

# NATIONAL Assessment Centre Services

(Unit 1 Jan 2008)

MINA 418020853

Date In: 19/02/2018 10:02	Job Description	Date & Time Completed	Done by:
Ref No: NBS/C71/800274714	SAS e-Milling		
Veh No: SCA 1068 H	E-mail (within 2hrs, A/C 3hrs)		
D.O.A: 09/02/2018 20:35	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (within 24hrs, TP 3hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars: Yeh No: STF 43925	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: Customer's Information strictly Confidential & Strictly NO refer of repairer.

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

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

Remarks: INC/Online 6788 60167

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: \_\_\_\_\_

Date/Time	Action

X181800947 Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments: L1: L2:	Invoice Preparation Checklist		IB	Adm/Bill
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$40)		
	3) TP: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$150		
	5) FT: Follow-Through Survey (Resurvey)	\$10		
	Excluding agent INC Only (w/ef 10 Jan 2008)			
	6) TR: Re-inspection	\$35		
	7) NI: Inc DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
Q11: *NI: Courtesy Car / Tpl Allowance *NI: Repairs Coordination *NI: Post Repair Inspection *NI: DY / Collect Excess Coordination *TP (NI) / TP (Non-INC) against INC *NI: 1st Mile				
Invoice dated Invoice Paid		Per 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 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	12/02/2018 10:02
Date Of Accident	09/02/2018 20:35
Exact Location Of Accident	JUNCTION OF UPPER CHANGI ROAD/BEDOK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCA1068H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG KIM CHOONG
NRIC No	S1498303A
Email Address	DECEMBERFATE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96278263
Alternative Phone No	OTHERS-87999223

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RX 350 MOONROOF-3.5 (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	DMPCSN3034401700
Cover Note Number	

### Driver

Name of Driver	SHAWN WONG ZHI JIE
NRIC No	S9637213B
Date Of Birth	10/11/1996
Occupation	INDOOR
Date Of Driving Pass	05/09/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96278263
Fax Number	
Contact Number	OTHERS-87999223
EMail Address	DECEMBERFATE@HOTMAIL.COM

Address	BLK 895A TAMPINES STREET 81 #04-918
Postcode	521895
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180209/2211(COLLISION TYPE IS HEAD TO SIDE)

#### 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	SJF4392S
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDWARD CHNG
NRIC/Passport Number	
Contact Number	83336223
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	


## 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:

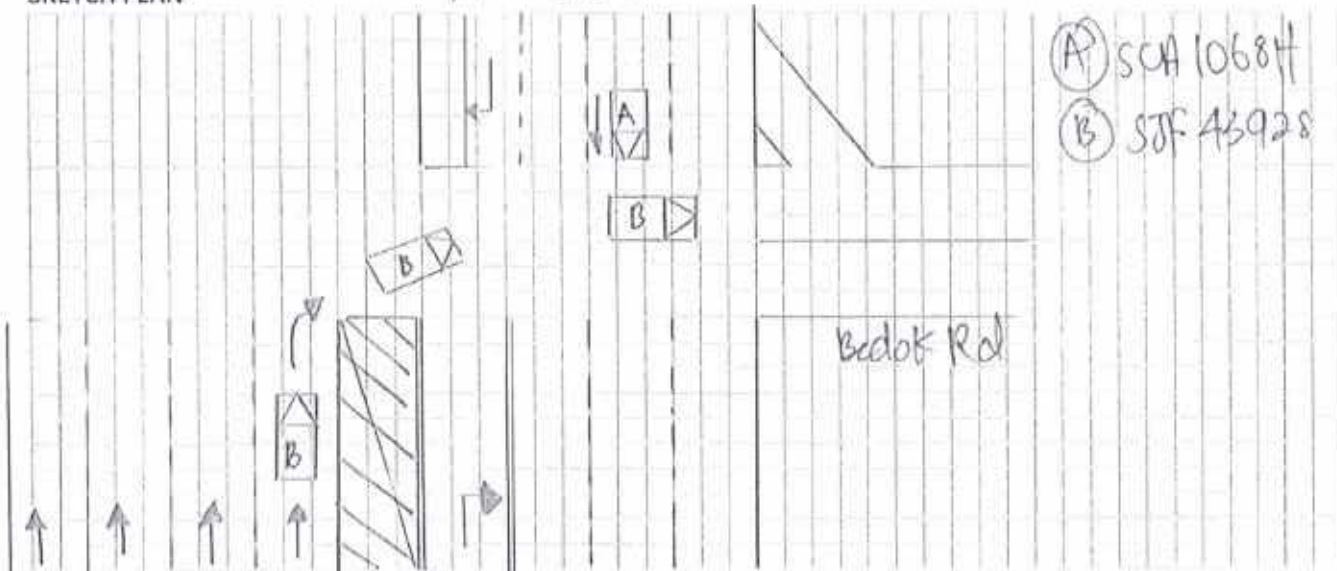
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

Upper Changi Rd



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report NO: T/20180209/2211

## DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]* 9/2/2018  
 Reporting Centre Personnel's Signature  
 Name: Kardi Wongs  
 NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 09-10-2018	TIME: 20:45hrs	(hh:mm) 24 hrs Format
LOCATION: X-Junct of Upp Changi Rd & Bedok Rd		
VEHICLE NUMBER: SCA 1068H		
INSURED NAME: Wong Kum Chuan		
NRIC / FIN: S1498203A	CONTACT: 9627 8263	
MAKE: Toyota	MODEL: Mark X	
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: China		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: DMPCSN305440100		
NAME DRIVER: Shawn Wong Shi Jie		( ) SAME AS INSURED
NRIC / FIN: S9637213B	CONTACT: 8199 9223	
DATE OF BIRTH: 10.10.1996		
DRIVING PASS DATE: 05.09.2016		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR		
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE		
EMAIL ADDRESS: december.fate@hotmail.com		( ) NO EMAIL
ADDRESS OF DRIVER: 945A Tampines St B1 #04-918 S(521895)		
Number Of Passenger Include Driver: Driver Only		
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 ( <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 : ( 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	SJP 46428 (A16)	
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		





**SINGAPORE  
POLICE FORCE**



T/20180209/2211

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180209/2211

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/02/2018 23:15	Vide Report No.:	Station Diary No.: 147
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**Informant's Particulars**

*Name of Informant: SHAWN WONG ZHI JIE			Address: APT BLK 895A TAMPINES STREET 81 #04-918 SINGAPORE 521895		
ID Type / ID No.: NRIC NO / S9637213B			Contact No.: Home/Office: Mobile: 87999223		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 10/10/1996	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: National Service Full Time			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 09/02/2018 20:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UPPER CHANGI ROAD BEDOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCA1068H	Car	TOYOTA	RX350	Black		0
SJF4392S	Car	HONDA	Stream	Silver		1

**\*Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180209/2211

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20180209/2211

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SHAWN WONG ZHI JIE		ID No. S9637213B
Related Vehicle	SCA1068H (Car)		Contact No. 87999223
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
<b>Driver</b>			
Name	EDWARD CHNG		ID No. NIL
Related Vehicle	SJF4392S (Car)		Contact No. 83336223
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/02/2018 at about 2036hrs, I was driving my father's vehicle SCA1068H along Upper Changi Road. The direction is from Tanah Merah MRT station toward the direction of Bedok Road. There are 4 lanes and I was driving on the second lane from the left. My intention was to proceed straight past Bedok Road. While I was at the junction of Upper Changi Road and Bedok Road, the traffic light was green to my favor. When I was driving past the junction, a vehicle SJF4392S suddenly appeared in front of me from the right. I was unable to stop the vehicle in time. The other vehicle mounted a pavement nearby and collided against a post for a zebra crossing.

I spoke to the driver and eventually police came to scene. Police have spoke to the both of us and to my knowledge, the driver was making a right turn from a non-right turn lane from Upper Changi Road towards Bedok Road from the opposite direction of me. To my understanding the road from the opposite direction has some construction going on, thus traffic was diverted in a way of which the lane which the other was driving on is a non-right turn lane.

No one was injured from the accident. We were advised by the traffic police to lodge a police report about the accident.





SINGAPORE  
POLICE FORCE



T/20180209/2211

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20180209/2211

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:

G /

Staff Sgt LOO JIA JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/02/2018 23:15

Officer In Charge Of Case:

TRAFFIC /  
Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NR168

SIGNATURE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S9637213B**

Name: **SHAWN WONG ZHI JIE**

Birth Date: **10 Oct 1996**  
Issue Date: **05 Nov 2016**


002626412A




**SINGAPORE ARMED FORCES IDENTITY CARD**

Figure: **SHAWN WONG ZHI JIE**

IRIC No: **S9637213B**



THIS CARD IS THE PROPERTY OF THE SINGAPORE ARMED FORCES. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Force Station.

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

Class 3: Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **05 Sep 2016**

NP 428A



Service/Post/Force/Institute

00000050271954

IRIC No/Colour: **S9637213B/ PINK**  
Race: **CHINESE**  
Date Of Birth: **10/10/1996**  
Service Status: **NSF**  
Address:

Blood Group: **A (+)**  
Country Of Birth: **SINGAPORE**  
Military Rank Status: **ENLISTEE**

Sex: **M**

61X 695A TAMPINES STREET 61  
#04-018 SINGAPORE 621895





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1498303A



WONG KUA CHIONG

Race  
CHINESE  
Date of Birth  
29-04-1961  
Place of Birth  
SINGAPORE

1532109



S1498303A



21-12-1961

Signature: *[Signature]*  
Date: 21-12-1961

Officer: *[Signature]*  
Date: 20-12-1961

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCCN3034401700

Engine No : ZORJ072062

Chassis No: JTJBK11A602407290

1. Index Mark and Registration  
Number of Vehicle

SLN1923U

2. Name of Policy Holder

MR HONG KUN CHOONG

3. Effective date of the Commencement of insurance for  
the purposes of the Regulations, Ordinance or Enactment

19 APRIL 2017

(11:59 HOURS)

18 APRIL 2018

NAMED DRIVERS EX SECT. I.....S\$600.00

IN ADDITION TO NAMED DRIVERS EX:

EX SECT. I - AGE <= 25.....S\$3,000.00

EX SECT. I - AGE >= 26.....S\$500.00

\* AGE AS AT DATE OF ACCIDENT

EX ON WINDSCREEN.....S\$100.00

4. Date of Expiry of Insurance

5. Persons or Classes of Persons entitled to drive \*

(A) THE POLICYHOLDER,

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR  
REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A  
COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: \*

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND FOR THE POLICYHOLDER'S BUSINESS.  
THE POLICY DOES NOT COVER USE FOR HIRE OR REWARD TUITION DRIVING TEST RACING PACE-MAKING, RELIABILITY  
TRIAL, SPEED-TESTING, THE CARRIAGE OF GOODS OTHER THAN SAMPLES IN CONNECTION WITH ANY TRADE OR BUSINESS  
OR USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS / THEFT)  
WILL BE DOUBLED.

ONE TIME WAIVER OF EXCESS FOR THE FIRST S\$1,000 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT  
OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.

HIRE PURCHASE CO. : HONG LEONG FINANCE LTD AS HP OWNER

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles  
(Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse  
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer



Authorised Signatory



## Enquire PARF/COE Rebate for Registered Vehicle

## Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 8303A

## Vehicle Details

Vehicle No.: SCA1068H

Vehicle to be Exported: No

Intended De-registration  
Date: 28 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: RX 350 MOONROOF

Primary Colour: Black

Manufacturing Year: 2009

Engine No.: 2GRJ072062

Chassis No.: JTJBK11A602407290

Maximum Power Output: 204.0 kW (273 bhp)

Open Market Value: \$54,807.00

Original Registration Date: 27 Apr 2009

First Registration Date: 27 Apr 2009

Transfer Count: 1

Actual ARF Paid: \$54,807.00

## Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry  
Date: 26 Apr 2019

PARF Rebate Amount: \$30,143.00

## Intended COE Rebate Details

COE Expiry Date: 26 Apr 2019

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

COE Period(Years): 10

QP Paid: \$5,101.00

COE Rebate Amount: \$589.00

Total Rebate Amount: \$30,732.00

The information contained herein is correct as at 10 Feb 2018

OK