

NATIONAL Assessment Centre Services

Date In: 09/01/2023 16:46 Job description: SAS e-filing Date & Time Completed: Done by:

Ref No: NBS/C-71230002687/ E-mail (within 3hrs, AIC this)

Veh No: SLV-215P I-Motor Claim Form

D.O.A: 08/01/2023 13:56 I-Motor W/O (Whills: OD this, TP this)

OD: ☒ Reporting Only I-Photo Uploaded

TP Insurer: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whisp

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

TP Particulars: Veh No: SMY 57084 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est Status (WO): N: 0-20%, P: 21-79%, F: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

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

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

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

Remarks: () INC Hotline: 0788 0010 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: ()

Invoice Preparation Checklist

Item	Amount	INC	Amount
1) AR: Accident Reporting (\$300)			
2) DA: Damage Assessment (\$1000)		INC (\$50)	
3) TP: Towing Fee	\$100/\$40		
4) PT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$50		
6) TR: Resurround	\$70		
7) NI: New DA, SMART Survey	\$140		
8) NTUC Additional Services:			
* NI: Courtesy Car / Tot Allowance	\$5		
* NI: Repair Coordination	\$10		
* NI: Post Repair Inspection	\$10		
* NI: DV / Collect Excess Coordination	\$10		
* TP (NI): TP (Non-INC) against INC	\$10		
9) NI: 12hrs Mobile			
Invoice Total		Fee Charged	
Invoice Paid		Fee Received	

Checked by (Engr-In-Charge):

Signature: X/A2300077

Date: 12/3

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 Actual 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	09/01/2023 16:56 (SGT)
Reported by	Both
Date of Accident	08/01/2023 13:56 (SGT)
Exact Location of Accident	Queen St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV215P
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KOK PENG, JEREMY
NRIC No	SXXXX490D
Email Address	jeremylim_92@hotmail.com
Mobile Phone No	(Phone) +65-93364351
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	-
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1984

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	QDMPCSNW00644362200

DRIVER

Name of Driver	LIM KOK PENG, JEREMY
NRIC No	SXXXX490D
Date Of Birth	27/12/1992
Occupation	Indoor

Date Of Driving Pass	15/04/2011
Driving experience	11 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93364351
Alt. Phone Number	-
Email Address	jeremylim_92@hotmail.com
Address	BLK 420A NORTHSORE DRIVE #11-625
Address complement	-
Postcode	822420
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	WIFE
Gender	Female

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU5708U
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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

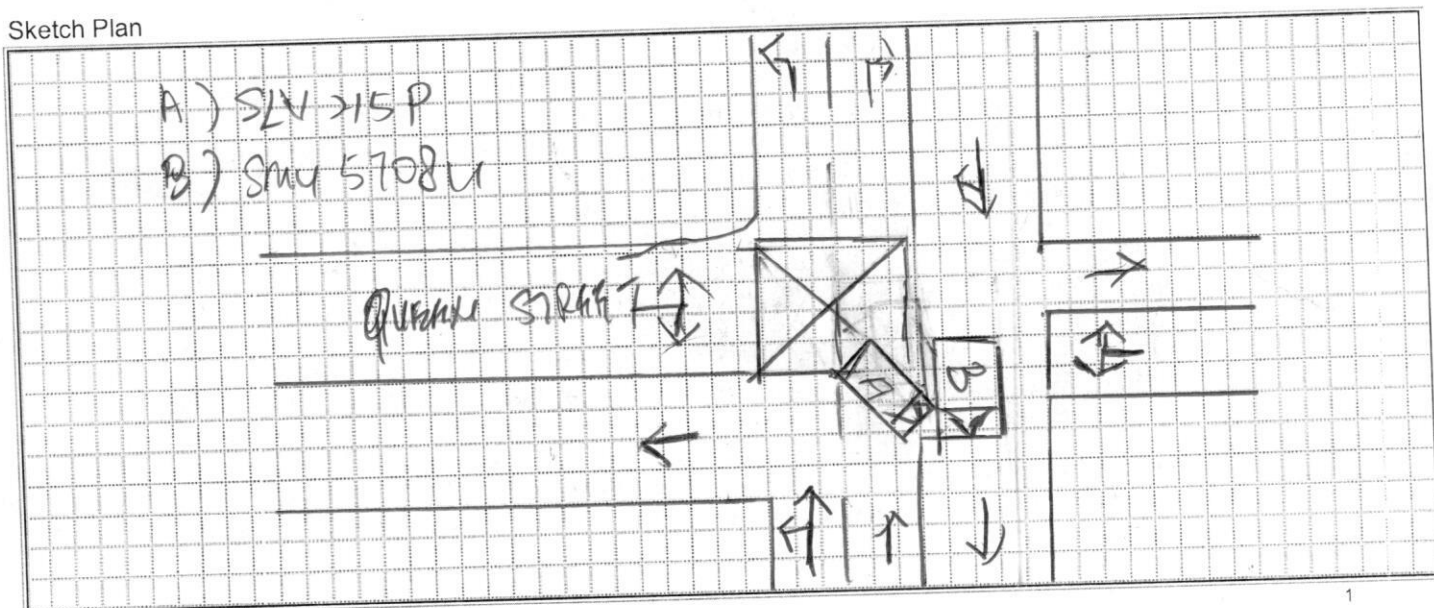
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was filtering to Queen Street in a Heavy traffic Situation around 1.56pm on 8th Jan 2023, vehicle SMU5708U Honda Vezel hit into my car SLV215P.

From my car dashcam can clearly seen that vehicle SMU5708U was leaving a space for me to filter in but out of the blue moon he accelerate and hit onto my car SLV215P. My car was stationery waiting for the front car to move when SMU5708U knocked to my car.

The sudden move of SMU5708U Gave my wife who is a 3rd Trimester Pregnant a great shock and she vomiting at the side of the road.

After knocking on to my vehicle, MR MA who is the Driver of SMU5708U refuse to exchange contact number so we contacted Traffic Police to assist, he then provide his contact number after speaking to the TP officer.

He also expressed to private settle since both our car have no visible damage in the phone call conversation on 8/1/23 10.14pm.

Despite having to a conclusion of not claiming any 3rd Party Insurance on both SLV215P & SMU5708U, i felt that i have the responsibility to file a report as evidence to China taiping insurance if investigation required

2 videos has been submitted.

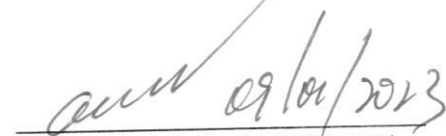
Declaration

I/We declare the foregoing particulars are true in every respect.

 9/1/23 1.05pm

Policyholder's Signature / Date & Time

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

 09/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 1 / 2013) (DD/MM/YYYY), TIME: (13 : 56) (HH:MM)

LOCATION: Queen Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV215P
 b) INSURANCE COMPANY: China Taiping
 c) POLICY NUMBER: QDMPCS NW 006 44362200
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Audi A4 Quattro
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Shopping
 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: JEREMY LIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9248490D CONTACT: 93364357
 c) ADDRESS: Blk 920B Northshore Drive #11-625

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (23 / 12 / 1992) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 15/4/2011

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: DRY / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMU5708U MODEL: Honda Vezel

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = Jeremy Lim - 92@hotmail.com
 VIDEO



中国太平
CHINA TAIPING

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

Motor Private Car - MOTOR INSURANCE PROPOSAL FORM

Policy No.	DMPCSNW00130752200	Agent/Broker:	Agent/Broker Code:
Quotation No.	QDMPCSNW00644362200	CARS SELECT PTE LTD	AN0734A
Cover Note No.			

Under Section 25(5) of the Insurance Act (Cap 142), you have to disclose to the Insurer in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed; otherwise, the policy issued hereunder may be void.

IMPORTANT

- The Liability of the Company does not commence in respect of this proposal until acceptance has been communicated by the Company to proposer or his agent or broker.
- All questions in this Proposal Form must be answered before this Proposal can be considered. Any question not answered will be taken as answered in the negative.
- All policies, renewal certificates, cover notes, endorsements for policies carry a Premium Warranty Clause which requires the premium to be paid in full within a specific period failing which would be no liability under the policy, renewal certificate, cover note, endorsement, etc.
- All amendments and/or corrections are to be initial by the insured.
- Your Personal Data Is Important To Us.** This is an application for an insurance product provided by China Taiping Insurance Singapore Pte. Ltd. ("CTPIS" or "Company"). We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy.html
- This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

PLEASE COMPLETE IN BLOCK LETTERS AND INK

Tick boxes as appropriate and delete at (*) accordingly. Any amendments require the signature of the Proposer.

1

Details of Proposer

Name			
LIM KOK PENG JEREMY			
NRIC / Passport No. / Company Reg.No.		Date of Birth	
S****490D		27-12-1992	
Marital Status		Gender	
		Male	
Nationality			
Singapore			
Address			
420B NORTHSHORE DRIVE			
#11-625			
Singapore 822420			
Contact Details			
Home No.:	Office No.:	Mobile No. (Mandatory):	Email Address (Mandatory):
		+65 93364351	JEREMYLIM_92@HOTMAIL.COM
Date of obtaining Singapore Driving License		Occupation / Business	
15-04-2011		EXECUTIVE	

2

Details of Vehicle

Registration No	Make & Model	Year of Make	Registration Date
SDP1989J	Audi A4 2.0 (A)	2009	06-01-2010
Engine No	Chassis No	C.C. / Tonnage	Seating Capacity
CDN084420	WAUZZZ8K7AA082132	1984	5
Electric Vehicle	No		
Type of Vehicle(Tick one)	Saloon		
Type of Vehicle (Tick all that is applicable)	Parallel Import : No Modified Vehicle : No Off-peak Car : No		
Hire Purchase Company	ACE FINANCIAL SERVICES PTE. LTD.		

*Refer to Declaration section on Page 3 for more information

Page 1 of 4

3 Coverage Required

Period of Cover	From 27-05-2022 to 26-05-2023 (To coincide with Road Tax expiry date if possible)
Type of Cover	Comprehensive For Comprehensive and Third Party Fire & Theft, coverage is based on market value at the time of loss. AutoSafe Scheme Yes Applicable to Comprehensive Coverage only. Refer to Declaration section on Page 3 for more information.

4 Vehicle Usage

Private Car	(a) Will the vehicle be used for hire or reward? No (b) Will the vehicle be used for carriage of passengers for hire or reward? No (c) How often do you drive in to Malaysia?
-------------	---

5 Named and Unnamed Drivers

Named Driver(s) - must be above 29 years old or below 65 years old as at last birthday with at least 3 years Singapore driving experience

Name of Driver	D.O.B	Pass Date	NRIC No.	Gender
N.A.				

This Section applies only to Private Car Policy

Insured and Named Drivers enjoy one-time excess waiver (up to S\$500 for non-continental cars and up to S\$1,000 for continental cars) in the event of an Own Damage Claim made at our Authorised Workshops.

Unnamed Driver Additional Excess:

*Age / Driving Experience	Add. Excess
≥ 26**	S\$500
≤ 25	S\$3,000
< 1 year driving experience**	S\$3,000

*Age as at date of accident

**S\$3,500 is the maximum unnamed driver additional excess applicable for young and inexperienced drivers unless otherwise specified in the policy schedule.

6 Windscreen Replacement (Automatic Reinstatement)

1. Replace at any Authorised Distributor Workshops (within warranty period - maximum 3 years)unlimited
2. Replace at any of our Authorised Workshopsunlimited
3. Other than the above S\$300
4. Option to increase coverage at Non-Authorised Workshops N.A.

Excess S\$100/- every claim (unless otherwise stated in the policy schedule).

7 Optional Cover

- Option to purchase
1. Loss of Use N.A.
 2. Buy Down Excess N.A.
 3. Protection Package N.A.

(Total loss protection, Loan Protection, SOS Emergency Evacuation and Personal Accident to insured increased to S\$50,000)

8 Additional Information

1. Have you or your named drivers been involved in any motor accident for the past 3 years?

No

Date	Claim Amount (\$\$)
May 2021 ~ Apr 2022	No Claims with NCD
May 2020 ~ Apr 2021	No Claims
May 2019 ~ Apr 2020	No Claims

2. Have you or your named drivers been convicted of or received notice of intended prosecution for any offence in connection with motor car?

No

3. Do you have NCD to be transferred from another Insurer?

Yes

Present/Previous Insurer: NTUCu00A0Incomeu00A0Insuranceu00A0Co-Operativeu00A0Ltd.

NCD: 30%

Vehicle No: SLV215P

Expiry Date: 14-12-2022

9 Payment Before Cover Warranty (For Vehicles Registered Under Personal Name)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that the total premium due must be paid and actually received in full by the Company on or before the inception date ("the inception date") of the coverage under the Policy, Renewal Certificate, Cover Note or Endorsement.
2. In the event that the total premium due is not paid and actually received in full by the Company on or before the inception date referred to above, then the Policy, Renewal Certificate, Cover Note and Endorsement shall be deemed to be cancelled immediately and no benefits whatsoever shall be payable by the Company. Any payment received thereafter shall be of no effect whatsoever on the cancellation of the Policy, Renewal Certificate, Cover Note and Endorsement.

10 Premium Payment Warranty (For Vehicles Registered Under Company's Name)

1. Notwithstanding anything herein contained but subject to clause 2 hereof, it is hereby agreed and declared that if the period of insurance is 60 days or more, any premium due must be paid and actually received in full by the Company (or the intermediary through whom the Policy was effected) within 60 days of the:-
- (a) inception date of the coverage under the Policy, Renewal Certificate or Cover Note; or
 - (b) effective date of each Endorsement, if any, issued under the Policy, Renewal Certificate or Cover Note.
2. In the event that any premium due is not paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within the 60-day period referred to above, then:-
- (a) the cover under the Policy, Renewal Certificate, Cover Note or Endorsement shall be deemed to be cancelled immediately after the expiry of the said 60-day period;
 - (b) the deemed cancellation of the cover shall be without prejudice to any liability incurred within the said 60-day period; and
 - (c) the Company shall be entitled to a pro-rate time on risk premium subject to a minimum of S\$50.00
3. If the period of Insurance is less than 60 days, any premium due must be paid and actually received in full by the Company (or the intermediary through whom this policy was effected) within the period of insurance.

11 Declaration

1. I / We hereby declare and agree to insure my Motor Vehicle with China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS"). and I / We agree to accept the Company's Policy subject to the provisions and conditions of the Policy. I / We hereby declare that the above mentioned Motor Vehicle is and will be kept in good condition. I / We hereby warrant that all the answers given in this proposal are true and correct, that this proposal and Declaration shall form part of the contract between the Company and myself. Otherwise, I / We understand that the Policy issued may be rendered void.
2. I / We hereby undertake to reimburse the Company on any difference on Premium due to different NCD percentage stated herein from the NCD percentage declared by my / our previous insurer and also difference on Premium due to non-declaration of accidents from my / our previous insurance company.
3. I / We understand that if I / we opt for the AutoSafe Scheme, in the event of an accident / windscreen damage, I / we MUST sent my / our motor vehicle to CTPIS authorised workshops for all repairs.
4. I / We understand that if my / our vehicle is a parallel imported model, in the event of an accidental windscreen damage or damage to the vehicle / accessories and if the parts are not obtainable from our local workshops, the Insured shall be responsible for all costs including air freight and storage charges due to the delay in repair to his / her vehicle.

Premium Payable: S\$1,600.05
Named Drivers Ex Sect. I : S\$750.00

Date: 26-05-2022

Signature of Proposer / Company Stamp

12 Personal Data Collection Statement

1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on our website at www.sg.cntaiping.com/en/privacypolicy.html, as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Proposal Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

Email : Yes Mail: No SMS and other phone-based messages: No Voice call: No

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

- (i) I / We have read and understood the provisions in this form;
- (ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: <https://bit.ly/marketingconsent>.
- (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

I have read and agree to the above.

Name: LIM KOK PENG JEREMY

NRIC No.: S****490D

Date: 26-05-2022

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

30 May 2022

Our ref 3005220203N061101843

LIM KOK PENG, JEREMY
APT BLK 420B NORTHSHORE DRIVE
#11-625
SINGAPORE 822420

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SDP1989J
With SLV215P**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SDP1989J, now has the number SLV215P.

The vehicle details after the transaction are:

Transaction No. : 20220530101842397707
Vehicle Registration No. : SLV215P (Previously SDP1989J)
Vehicle Make : AUDI
Vehicle Model : A4 2.0 TFSI QU S-TRONIC
Chassis No. : WAUZZZ8K7AA082132
Engine No./ Motor No. : CDN084420 / -

What You Need To Do:

- You must show the new number SLV215P on your vehicle by 02 Jun 2022.

Please change the number plates on this vehicle to show SLV215P by 02 Jun 2022. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Visit onemotoring.lta.gov.sg for more information and to access a wide range of vehicle-related services. If you need a Singpass or Corppass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

Yours sincerely

Assistant Registrar of Vehicles
Vehicle Quota & Registration Division
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Digital enforcement cameras are deployed island-wide to deter and detect traffic offences. A safer commute starts with you. Join the Community Watch Scheme at <https://go.gov.sg/spf-cws>. Let's keep everyone safe on our roads!

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: SA0828190009 Vehicle Registration No: SLN 215P
 Name (as shown in NRIC): LIM KOK PEAY, JEREMY NRIC/FIN/Passport No: S9248490D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 08/01/2023 Time of Accident: 13:56
 Place of Accident: QUEEN STREET
 Insurance Company: CEHUA INSURANCE

(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:

OWNER & DRIVER NAME TO LIM KOK PEAY, JEREMY

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: