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	lod: (.)	Cover Type: (
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SINGAPORE ACCIDENT STATEMENT

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IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of 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.

三洲通空加强的大型 类型 4000	ACCIDENT STATEMENT
Date Of Report	04/12/2017 18:52
Date Of Accident	02/12/2017 08:50
Exact Location Of Accident	ALONG JALAN AHMAD IBRAHIM NEAR TUAS CHECKPOINT
Country/State of Loss	SINGAPORE
THE PARTY OF D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ8070Y
Insured/Policyholder	
Name Of Registered Owner	BAHARUDDIN BIN ABDUL RAHMAN
NRIC No	S1734113H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96799255
Alternative Phone No	OTHERS-96799255
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (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	DMPCSN3024571700
Cover Note Number	
Driver	
Name of Driver	BAHARUDDIN BIN ABDUL RAHMAN
NRIC No	S1734113H
Date Of Birth	19/02/1966
Occupation	INDOOR
Date Of Driving Pass	22/06/2002
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96799255

OTHERS-96799255

NOEMAIL

45B EDGEFIELD PLAINS Address

#01-10

828712 Postcode

Was driver an employee of the Insured's Company NO

OWNER

If No. Relationship of the Driver with the Insured 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 DRY

Road Surface

Other Information

NO

Was any body injured in the Accident?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any foreign vehicle involved in this accident?

NO

Number of Passengers (Including Driver)

2

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

GEYLANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171204/2050

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

GY2490R

Vehicle Make/Model/Colour

NISSAN CABSTAR

Details Of Properties

Name of Driver

ENG CHIN YEW

NRIC/Passport Number

S7671032E

Contact Number

97225975

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJQ6403Z

Vehicle Make/Model/Colour

NISSAN LATIO

Details Of Properties

Name of Driver

TOH FREDDY

NRIC/Passport Number

S8322060J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKW7391Z

Vehicle Make/Model/Colour

HYUNDAI ELANTRA

Details Of Properties

Name of Driver

SEOW TIAN GUAN

NRIC/Passport Number

S1394748A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

BAHARUDDIN BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SGQ8070Y

Were seat belts wom?

YES

Was injured conveyed to hospital by ambulance?

YES

Address Postcode

DETAILS OF INJURED PERSON 2

Name

KARTHINI BINTE SALLEH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SGQ8070Y

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance? YES Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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)
 - (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.
- 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 Personnells Signature
Name:
NRIC/FIN No.: POSAL WANTOB

Policyholder's Signature Date & Time:

SKETCH PLAN

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

Name: NRIC/FIN No.: LOSOLI





1 of 5

Report No. T/20171204/2050

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

ON.

Y. ...

REPORT O	F A TRAFFIC	ACCIDENT		To a Stable			
Date/Tim 04/12/20	e Report M 17 12:56	ade:	Vide Report No.: J/20171202/0083	Station Diary No.: 44			
Interma	nt's Particu	ılars					
Name of	Informant:		Address: 45B EDGEFIELD PLAINS #01	1-10 SINGAPORE 828712			
ID Type / ID No.: NRIC NO / S1734113H			Contact No.: Home/Office: Mobile: 96799255				
National			Email:				
Sex: Male	Age: 51	Date of Birth: 19/02/1966	Type of Informant: Driver				
Race: Malay			Language:	Institution / School Name:			
Occupation: SAFETY OFFICER			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambu			Date/Time of Accident: 02/12/2017 08:50		Type of Location Straight Road	
Location: Along Road 1 JALAN AHMA	AD IBRAHIM				I Passe	I Coard Limit	
Weather: Clear		Road Dry	Surface:			Speed Limit:	
Traffic Flow: Traffic Control:					Traffic Volume: Moderate		
One Way Type of Colli Moving Vehic	sion: cle Against - Others	1				one conveyed by ulance:	

Details of Ve	AND THE PERSON NAMED IN		Model	Color	Condition	No of Passanger
Vehicle No.	Type	Make	15.45 Tax 11.00	725-2132-2132-1		
GY2490R	Lorry	NISSAN	Cabstar	Gold	Seriously Damaged	0
SCQ8070Y	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623Q5	Brown	Seriously Damaged	4
SJQ6403Z	Car	NISSAN	Latio	Grey	Slightly Damaged	1
SKW7391Z	Car	HYUNDAI	Elantra	Blue	Slightly Damaged	1





02/12/2017

Date Discharge

Degree of Injury Slight

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Date Treatment | 02/12/2017

No. of Days granted Medical Leave

Tel No: 1800-8486999

CONTINUATION OF REPORT

1.2 of 5 Report No. T/20171204/2050

	A description of the last of t	Insurance		Control of the second				Comin Date	
/ehicle No.	Insu	rance Company			ce No		ffective	Expiry Date	
SGQ8070Y	CHI	NA TAIPING INSURANCE DMPCS NGAPORE) PTE. LTD. 00			SN30245	717 2	8/03/2017	27/03/2018	
Details of Po	ersor	Involved	m men	(E) 推炼(W)	destribute.	V V			
Any Pedestr	an In	volved: No						12	
No. of Pedes	strians	s Injured: NIL		Use of Pe	destrian	Crossi	ng: NA	10000000000	
Driver	We like		75.70	1-1-1-1005	APP GELLY	1000	ER CIRCLE	NEO-OVER-	
Name		ENG CHIN YEW	ID No.		S7671032E				
Related Veh	icle	GY2490R (Lorry)	GY2490R (Lorry)			t No.	97225975	15/4	
Hospital/Clinic NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL				
Date Treatn	ant	NIL		Date Disc	Discharge NIL				
No of Dave	aran	ted Medical Leave N	IIL	Degree o	f Injury	NIL			
Driver	gran	11.75 2 in the Section 18		place of	a stress		THE TOTAL		
Name		BAHARUDDIN BIN ABI	OUL RAI	HMAN	ID No. S1734113H		1		
Related Vel	nicle	SGQ8070Y (Car)			Contact No.		96799255		
Hospital/Cli	nic	CHANGI GENERAL HO	SPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL		
Date Treatr	mont	02/12/2017		Date Dis	charge	03/12	/2017	: 19	
No. of Davis	orar)5	Degree	of Injury Slight				
Passenger						11121	Figure 10's		
Name		KARTHINI BINTE SALLEH			ID No. S		S7632580	D	
Related Ve	hicle	SGQ8070Y (Car)			Contact No		90480829	1224	
Hospital/Cl	inic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		





3 of 5

Report No. T/20171204/2050

Police Station Of Origin: Geylang N.P.C

132 Raya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver					Chief the Street Street	
Name	TOH FREDDY			ta .	S8322060J	
Related Vehicle	SJQ6403Z (Car)			ct No.	NIL	
Hospital/Clinic	NIL.			of g ce & Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disci	charge NIL			
No. of Days gran	ted Medical Leave NIL	Degree of	Degree of Injury NIL			
Driver		STATE STATE	WILLIAM .			
Name	SEOW TIAN GUAN		ID No.		S1394748A	
Related Vehicle	SKW7391Z (Car)		Contact No.		97947333	
Hospital/Clinic	NIL	Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	ischarge NIL			
No. of Days gran	No. of Days granted Medical Leave NIL			Degree of Injury NIL		

Briof Details.

On 02/12/2017 at around 0849hrs, I was driving to Malaysia with my wife Karthini Binte Salleh, and my three children. I was driving my Brown Volkswagen bearing license plate number SGQ8070Y along Jalan Ahmad Ibrahim towards Tuas Checkpoint. As there was a queue of cars, I stopped behind a Blue Hyundai bearing license plate number SKW7391Z on the left most lane of the three lane road. I wish to state that the lane was reserved for cars and motorcycles only. While waiting for the queue to move forward, a Gold Nissan lorry bearing license plate number GY2490R suddenly hit my car from the rear. The impact pushed my car forward and caused it to hit onto the Hyundai in front of me. Subsequently, the impact caused the Hyundai to hit onto a Grey Nissan car bearing license plate number SJQ6403Z.

My wife called our insurance agent for assistance and they sent an agent, namely Mr Eric (HP: 87322280) to the scene. There were checkpoints officers and ambulance that attended to us at scene. After exchanging particulars with the other drivers, I moved my vehicle to a safe spot for it to be towed and after the ambulance crew made a check on my wife and I, the both of us were conveyed to Ng Teng Fong Hospital. We both received outpatient treatment and were given 4 days MC. Later in the day, I was a still feeling unwell as such I went to Changi General Hospital for a check and was warded for observation. from 02/12/2017 to 03/12/2017. I was then discharged and given 5 days MC. I was diagnosed with a confusion on my left rib, while my wife had a muscle strain on her left shoulder as well as some swelling on life left leg. I wish to state that I did not manage to speak to any TP officer at the scene before being conveyed to hospital, and Mr Eric was speaking on our behalf. Mr Eric then passed over a report number J/20171202/0083 that was given to him by the TP officer.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

4 of 5 Report No. T/20171204/2050

CONTINUATION OF REPORT





5 of 5 Report No. T/20171204/2050

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Sketch Plan

Phi.

414

Informant is not able to provide sketch plan

Stogapore Police Fores

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: G / Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUT AZIZ	Signature Of Informant:
Signature Of Interpreter:	Date/Time: 04/12/2017 12:56
1000 1000	
Officer In Charge Of Case: TP/GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp	

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: > 172 17	TIME:	0850	7	(hh:mm) 24	hrs Format
LOCATION THAS CHECKBOINT		-27711111111111111111111111111111111111			
VIII VIII VIII	/				
VEHICLE NUMBER SG& 8070 Y	/	1			
INSURED NAME Baharuddin Bin Abo	lu Rahman	, /			,
NRIC/FIN S 173 4 113 4	MI SAMMIN	CONTA	CT:	9679 926	0
MAKE Volkswagen MOD	EL N	etta		121/100	Lifferen
Are you claiming under your own insurance police			icle?		
() Yes, If No, Pls Select : () Third Party		eporting On			
INSURANCE COMPANY China Taip		рошь	7		
TYPE OF POLICY (/) COMPREHENSIVE		IRD PART	Υ () TPFT	
POLICY NUMBER: DMPCSN3024571					
TODIC I NOMBERT DIVIPES NO SEGRENT	700				
NAME DRIVER: Bahanudan Bin Ally	Rahman		(/) SAME AS I	NSURED
MAINTEDICTER . DEMARKOG N SIN HIME	1 SAMINAE		- 1	/	
NRIC/FIN 51734(13H		CONTA	CT:	9679 9255	-
DATE OF BIRTH: 19 02 1966				1-11-3	
DRIVING PASS DATE: 22 06 2002					
OCCUPATION: () INDOOR () OUTDOOI	3			
GENDER: () MALE () FEMALE				
EMAIL ADDRESS:	7.200			(/)N	O EMAIL
ADDRESS OF DRIVER: 458 Edgefield	Plains #	01-1D			
S(828)12	I Isacuta II	01.10			
Number Of Passenger Include Driver: 5					
Transenger Incince 211111					
Was driver an employee of the Insured's Compa	nv?()Y	ES (NO (
If No, Relationship Of The Driver With The I	Insured	10000			
Owner () Spouse () Friend ()	Relative () Childre	en () Sibling () Others
Does The Driver Own Any Other Vehicle? : (1NO		,	
If Yes, Vehicle Registration Number Of Driver's	1	le:			
Insurance Company Of Driver's Own Vehicle					
	Raining () Drizzlii	ng () Others	
	Wet () Others			
Was Any Foreign Vehicle Involved In This A) YES	(~) NO	
Was Anybody Injured In The Accident? () YES				
If YES, Injured details: (1) Baharudan Bin		in 51)34113		B) Karthini Bin	e Sallel
	NO		-	57632580	
Was There Any Video Capture By Car Camera?		S (V)	NO		
Was There Accident Reported To The Police				Yes Attach Po	lice Report
	14 2050				
X No.	ne / NRIC			Conta	ct
Veh B 6 2190 R					
Veh C (TR / 4727					
Veh D CEW 72917					
Veh E					
Veh F					
Veh G					
VEHU					



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1734113H





BAHARUDDIN BIN ABDUL RAHMAN

Bace MALAY Date of birth 19-02-1955 Country of birth SINGAPORE

YOU ARE LUCENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! which unlader does not exceed 2500 kilograms

Gare of June 17-07-2010

458 EDGEFIELD PLAINS #01-10 SINGAPORE 828712 -

NRIC No. \$1734113H

.

Date: - 28/08/2016



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road 616-00 Epringleaf Tower Bingapore 079809 Fat: 6349 6111 Fax: 6222 1033 Websits: www.agontalpring.com Co. Rag No. 200208384E

ORIGINAL

THE SCHEDULE

Agency ANOUDEA Class of Policy MOTOR PRIVATE CAR Policy Number DMPCSN3024571700 Account AN0006A Issued on 16/03/2017 in SINGAPORE Client 3207616 Acceptance Date 16/03/2017 Period of Insurance from 28/03/2017 to 27/03/2018 , both dates inclusive Insured's Name.... BAHARUDDIN BIN ABDUL RAHMAN BLK 173 HOUGANG AVENUE 1 Address. E02-1455 SINGAPORE 530173 Business/Occupn... SAFETY OFFICER Financial interest TOKYO CENTURY LEASING (S) PTE LTD Premium Base Annual Premium..... 8\$2,455.00 85859.25-Less 35% Autosafo Scheme...... \$\$797.88-Incentiva Discount 10%..... 8579.79-Promotion Discount....... 8\$200.00-Total Annual Premium \$\$518.08 \$\$518.08 Premium Due \$\$36.27 Premium GST Total Due 9\$554.35 Risk No. 001 MOTOR PRIVATE CAR ORIGINAL REGISTRATION DATE: 28-09-2012 Make/Model .. VOLKSWAGEN JETTA 1.4 TSI 1. Registration SGQ8070Y Type of Cover Comprehensive Body Type SALCON No. of seats 5 Yr of Manuf/Regn 2012/2012 1390 Engine No. .. CAV438938 Capacity co's Chassis No... WVWZZZ16ZDM009962 Certificate Ref. MXIE Sum Insured. Market value at the time of loss Named Drivers Ex Sect. I 8\$500.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... \$\$3,000.00 \$\$500.00 Ex Sect. I - Age >= 26..... * Age as at date of accident

The following clauses and endorsements apply to this policy Subject to Endts. 2, 25, 57, 72, N & W(unltd).

EX ON WINDSCREEN

AUTOSAFE SCHEME (W)

Named Drivers THE INSURED

In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

S\$100.00 KARTHINI BTE SALLEH

Subject otherwise to the terms, conditions and exceptions of this policy.

One Time Waiver of Excess Clause - Own Damage Claim (Insured and Named Drivers only)
Notwithstanding anything contained to the contrary, we will waive up to the first S\$1,000.00 (for
Insured and Named Drivers only) under the Excess for the first claim lodged under this Policy year

Enquire PARF/COE Rebate for Registered Vehicle

Singapore NRIC

Vehicle Owner Particulars

Owner ID Type

Owner ID 4113H

Vehicle Details

Vehicle No. SGQ8070Y

Vehicle to be Exported Yes

Intended De-registration Date 04 Dec 2017

Vehicle Make VOLKSWAGEN

Vehicle Model JETTA 1.4 TSI AT 1623Q5

Primary Colour Brown
Manufacturing Year 2012

Engine No. CAV438938

Chassis No. WWZZZ16ZDM009962

Maximum Power Output 118.0 kW (158 bhp)

 Open Market Value
 \$24,854.00

 Original Registration Date
 28 Sep 2012

 First Registration Date
 28 Sep 2012

Transfer Count 1

Actual ARF Paid \$24,854.00

Intended PARF Rebate Details

PARF Eligibility Yes

PARF Eligibility Expiry Date 27 Sep 2022
PARF Rebate Amount \$17,397.00

Intended COE Rebate Details

COE Expiry Date 27 Sep 2022

COE Category A - Car (1600cc & below)

COE Period(Years) 10

 QP Paid
 \$59,421.00

 COE Rebate Amount
 \$28,604.00

 Total Rebate Amount
 \$46,001.00

The information contained herein is correct as at 04 Dec 2017