

ASMA 4/7/68904

Date In: 26/12/2017 11:09	Job description	Date & Time Completed	Done by
Ref No: N/A/A16/20243454	SAS e-Milling		
Vel: No: SDM 2822	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 22/12/2017 12:00	I-Motor Claim 1'orm		
OD: TA / Reporting Only	I-Motor W/O (within: 00 hrs, TP 1hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )  
 TP Participant: ( ) Yell No: SH/B 4628.H 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%; P: 80-100%)  
 Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
 Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: \_\_\_\_\_  
 ( ) Walk-In Customer: Customers 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	QC bottle 6788 00101	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] ( )			

[illegible]

NA1708016		Invoice Preparation Checklist		Amount		Amount	
Customer's Business				Bill		Ref. Bill	
Driver/Owner:		1) AR: Accident Reporting (\$30)					
Contact No:		2) DA: Damage Assessment (\$100)	INC (\$50)				
Insured Portion:		3) TP: Towing Fee	\$40/\$40				
		4) FT: Follow-Through Survey	\$120				
		5) FT: Follow-Through Survey (Re-survey)	\$20				
		Forfeiting against INC Only (over 10 Jan 2008)					
		6) TR: Re-inspection	\$15				
		7) NI: New DA + SMRT Survey	\$160				
		8) NTUC Additional Services:					
Checked by (Engi-In-Charge):		Q11:					
		*N1: Courtesy Car / Tpl Allowance	\$5				
		*N6: Repair Coordination	\$10				
		*N7: Post Repair Inspection	\$15				
		*N8: DV / Collision Unass. Coordination	\$3				
		TP (N1) / TP (Non INC) against INC	\$20				
		9) N1: Late Mobile	\$0				
2/3:		Invoice dated	File Charged				
		Invoice filed	File 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 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	26/12/2017 11:09
Date Of Accident	22/12/2017 12:00
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM7882J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO THYE CHOON
NRIC No	S0230501A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97763956
Alternative Phone No	OTHERS-94873015

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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	1700035435
Cover Note Number	

### Driver

Name of Driver	TEO AIK MING(ZHANG YIMING)
NRIC No	S8228356J
Date Of Birth	21/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94873015
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 138D YUAN CHING ROAD #15-159
Postcode	614138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	8
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171222/2080

#### 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	SHB4628H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJJ3782K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLT6080B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SDR9378J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

SKE8453S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number SLQ5569Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 7


Vehicle Registration Number SJF4396G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)


## IMPORTANT NOTICE

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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: ROSE WAFAR  
NRIC/FIN No.:



A	SPM 7892J ✓
B	SLB 4628H ✓
C	SJJ 3782K ✓
D	SLT 6080B ✓
E	SDR 9378J ✓
F	SKE 8453S ✓
G	SLQ 5569Y ✓
H	SJF 4396G ✓

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report No: T/2017/222/2080

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Rosal WATSON



**SINGAPORE  
POLICE FORCE**



T/20171222/2080

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 3

Report No. T/20171222/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/12/2017 14:48		Vide Report No.: D/20171222/0063		Station Diary No.: 19	
<b>Informant's Particulars</b>					
Name of Informant: TEO AIK MING			Address: APT BLK 138D YUAN CHING ROAD #15-159 SINGAPORE 614138		
ID Type / ID No.: NRIC NO / S8228356J			Contact No.: Home/Office: Mobile: 94873015		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 21/09/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MARINE OFFSHORE EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/12/2017 12:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDM7882J	Car				Slightly Damaged	1
SHB4628H	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/2017 1222/2080

2 of 3

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/2017 1222/2080

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	TEO AIK MING		ID No.	S8228356J
Related Vehicle	SDM7882J (Car)		Contact No.	94873015
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location, I met into an accident. As I was traveling on the (first lane), the traffic was heavy and I saw the vehicle in front of me slow down, hence, I came to a stopped. After which, I then heard tyre screeching sound coming from the rear of my vehicle, and the next moment, an impact came from the rear of my car and collided onto my rear. I did not hit any vehicle in front of me. I then alighted from my vehicle and discovered that it was a chain of accident that involves eight car and I am the first vehicle. The vehicle behind of me was a taxi (V2: SHB4628H)

I then waited for the Traffic Police to arrive at my scene. When the Traffic Police arrived, he then informed me to lodged a Traffic Accident Report on this matter. I then left the scene after which.

Currently, I feel a little discomfort on my left knee but have yet to see a doctor. My passenger that was on board at that moment, also informed me that she will be visiting a doctor and will update me the result after which.

I do not have an in-built camera in my vehicle and unsure whether were there any CCTVs around the vicinity.



**SINGAPORE  
POLICE FORCE**



T/20171222/2080

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 3

Report No. T/20171222/2080

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 2 LIM JIA WEI, NICHOLAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

22/12/2017 14:48

Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 22.12.2017	TIME: 12:00hrs.	(hh:mm) 24 hrs Format
LOCATION PIE Towards Changi		
VEHICLE NUMBER SDM 7882J		
INSURED NAME Teo Thye Choon		
NRIC / FIN 80230901A	CONTACT: 9776 3956	
MAKE Toyota	MODEL Wish 1.9 HSD	
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 : 700035465		
NAME DRIVER: Teo Ahk Ming (Zhant Yimng) ( ) SAME AS INSURED		
NRIC / FIN 88228356J	CONTACT: 9484 3015	
DATE OF BIRTH: 21.09.1982		
DRIVING PASS DATE: 24.02.2003		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR		
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE		
EMAIL ADDRESS: ( ) NO EMAIL		
ADDRESS OF DRIVER: 138 D Yuan Chang Rd #15-159 S (614139)		
Number Of Passenger Include Driver: 2 FEMALE		
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 ( ) Friend ( ) Relative ( <input checked="" type="checkbox"/> ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) YES ( ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( <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 : 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? ( <input checked="" type="checkbox"/> ) YES ( ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B	SHB 4628H	VKH H: 809 4356G
Veh C	SJJ 3782K	
Veh D	SLT 6080B	
Veh E	SDE 9378J	
Veh F	SKK 8453S	
Veh G	SLQ 5569Y	



5215830



NRIC No. S8228356J



Date of issue

09-09-2013

B11380 Yun Ching R2

815-159

NRIC No: S8228356J Date: 29/6/2015

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8228356J



Name

TEO AIK MING  
(ZHANG YIMING)

张益鸣

Race

CHINESE

Date of birth

21-09-1982

Sex

M

Country/Place of birth

SINGAPORE

S8228356J



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

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 24 Feb 2003

NP 428A



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8228356J  
Name:

TEO AIK MING  
(ZHANG YIMING)

Birth Date: 21 Sep 1982  
Issue Date: 21 Jan 2012



1980787



NRIC No. S0230501A

Blood Group Date of issue  
O+ 05-05-1994

Address

APT BLK 470 JURONG WEST STREET 41  
#12-441  
SINGAPORE 2264

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0230501A



Name

TEO THYE CHOON



Race

CHINESE

Date of Birth

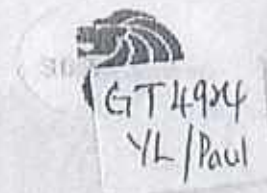
07-10-1954

Country of Birth

SINGAPORE

Sex

M







## CERTIFICATE OF INSURANCE

### AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : TEO THYE CHOON  
 Period of Insurance : 12 Aug 2017 To 11 Aug 2018  
 Engine No. : 1Z2J210079  
 Chassis No. : JTDER12W603001512

Vehicle No. : 3DM78823  
 Policy No. : 1700035435  
 Endorsement No. :  
 Issued Date : 02 Aug 2017

#### ABOUT THE COVER

Make/Model : TOYOTA WISH MPV  
 Engine Capacity/Tonnage : 1,794.00 CC  
 Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2009  
 Insuring with COE/PARE : Yes

#### Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's motor vehicle for pleasure.  
 This Policy is issued to the Policyholder or any authorized driver only if he/she meets the specified age condition.  
 You have to pay an additional sum of \$3,000 as "Young and Inexperienced Driver Excess" ("YIDE") if You or any Authorized Driver (named herein) is under the age of 23 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 use for hire or reward, transportation, driving test, racing, pace making, reliability test 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 rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 119) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

#### EXCESS

##### Section 1

Fire - \$0, Own Damage - \$0, Theft - \$0, Flood Cover - \$0

##### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

Any accident report to the Vehicle must be carried out by one of our Authorized Repairers.  
 For our Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6334 4200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 59 Mobile App. Simply search and download "AIG 59" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy is issued in accordance with the conditions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 119) and the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1987 (Malaysia).

05/07/2017

KHO HOLDINGS PTE. LTD.  
 505A RAFFLES ROAD,  
 SINGAPORE 329795

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

## Enquire PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 0501A

## Vehicle Details

Vehicle No.: SDM7882J

Vehicle to be Exported: No

Intended De-registration  
Date: 31 Dec 2017

Vehicle Make: TOYOTA

Vehicle Model: WISH 1.8 AUTO

Primary Colour: Grey

Manufacturing Year: 2008

Engine No.: 1ZZ3218079

Chassis No.: JTDER12W603001512

Maximum Power Output: 97.0 kW (130 bhp)

Open Market Value: \$18,803.00

Original Registration Date: 12 Feb 2009

First Registration Date: 12 Feb 2009

Transfer Count: 1

Actual ARF Paid: \$18,803.00

## Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 11 Feb 2019

PARF Rebate Amount: \$10,341.00

## Intended COE Rebate Details

COE Expiry Date: 11 Feb 2019

COE Category: B - Car (1601cc &amp; above)

COE Period(Years): 10

QP Paid: \$200.00

COE Rebate Amount: \$22.00

Total Rebate Amount: \$10,363.00

The information contained herein is correct as at 23 Dec 2017

OK