

NATIONAL Assessment Centre Services

(Unit 1 of 100)

MAIA 17161738

Date In: 08/11/2017 14:39	Job description	Date & Time Completed	Done by
Ref No: NBS/17161738/23266/Y	SAS e-illing		
Veh No: STM 4069P	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 07/11/2017 15:30	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within 30 mins, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yell No: SHD 2264B	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 repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 20 line 6788 6616)	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

NA1707634	Invoice Preparation Checklist	AMIS	AMIS
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$70		
	6) TR: Re-inspection \$75		
	7) NI: (DA + SMRT Survey) \$160		
	8) NTUC Additional Services		
	9) NI: (DA + SMRT Survey) \$160		
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	100) NI: (DA + SMRT Survey) \$160		

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 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.
5. Any false reporting may be referred to the Police for investigation.
6. 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.

ACCIDENT STATEMENT	
Date Of Report	08/12/2017 14:39
Date Of Accident	07/12/2017 15:30
Exact Location Of Accident	PIE (TUAS) TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM4069P
Insured/Policyholder	
Name Of Registered Owner	SIE TECK SUN
NRIC No	S8625809I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90893462
Alternative Phone No	OTHERS-90893462
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700008880
Cover Note Number	
Driver	
Name of Driver	FOO CHEE HOW
Passport No/FIN	G2417126X
Date Of Birth	17/12/1993
Occupation	INDOOR
Date Of Driving Pass	10/10/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90893462
Fax Number	
Contact Number	OTHERS-90893462
EMail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured FRIEND
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

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 this accident? 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. NO
 Number of Passengers (Including Driver) 4

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 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 SHD2264B
 Vehicle Make/Model/Colour TAXI
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF INJURED PERSON 1

Name SIE TECK SUN
 Approximate Age

Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SJM4069P
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	FOO CHEE HOW
Approximate Age	
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SJM4069P
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	DONG, YOUCAI
Approximate Age	
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SJM4069P
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	LIU, PINGPING
Approximate Age	
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SJM4069P
Were seat belts worn?	YES
Was 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)
Date & Time:

Reporting Centre Personnel's Signature
Name: *08/12/2007*
NRIC/FIN No. *80821 WABAB*

PIE
 (Tuas)
 Towards
 Changi
 Airport.

△	
A	
△	
B	

(A) SJM 4069P
 (B) SFD 2264B

On 01.12.2017 at about 1530hrs, I was travelling along PIE (Tues) Towards Changi Airport. The traffic was on slow moving. Ahead of me there's a vehicle slow down & stop, I follow suit. While on stationary, all of a sudden I felt an hard impact from the rear. Then I realised a taxi with 226AB had collided into my rear. Due to the hard impact, my vehicle was badly damaged. That's all.

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

Jasarf00

an 08/12/2018

Name: ROSLI WATSON
NRIC/FIN No.: 9201 111111

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 07.12.2017	TIME: 1530hrs	(hh:mm) 24 hrs Format
LOCATION PIE (Pudas) toward: Channel		
VEHICLE NUMBER SJM 4069P		
INSURED NAME STE JACK SUN		
NRIC / FIN S86258091	CONTACT:	
MAKE Honda	MODEL Fit 1.6 A	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY AIG		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER : 1700008886		
NAME DRIVER : Foo Chu How		() SAME AS INSURED
NRIC / FIN 62417126X	CONTACT: 9089 3462	
DATE OF BIRTH: 17.12.1993		
DRIVING PASS DATE: 10.10.2016		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:		() NO EMAIL
ADDRESS OF DRIVER: 109b Edgedale Plains #15-115 S(822109)		
Number Of Passenger Include Driver: 3 pax include driver		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse (<input checked="" type="checkbox"/>) Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details : All pax injured include driver (Neck Back Pain)		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party Name / NRIC Contact		
Veh B SHD 2764B		
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
CITY RECRUITMENT LLP

Section: **SERVICE**

Name:
FOO CHEE HOW

Occupation:
SALES REPRESENTATIVE

Work Permit No.:
4 04716488

Date of Application:
17-08-2017

Date of Issue:
24-08-2017

Date of Expiry:
11-07-2019

L8248442



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2417126X**

Name:
FOO CHEE HOW

Birth Date: **17 Dec 1993**

Issue Date: **10 Oct 2016**

Valid Till: **09/10/2021**

002618146A



VISIT PASS
Immigration Regulations

Name:
FOO CHEE HOW

Date of Birth: **17-12-1993** Sex: **M** Nationality: **MALAYSIAN**

File: **G2417126X** Date of Issue: **24-08-2017** Date of Expiry: **11-07-2019**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	10 Oct 2016
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	10 Oct 2016

NP 428A



4642223



NRIC No. **S8625809I**

Date of issue

06-10-2010

**APT BLK 282A SENGKANG EAST AVENUE #09-593
SINGAPORE 541282**

NRIC No: **S8625809I**

Date: **19/08/2014**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8625809I



Name

SIE TECK SUN

施 德 顺

Race

CHINESE

Date of birth

17-08-1986

Sex

M

Country of birth

SINGAPORE

S8625809I

The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.

na 28 00 / r-entry Code

护照号码/Passport No.

EB4051578

姓名/Name

董有财
DONG, YOUCAI

性別 / Sex

146 / November

出生日期/Date of birth

男/M

414 / CHINESE

02 AUG 1978

出生地点/Place of Birth

Date of issue

吉林/JILIN

30 10月/OCT 2017

签发地点/Place of Issue

有效期至/Date of expiry

吉林/JILIN

29 10月/OCT 2027

签发机关 / Authority

持照人签名/Beater's signature

公安部出入境管理局

MPS Exit & Entry Administration

董有財

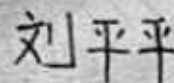
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POCHNDONG<<YOUCAI<<<<<<<<<<<<<<<<<<<<<<<<<
EB40515785CHN7808021M2710291LGKNNDNALCMGA932

The Ministry of Foreign Affairs of the People's Republic of China requests all civil and military authorities of foreign countries to allow the bearer of this passport to pass freely and afford assistance in case of need.



EB2738357



1109071510

POCHNLIU<<PINGPING<<<<<<<<<<<<<<<<<<<<<<<<<<<
EB27383572CHN7911152F2709178MBPFMGLNMGLNA928



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : SIE TECK SUN
 Period of Insurance : 30 Jun 2017 To 29 Jun 2018
 Engine No. : L12A4153073
 Chassis No. : GE61138005

Vehicle No. : 5JM4069P
 Policy No. : 1700008886
 Endorsement No. :
 Issued Date : 30 May 2017

ABOUT THE COVER

Sum Insured : Market Value

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other persons who are driving the Policyholder's motor vehicle under the terms of the policy
 This Policy will indemnify the Policyholder for any authorized driver only if he/she holds the specified age condition.
 You have hereby acknowledged that you are a "Young Driver" (YD) if you are of Your Authorized Driver's age of 22 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover loss for hire or reward, driving test, racing, police making, a liability for or speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations outlined respectively by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 164) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be construed under these headings.

EXCESS

Section 1

Fire - \$0; Own Damage - \$600; Theft - \$0; Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

SIE TECK SUN - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident claims to the vehicle must be reported only to our Authorized Reporting Centres or Approved Reporting Centres/Authorised Repairers. Please contact our 24-hour accident emergency hotline at 011-6338 0200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 5th Mobile App. Simply search and download "AIG 5th" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 164) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1988 (Malaysia).

1601205000

INCURANCE PTE LTD

2 KALLANG AVE #05-16/17/18

SINGAPORE 239407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. Tan

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96, 98, 100, 102, 104, 106, 108, 110, 112, 114, 116, 118, 120, 122, 124, 126, 128, 130, 132, 134, 136, 138, 140, 142, 144, 146, 148, 150, 152, 154, 156, 158, 160, 162, 164, 166, 168, 170, 172, 174, 176, 178, 180, 182, 184, 186, 188, 190, 192, 194, 196, 198, 200, 202, 204, 206, 208, 210, 212, 214, 216, 218, 220, 222, 224, 226, 228, 230, 232, 234, 236, 238, 240, 242, 244, 246, 248, 250, 252, 254, 256, 258, 260, 262, 264, 266, 268, 270, 272, 274, 276, 278, 280, 282, 284, 286, 288, 290, 292, 294, 296, 298, 300, 302, 304, 306, 308, 310, 312, 314, 316, 318, 320, 322, 324, 326, 328, 330, 332, 334, 336, 338, 340, 342, 344, 346, 348, 350, 352, 354, 356, 358, 360, 362, 364, 366, 368, 370, 372, 374, 376, 378, 380, 382, 384, 386, 388, 390, 392, 394, 396, 398, 400, 402, 404, 406, 408, 410, 412, 414, 416, 418, 420, 422, 424, 426, 428, 430, 432, 434, 436, 438, 440, 442, 444, 446, 448, 450, 452, 454, 456, 458, 460, 462, 464, 466, 468, 470, 472, 474, 476, 478, 480, 482, 484, 486, 488, 490, 492, 494, 496, 498, 500, 502, 504, 506, 508, 510, 512, 514, 516, 518, 520, 522, 524, 526, 528, 530, 532, 534, 536, 538, 540, 542, 544, 546, 548, 550, 552, 554, 556, 558, 560, 562, 564, 566, 568, 570, 572, 574, 576, 578, 580, 582, 584, 586, 588, 590, 592, 594, 596, 598, 600, 602, 604, 606, 608, 610, 612, 614, 616, 618, 620, 622, 624, 626, 628, 630, 632, 634, 636, 638, 640, 642, 644, 646, 648, 650, 652, 654, 656, 658, 660, 662, 664, 666, 668, 670, 672, 674, 676, 678, 680, 682, 684, 686, 688, 690, 692, 694, 696, 698, 700, 702, 704, 706, 708, 710, 712, 714, 716, 718, 720, 722, 724, 726, 728, 730, 732, 734, 736, 738, 740, 742, 744, 746, 748, 750, 752, 754, 756, 758, 760, 762, 764, 766, 768, 770, 772, 774, 776, 778, 780, 782, 784, 786, 788, 790, 792, 794, 796, 798, 800, 802, 804, 806, 808, 810, 812, 814, 816, 818, 820, 822, 824, 826, 828, 830, 832, 834, 836, 838, 840, 842, 844, 846, 848, 850, 852, 854, 856, 858, 860, 862, 864, 866, 868, 870, 872, 874, 876, 878, 880, 882, 884, 886, 888, 890, 892, 894, 896, 898, 900, 902, 904, 906, 908, 910, 912, 914, 916, 918, 920, 922, 924, 926, 928, 930, 932, 934, 936, 938, 940, 942, 944, 946, 948, 950, 952, 954, 956, 958, 960, 962, 964, 966, 968, 970, 972, 974, 976, 978, 980, 982, 984, 986, 988, 990, 992, 994, 996, 998, 1000, 1002, 1004, 1006, 1008, 1010, 1012, 1014, 1016, 1018, 1020, 1022, 1024, 1026, 1028, 1030, 1032, 1034, 1036, 1038, 1040, 1042, 1044, 1046, 1048, 1050, 1052, 1054, 1056, 1058, 1060, 1062, 1064, 1066, 1068, 1070, 1072, 1074, 1076, 1078, 1080, 1082, 1084, 1086, 1088, 1090, 1092, 1094, 1096, 1098, 1100, 1102, 1104, 1106, 1108, 1110, 1112, 1114, 1116, 1118, 1120, 1122, 1124, 1126, 1128, 1130, 1132, 1134, 1136, 1138, 1140, 1142, 1144, 1146, 1148, 1150, 1152, 1154, 1156, 1158, 1160, 1162, 1164, 1166, 1168, 1170, 1172, 1174, 1176, 1178, 1180, 1182, 1184, 1186, 1188, 1190, 1192, 1194, 1196, 1198, 1200, 1202, 1204, 1206, 1208, 1210, 1212, 1214, 1216, 1218, 1220, 1222, 1224, 1226, 1228, 1230, 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3556, 3558, 3560, 3562, 3564, 3566, 3568, 3570, 3572, 3574, 3576, 3578, 3580, 3582, 3584, 3586, 3588, 3590, 3592, 3594, 3596, 3598, 3600, 3602, 3604, 3606, 3608, 3610, 3612, 3614, 3616, 3618, 3620, 3622, 3624, 3626, 3628, 3630, 3632, 3634, 3636, 3638, 3640, 3642, 3644, 3646, 3648, 3650, 3652, 3654, 3656, 3658, 3660, 3662, 3664, 3666, 3668, 367

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	5809I

Vehicle Details

Vehicle No.	SJM4069P
Vehicle to be Exported	No
Intended De-registration Date	31 Dec 2017
Vehicle Make	HONDA
Vehicle Model	FIT 1.3G A
Primary Colour	Black
Manufacturing Year	2008
Engine No.	L13A4153073
Chassis No.	GE61138005
Maximum Power Output	73.0 kW (97 bhp)
Open Market Value	\$13,606.00
Original Registration Date	31 Dec 2008
First Registration Date	31 Dec 2008
Transfer Count	3
Actual ARF Paid	\$13,606.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	30 Dec 2018
PARF Rebate Amount	\$6,803.00

Intended COE Rebate Details

COE Expiry Date	30 Dec 2018
COE Category	E - Open Category
COE Period(Years)	10
QP Paid	\$6,509.00
COE Rebate Amount	\$618.00
Total Rebate Amount	\$7,421.00

The information contained herein is correct as at 07 Dec 2017

OK