

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 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 | 27/01/2018 12:08 |
| Date Of Accident | 26/01/2018 15:30 |
| Exact Location Of Accident | OLD JURONG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------|
| Vehicle Registration Number | GBA7173J |
| Insured/Policyholder | |
| Name Of Registered Owner | STVE PTE LTD |
| Co Reg No | 198703585C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64942833 |

Vehicle Particulars

| | |
|--|---------------------------|
| Manufacturer | FIAT |
| Model | DOBLO-1.9 D CARGO JTD (M) |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | D-17087422MFCV |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | HUSNUL BIN ABDOL RAZAK |
| NRIC No | S9201770B |
| Date Of Birth | 20/01/1992 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 26/01/2017 |
| Driving Experience | 1 YEAR AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94899692 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 752 JURONG WEST ST 74 #02-26 |
| Postcode | 640752 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - LESSEE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - CROSS JUNCTION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|---------------------|
| Was any foreign vehicle involved in this accident? | YES |
| Foreign Vehicle Registration Number | JRA425 (MOTORCYCLE) |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | 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) | 1 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: 67673650 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180126/2189 :- ON 26/01/2018 AT ABOUT 1530HRS, I WAS TRAVELLING IN MY VAN (GBA7173J) ALONG OLD JURONG ROAD TOWARDS BUKIT BATOK AVE 6. I WAS AT THE T-JUNCTION AND THE TRAFFIC LIGHT WAS GREEN. AS I WAS DRIVING STRAIGHT SUDDENLY THERE WAS ANOTHER CAR (SLC9515) ON THE OPPOSITE SIDE THAT IT TURNING RIGHT. THE CAR THEN SUDDENLY TURN RIGHT ABRUPTLY AND HIT ONTO MY RIGHT SIDE OF MY VAN AND THE CAR ALSO SWIFT AND HIT AN ONCOMING MOTORCYCLE (JRA425) WHICH WAS ON THE SAME LANE AS ME. THE CAR SHOULD HAVE WAIT FOR THE GREEN ARROW TURNING RIGHT OR WAIT FOR MY RIGHT OF WAY TO CLEAR FIRST. DUE TO THE ACCIDENT, MY VAN SUFFERED DAMAGES (SCRATCH AND BEND) ON THE RIGHT SIDE BODY OF MY VAN WHILE THE CAR SUFFERED SERIOUS DAMAGES TO THE FRONT BUMPER. I AM NOT SURE OF THE MOTORCYCLE DAMAGES. THERE WAS AMBULANCE ACTIVATED TO THE SCENE AND THE MOTORCYCLIST WAS CONVEYED. TRAFFIC POLICE WERE ALSO AT SCENE AND I WAS GIVEN REPORT NO D/20180126/0087 TO LODGE A TRAFFIC ACCIDENT REPORT. I ALSO WISH TO STATE THAT I DO NOT SUFFERED ANY INJURIES AND MY VAN DO NOT HAVE ANY IN BUILT VIDEO RECORDER.

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 | SLC9515P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | VEH B |
| 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)

FRONT PORTION

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JRA425
Vehicle Make/Model/Colour
Details Of Properties VEH C
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle? JRA425
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

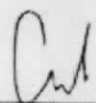
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 insurers) 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:

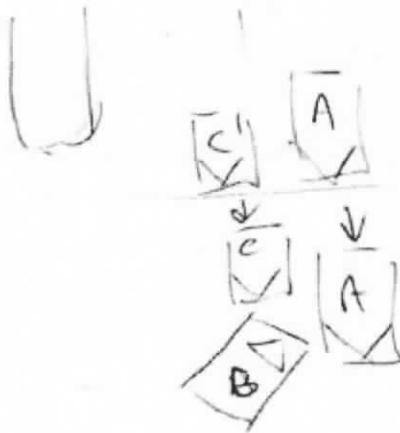
981 7173 J



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



(A) GBA 7173J
(B) SLC9515P
(C) JRA 425

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. T/20180126/2189

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)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C.
1 Segar Road #01-05 SINGAPORE 677738
Tel No. 1800-8929999



T/20180126/2189

1 of 3

Report No. T/20180126/2189

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made: 26/01/2018 20:18 | Video Report No. D/20180126/0087 | Station Diary No. 53 |
|--|-------------------------------------|-------------------------|

| Informant's Particulars | | | |
|---|-----------|---|-----------------------------|
| Name of Informant HUSNUL BIN ABDOL RAZAK | | Address APT BLK 752 JURONG WEST STREET 74 #02-26 SINGAPORE 640752 | |
| ID Type / ID No. NRIC NO / S9201770B | | Contact No. Home/Office: | Mobile 94899692 |
| Nationality SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age 26 | Date of Birth 20/01/1992 | Type of Informant Driver |
| Race Malay | | Language: | Institution / School Name |
| Occupation: Other car and light goods vehicle drivers lic | | Driving Licence Information Class 3 | Date of Expiry: |

General Information of the Accident

| Type of Accident | Injury Attended by Police | Drink Drive No | Date/Time of Accident: 26/01/2018 15:30 | Type of Location Function |
|---|--|-----------------------------|---|--|
| Location Along Road 1 OLD JURONG ROAD | | | | |
| ALONG OLD JURONG ROAD TOWARDS BUKIT BATOK AVE 6 | | | | |
| Weather Clear | Road Surface Dry | Road Speed Limit 20 Km/h | | |
| Traffic Flow Two Way | Traffic Control Traffic Light - Working | Traffic Volume Light | | |
| Type of Collision Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|----------------------|-----------------|
| GBA7173J | Van | | | | Slightly Damaged | 0 |
| JRA425 | Motorcycle | | | | Slightly Damaged | 0 |
| SLC9515P | Car | | | | Slightly Damaged | 0 |
| | | | | | Seriously Damaged | 2 |

Police Report



**SINGAPORE
POLICE FORCE**



T20180126/2189

2 of 2

Police Station Of Origin
Bukit Panjang N P C
1 Segar Road #01-05 SINGAPORE 677738
Tel No. 1800-8929999

Report No. T20180126/2189

CONTINUATION OF REPORT

| | | | |
|--|------------------------|---|-----------|
| Details of Person Involved | | | |
| Any Pedestrian Involved No | | | |
| No. of Pedestrians Injured NIL | | Use of Pedestrian Crossing NA | |
| Driver | | ID No | |
| Name | HUSNUL BIN ABDOL RAZAK | ID No | S9201770B |
| Related Vehicle | | Contact No. | |
| GBA7173J (Van) | | 94899692 | |
| Hospital/Clinic | | Class of Driving Licence & Expiry Date | |
| NIL | | Class 3 Date of Expiry NIL | |
| Date Treatment | | Date Discharge | |
| NIL | | NIL | |
| No. of Days granted Medical Leave | | Degree of Injury | |
| NIL | | NIL | |

Brief Details.

On 26/1/2018 at about 1530hrs, I was travelling in my van(GBA7173J) along old jurong road towards Bukit batok avenue 5. I was at the T junction and the traffic light was green. As I was driving straight suddenly there was another car(SLC9515P) on the opposite side that is turning right. The car then suddenly turn right abruptly and hit onto my right side of my van and the car also swift and hit an oncoming motorcycle(JRA425) which was on the same lane as me. The car should have wait for the green arrow turning right or wait for my right of way to clear first. Due to the accident, my van suffered damages(scratch and bend) on the right side body of my van while the car suffered serious damages to the front bumper. I am not sure of the motorcycle damages. There was ambulance activated to the scene and the motorcyclist was conveyed. Traffic Police were also at scene and I was given report no D220180126/0087 to lodge a traffic accident report. I also wish to state that I do not suffered any injuries and my van do not have any inbuilt video recorder

Police Report



SINGAPORE
POLICE FORCE



1/20/2018 10:22:10

2 of 2

Report No. 1/20/2018 10:22:10

Block 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Service Plan

Advantage of the plan is to provide better service

REMARKS: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you, please get a copy to the station stating the report number as reference.

Signature of Officer Handling the Report

Officer Name: [Signature]

Signature of Person
not available

Signature of Informant

[Signature]

Date/Time
20/01/2018 20:18

Classification of Case

Category of Case

[Signature]
20/01/2018 20:18

Signature of Person
not available

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|--------------------------------|---------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Company |
| Owner ID: | 3585C |
| Vehicle Details | |
| Vehicle No.: | GBA7173J |
| Vehicle to be Exported: | No |
| Intended De-registration Date: | 30 Jan 2018 |
| Vehicle Make: | FIAT |
| Vehicle Model: | DOBLO CARGO 1.9MJTD |
| Primary Colour: | Grey |
| Manufacturing Year: | 2007 |
| Engine No.: | 223B10005570921 |
| Chassis No.: | ZFA22300005534292 |
| Maximum Power Output: | - |
| Open Market Value: | \$20,267.00 |
| Original Registration Date: | 24 Oct 2007 |
| First Registration Date: | 24 Oct 2007 |
| Transfer Count: | 2 |
| Actual ARF Paid: | \$0.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |

| | |
|--|-------------------------|
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 30 Sep 2022 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 5 |
| PQP Paid: | \$20,268.00 |
| COE Rebate Amount: | \$18,916.00 |
| Total Rebate Amount: | \$18,916.00 |
| Message | |
| Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. | |

The information contained herein is correct as at 30 Jan 2018

OK

Enquire PARF/COE Rebate for Registered Vehicle

| | | |
|--|-------------------------|--|
| Vehicle Owner Particulars | | |
| Owner ID Type: | Company | |
| Owner ID: | 3585C | |
| Vehicle Details | | |
| Vehicle No.: | GBA7173J | |
| Vehicle to be Exported: | No | |
| Intended De-registration Date: | 31 Jan 2018 | |
| Vehicle Make: | FIAT | |
| Vehicle Model: | DOBLO CARGO 1.9MJTD | |
| Primary Colour: | Grey | |
| Manufacturing Year: | 2007 | |
| Engine No.: | 223B10005570921 | |
| Chassis No.: | ZFA22300005534292 | |
| Maximum Power Output: | - | |
| Open Market Value: | \$20,267.00 | |
| Original Registration Date: | 24 Oct 2007 | |
| First Registration Date: | 24 Oct 2007 | |
| Transfer Count: | 2 | |
| Actual ARF Paid: | \$0.00 | |
| Intended PARF Rebate Details | | |
| PARF Eligibility: | No | |
| PARF Eligibility Expiry Date: | - | |
| PARF Rebate Amount: | \$0.00 | |
| Intended COE Rebate Details | | |
| COE Expiry Date: | 30 Sep 2022 | |
| COE Category: | C - Goods Vehicle & Bus | |
| COE Period(Years): | 5 | |
| PQP Paid: | \$20,268.00 | |
| COE Rebate Amount: | \$18,916.00 | |
| Total Rebate Amount: | \$18,916.00 | |
| Message | | |
| Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. | | |

The information contained herein is correct as at 31 Jan 2018

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-016129

Date of Request: 30/01/2018

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP
1 Kaki Bukit Ave 6 #01-01
Auto Bay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 30/01/2018
Enquiry By Susan Low Siew Yian
TP Vehicle No. SLC9515P
Accident Date 26/01/2018

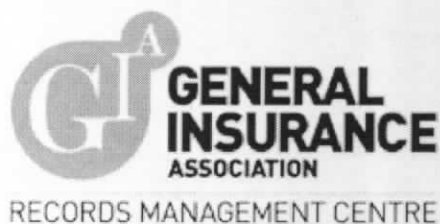
Enquiry Result

| TP Vehicle No. | Insurer | Period of Insurance | Insurer Tel. No. |
|----------------|--------------------------|-----------------------|------------------|
| SLC9515P | EQ Insurance Company Ltd | 30/05/2017-29/05/2018 | 6223 9433 |

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-016129

Date of Request: 30/01/2018

Your Ref No: Online Purchase

LIU'S BROTHER AUTO WORKSHOP
1 Kaki Bukit Ave 6 #01-01
Auto Bay@Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 30/01/2018
Enquiry By Susan Low Siew Yian
TP Vehicle No. SLC9515P
Accident Date 26/01/2018

| DESCRIPTION | AMOUNT (S\$) |
|----------------------------------|--------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

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For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque