

SN 08213B000

Q1) : TP : Reporting Only

Confirmed by: ( ) Date: ( )  
Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Drive-In ( ) / Towed-In ( ) ; Invoice# VRS ( ) / NO ( ) ; Towing Co ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Recovery Photo [Repair Cost > \$9000] ( )

*Injury :*

Driver/Owner:

Contract No:

Worm-eaten Portion:

QC Checked by (Engr-In-Charge):

1) ALL Accident Reporting (\$30)	INC (\$10)
2) DA1 Damage Assessment (\$100)	\$10345
3) TPI Towing Fee	\$130
4) TPI Follow Through Survey	\$30
5) TPI Follow Through Survey (Resurvey)	
Verbalizing with INC Only (over 10 min)	\$75
6) TPI Re-inspection	\$160
7) NIS Idos DA + SMRT Survey	
8) NTUC Additional Services	
ONE	\$3
* NSI Courtesy Car / TPI Allowance	\$10
* NSI Repairs Coordination	\$25
* NSI Post Repairs Inspection	\$3
* NSI DV / Collision Assess Coordination	\$20
* TPI (NIS) TPI (NAT) INC	\$0
9) NIS Idos Mobile	
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 Submission	11/03/2021 10:10 (SGT)
Date of Accident	10/03/2021 09:00 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX4771B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LEISURE LEASING PTE LTD
Company Reg No	2XXXXX206K
Email Address	joakimkyj@hotmail.com
Mobile Phone No	(Phone) +65-96361103
Alternative Phone No	+65-96361103

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5108754771-02
Cover Note Number	-

#### DRIVER

Name of Driver	KOH YONG JIN, JOAKIM (XU YONGJIN)
NRIC No	SXXXX002B

Date Of Driving Pass	27/06/2006
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96361103
Alt. Phone Number	-
Email Address	joakimkyj@hotmail.com
Address	BLK 96 DAWSON ROAD #25-88
Address complement	-
Postcode	141096
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW847Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

-

## SKETCH PLAN

### IMPORTANT NOTICE

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

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

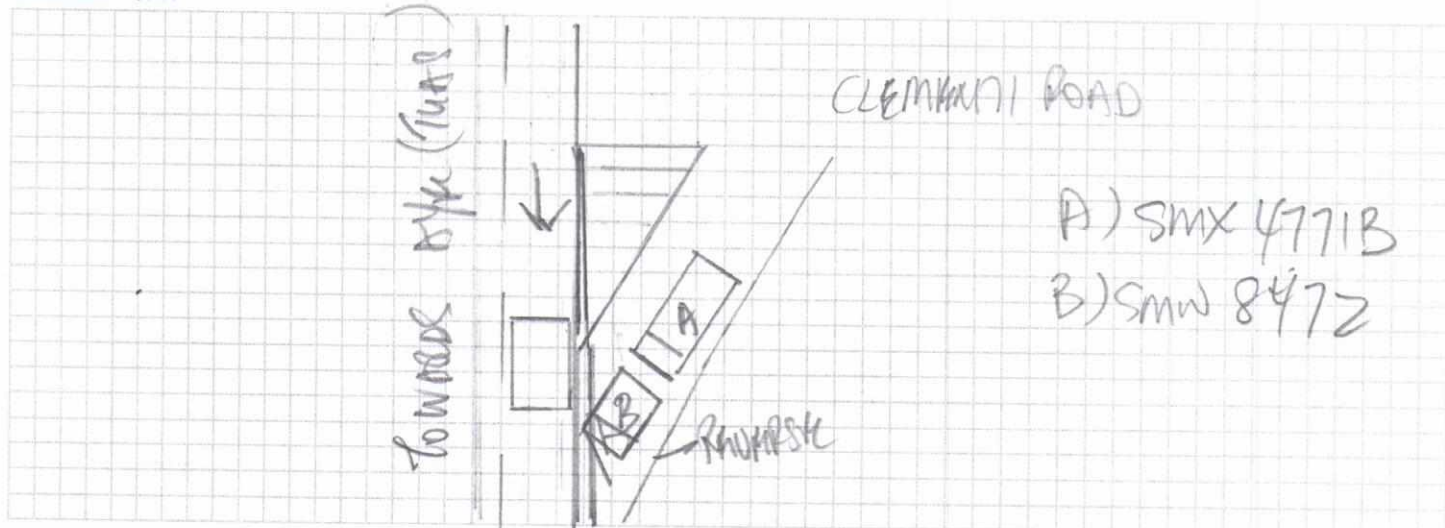


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

Car was stationary. ~~Car in front~~ Heard a ~~crash~~ touch and saw that car in front reversed (upon seeing that there was oncoming traffic and needed to avoid).

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

1627

12/2/21

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

*[Signature]* 11/03/2021  
Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 3 / 2021) (DD/MM/YYYY), TIME: (09 : 00) (HH:MM)

LOCATION: Clementi Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMX 4771B  
 b) INSURANCE COMPANY: NMC  
 c) POLICY NUMBER: 51874771-002  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MITSUBISHI LANCAR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: LIA SUK LIA SUK (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 96561103  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers  
 (including driver)  
 (1)

- DRIVER  
 a) NAME: JOAKIM LIA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 58607003 CONTACT: 96561103  
 c) ADDRESS:

\* d) DATE OF BIRTH: ( ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

No of passengers  
 (including driver)  
 ( )

- a) VEHICLE NUMBER: SMW 847Z MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

No of passengers  
 (including driver)  
 ( )

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

email = joakimky@hotmail.com

VIDEO

## Claim Handling

## Accident MT/1123946

Policy No.	5108754771-02	Vehicle No.	SMX4771B	GST Registration No.	
Certificate No.	5108754771-02-000021				
Policyholder Name	LEISURE LEASING PTE LTD			Policyholder NRIC	201
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	963661103	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	11/03/2021 10:17	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	10/03/2021	Time of Accident hh:mm	09:00	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI ROAD				

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Cov
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	11/03/2021 10:23:55 System changed GST Status Verified from No to Yes				

## ▼ Policyholder Mailing Address

Address 1	210 TURF CLUB ROAD	Address 2	#01-B71	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	287
Unit No.	01-B71	Related Policy Number	5118251698-01		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	KOH YONG JIN, JOAKIM (XU YC	Driver NRIC	S8607002B	Driver DOB	11/1
Register Date of Driver License	27/06/2006	Driver Age	34	Driving Experience	14
Contact No.(Mobile)	963661103	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 96 #25-88	Address 2	DAWSON ROAD	Address 3	SIN
Address 4		Address Type	Foreign address	Post Code	141
Unit No.	25-88				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	SMX4771B	Driver Insurer Company	NTL

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
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## Modification History

Claim 001 OD-MX

New














Claim Type *	OD-MX	Insured Name	LEISURE LEASING PTE LTD	Insured NRIC	201
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SMX4771B	TP Vehicle Number	SMV
Claim Description	SMX4771B / SMW847Z ON 10 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	11/03/2021 10:27	Claim Close Date		Date Received	11/0
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☒ Print AK letter


## Attachment

Accident No.	MT/1123946	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/03/2021 10:28
Path *		Category *	
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="button" value="Please Select"/>
<input type="button" value="Message Read"/>			

▼ Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:28	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:28	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:28	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:28	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:28	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:28	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:27	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:27	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:27	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:27	Photos		Normal	Photos 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-11
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 11 Mar 2021 10:27	SAS		Normal	SAS 2021-3-11

▼ **Video List**

Uploaded By/Date	Folder Date	File Name		Source
		<div>Display in New Window</div> <div>Scan and uploading</div>		

## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5108754771-02-000021

**Cover :** Third Party

1. Index mark and Registration Number of Vehicle : **SMX4771B**  
 Chassis Number : JMYSTCS3A7U009202
2. Name of Policyholder : LEISURE LEASING PTE LTD
3. Effective Date of Insurance : 22 Jan 2021
4. Expiry Date of Insurance : 21 Jan 2022
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/her 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 behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)  
 Date of Issue : 30 Nov 2020 15:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

# Enquire Vehicle Registration Details

## Vehicle Registration Details

Vehicle No.  
**SMX4771B**

Make/ Model  
**MITSUBISHI/LANCER 1.6 A**

Vehicle Scheme  
**-**

Current Propellant  
**Petrol**

Chassis No.  
**JMYSTCS3A7U009202**

Vehicle Type  
**Passenger (Co) Company Car (Single Rate)**

### Owner's Details

Owner Name:  
**LEISURE LEASING PTE. LTD.**

NRIC/Passport/Company Cert No.:  
**201511206K**

Mailing Address:  
**-**

Owner ID Type:  
**Company**

Registered Address:  
**210 TURF CLUB ROAD #01-B71 THE GRANDSTAND  
SINGAPORE 287995**

Birth Date:  
**-**

### Registration Details

Previous Vehicle No.:  
**-**

Original Registration Date:  
**28 Feb 2007**

No. of Transfers:  
**3**

Effective Date of Ownership:  
**25 Jan 2021**

Registration Date:  
**28 Feb 2007**

IU Label No.:  
**1120895769**

### Vehicle Specifications

Engine No.:  
**4G18HY1065**

Year of Manufacture:  
**2007**

Secondary Colour:  
**-**

Engine Capacity / Power Rating :

Chassis No.:  
**JMYSTCS3A7U009202**

Primary Colour:  
**Grey**

Passenger Capacity:  
**4**

Maximum Power Output:

1584 cc / -

Max Unladen Weight:

1162 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 3:

-

79.0 kW ( 105 bhp )

Maximum Laden Weight:

1600 kg

Vehicle Attachment 2:

-

#### Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$11,046.00

Actual ARF Paid:

\$12,151.00

OPC Cash Rebate Eligibility:

No

COE No.:

2007030101002964G

COE Category:

A - Car (1600cc & below)

Quota Premium (QP) / Prevailing Quota Premium

\$5,200.00 / -

QP (Regn Cat):

\$5,200.00

Additional Registration Fee Rate:

110.00 %

Vehicle Lifespan Expiry Date:

No Lifespan

QP during COE Bidding Exercise:

\$5,200.00

COE Expiry Date:

27 Feb 2022

COE Registration Category:

A - Car (1600cc & below)

PQP Paid

\$25,197.00

#### PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

#### Vehicle Emissions Details

CO2 Emission:

-

CO Emission:

-

NOx Emission:

-

HC Emission:

-

PM Emission:

-

Message:

The vehicle will be de-registered upon expiry of its 5-year COE on 27 Feb 2022. No further renewal will be allowed.

Print

Save as PDF

Copy as Text

OK →

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

### ADDENDUM

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

Original Report No: SN08213B0001 Vehicle Registration No: SMX 4770B  
Name (as shown in NRIC): KOH YOUNG JIN, CHOKIM NRIC/FIN/Passport No: SXXXX002B  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96361103  
Email Address: \_\_\_\_\_  
Date of Accident: 10/03/2021 Time of Accident: 09:00  
Place of Accident: CLEMENTI ROAD  
Insurance Company: NIC

**(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:

DATE OF ACCIDENT TO 10/03/2021

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

11/03/2021  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rosal