ( ) NO EMAIL		
ADDRESS OF DRIVER: 53 BEDOK RD #03-31 S(469569)		
Number Of Passenger Include Driver:		
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 :		
Convey By Ambulance: ( ) YES ( / ) 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 XD 6927G	Wong Thiam FATT	
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		





# SINGAPORE POLICE FORCE



T/20200404/2048

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 4

Report No. T/20200404/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2020 14:03	Vide Report No.:	Station Diary No.: 103
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**Informant's Particulars**

Name of Informant: ROZAIDI BIN ZAINAL			Address: 53 BEDOK ROAD #03-31 SINGAPORE 469569		
ID Type / ID No.: NRIC NO / S8019786A			Contact No.: Home/Office: Mobile: 97966444		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 13/07/1980	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2020 17:25	Type of Location: Straight Road
Location: Along Road 1 FORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SML4612R	Car	PORSCHE	PANAMERA	White	Slightly Damaged	1
XD6927G	Lorry				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SML4612R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30378719 00	24/05/2019	23/05/2020





Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	NURHANAH BINTE AZMAN	ID No.	S8233592G
Related Vehicle	SML4612R (Car)	Contact No.	96551426
Hospital/Clinic	REGENT CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/04/2020	Date Discharge	03/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	ROZAIDI BIN ZAINAL	ID No.	S8019786A
Related Vehicle	SML4612R (Car)	Contact No.	97966444
Hospital/Clinic	REGENT CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/04/2020	Date Discharge	03/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	WONG THIAM FATT	ID No.	F7282860R
Related Vehicle	XD6927G (Lorry)	Contact No.	63660537
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 02/04/2020 at about 1725hrs, I was driving along Fort Road lane 3 at about 50km/hr. Suddenly, I felt an impact on the right side of my vehicle. After making a check, I discovered that a cement truck has collided into the right side of my vehicle, causing scratches, dents and chips on rear right tire, rear right tire rims, rear right bumper, rear right passenger and driver door. My side mirror was also broken and dislodged. Both the truck driver and I came down and exchange particulars. At that point, my wife (4 months pregnant) was in my car. As both parties were not injured, we did not call for ambulance or police assistance. Subsequently, we left on our own directions. On the following day, my wife and I felt unwell and visited Regent clinic for consultation where the doctor gave both of us four days medical leave and





**SINGAPORE  
POLICE FORCE**



T/20200404/2048

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Report No. T/20200404/2048

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**CONTINUATION OF REPORT**

medications for bilateral neck injuries. I wish to state that my wife felt traumatize as well and I missed two work appointment due to the accident as well.





SINGAPORE  
POLICE FORCE



T/20200404/2048

4 of 4

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20200404/2048

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:

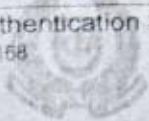
L/  
Sgt 2 NG KOK WEI JOHN

Signature Of Interpreter:  
Not applicable

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

SN-130

Authentication Stamp  
NP158



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:  
04/04/2020 14:03

Classification Of Case:

# 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, 1967 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. 021 Engine No. 305142  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Chassis No. WF022Z972BL003390T  
1. Under Mark and Registration Number of Vehicle 021-000000  
2. Name of Policy Holder MY FURNACE LTD SINGAPORE  
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 28 MAR 2020 NAMED DRIVERS EX SECT. 1 002,000.00  
IN ADDITION TO NAMED DRIVERS EX  
EX SECT. 1 - AGE <= 15 001,000.00  
EX SECT. 1 - AGE <= 16 00500.00  
\* AGE AS AT DATE OF ACCIDENT  
4. Date of Expiry of Insurance 23 MAY 2020 EX ON ROAD W/FEAR 00350.00  
5. Persons 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

PROVIDED THAT THE PERSON DRIVING IS PERMITTED 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 \*

FOR PRIVATE, 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 WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE - CONSTRUCTIVE TOTAL LOSS - THEFT - WILL BE DOUBLED

ONE TIME WAIVER OF EXCESS FOR THE FIRST \$5000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR

WIRE PURCHASE TO SWE SENG CREDIT PTE LTD AS BY 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, 1967 (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, 1967 (Malaysia). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD



*[Signature]*

Countersigned By

Authorised Officer

Authorised Signatory



## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.: S8019786A  
 Owner ID Type: Singapore NRIC  
 Owner Name: ROZAIDI BIN ZAINAL  
 Registered Address: 53 BEDOK ROAD #03-31 SINGAPORE 469569  
 Mailing Address: -  
 Birth Date: 13 Jul 1980

### Vehicle Particulars

Vehicle No: SMI4612R  
 Previous Vehicle No: -  
 Effective Date of Ownership: 24 May 2019  
 Original Regn Date: 10 May 2011  
 Registration Date: 10 May 2011  
 Year of Manufacture: 2011  
 Vehicle Type: Passenger Motor Car  
 Vehicle Scheme: -  
 Vehicle Attachment 1: No Attachment  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: PORSCHE  
 Vehicle Model: PANAMERA  
 Primary Colour: White  
 Secondary Colour: -  
 Passenger Capacity: 3  
 Chassis No.: W10ZZZ97ZBL003907  
 Engine No.: B05162  
 Engine Capacity / Power Rating: 3605 cc / -  
 Maximum Power Output: 300.0 kW (402 bhp)  
 Propellant: Petrol  
 Max Unladen Weight: 1760 kg  
 Maximum Laden Weight: 2365 kg  
 Open Market Value: \$110,542.00  
 PARE Eligibility: Yes  
 PARE Eligibility Expiry Date: 09 May 2021  
 Minimum PARE Benefit: \$55,271.00  
 No. of Transfers: 2  
 IRI Label No: 1124106948  
 COE No.: 20110401030006322  
 COE Expiry Date: 31 May 2029  
 COE Category: B - Car (1601cc & above)  
 COE Registration Category: B - Car (1601cc & above)  
 Quota Premium (QP) / Prevailing: \$57,002.00 / -  
 Quota Premium: -  
 PCPP Paid: \$39,563.00  
 QP (Regn Cat): \$57,002.00  
 OPC Cash Rebate Eligibility: No  
 QP during COE Bidding Exercise: \$57,002.00  
 Additional Registration Fee Rate: 100.00 %  
 Actual ARF Paid: \$110,542.00  
 Vehicle Lifespan Expiry Date: No Lifespan  
 CO2 Emission: -  
 CO Emission: -  
 HC Emission: -  
 NOx Emission: -  
 PM Emission: -  
 Message: To renew the COE, the Prevailing Quota Premium payable is that of Category B.

**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 : MNA420039826 Vehicle Registration No: SML 4612R  
Name (as shown in NRIC) : ROZAIDI BIN ZAINAL NRIC/FIN/Passport No : S8019786A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 53 BEDOK ROAD #03-31 Singapore (469569)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9796 6444  
Email Address : \_\_\_\_\_  
Date of Accident : 02.04.2020 Time of Accident : 17:25hrs  
Place of Accident : FORT ROAD (JUST BEFORE BUS STOP 91089)  
Insurance Company : CHINA TAIPING INSURANCE (SINGAPORE) 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:

① ATTACHED POLICE REPORT NUMBER: T/20200404/2048

② THERE IS A TAX IN THE CAR NURHANAH BINTI AZMAN

ROZAIDI BIN ZAINAL

Policyholder / Driver's Signature  
Date: 06.04.2020

  
Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No. W2003  
Date: \_\_\_\_\_