N. I FION 12 F	ssessment Centre	Services are and			
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1111 12/04/	les iois	i-Motor Claim Form			
OD OF Pepons	net ( ml)	i-Motor W/O (Within OD 2hrs, TP 4h i-Photo Uploaded	118.]		
TP finance		Assessment/Survey Report  Ass't Report by Fax / Hand to Own	er/Wksp	4 4	
Preferred Wksp / INC	Assign Wksp / QW: (	<i>∽</i> ⊀ Tel	Fax:	Marie William and the	)
TP Particulars:	Veh No:		Non-INC ( )		
Owner/Driver (	Thumster	Те	1:	)	
Policy No. (	) Peri	od ( ) Cov	er Type: (	)	
Confirmed b	y: (	Date:	Time:	)	
Insured/Driver Liab	oility ( %) [N	ote-Est Status (WO): N: 0-20%;	P: 21-79%. F: 80-1009	Vo]	
Year of Registration	) W	'arranty: YES ( ) / NO ( )			
Excess: (S	) Loading: \$1,00	0()/\$2,000()			
General Remarks:-					
Remarks:- (INC 1) Apply for Transpor 2) QC Check / Post R		Date ourtesy Car ( )	&Time Completed	Done	by
3) Upload Resurvey P	hoto [Repair Cost > \$30	00] ( )			
Injury:					
Date/Fime Actions	The rest of the second distriction		and the state of the		
	*(	A 26 - X2 23 - 45 - 45 - 45 - 45 - 45 - 45 - 45 - 4		Amt (\$)	Amt (3)
	N91802322	Invoice Preparati		1st Bill	Add Bill
Claimant's Particulars	s :-	1) AR : Accident Reporti 2) DA : Damage Assessn	ent (\$100); INC (\$80)		
river/Owser:		3) TF : Towing Fee 4) FT : Follow-Through S	\$40/\$45 Survey \$120		
ontact No:		5) FT : Follow-Through 8	Survey (Resurvey) \$30		
amaged Portion:		For claiming against D  6) TR : Re-inspection  7) N1 : Idae DA + SMRT	C Only (wef 10 Jan 2005) \$75 Survey \$160		
C Checked by (Engr	-In-Charge):	8) NTUC Additional Services OD: *NS: Courtesy Car / Tp *N6; Repair Co-ordinal	d Allowance \$5		
uditors' Comments	a aa	*N7: Post Repair Inspe *N8: DV / Collect Exc	ction \$25		GIPHIE
it. L.		TP (N11) - TP (N -n IN 9) N12: Idae Mobile	and the comprehensive former and the comprehe		ALL HERE
1.2/3		Invoice dated	Fee Charged Fee Charged		mint all

#### 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

The state of the s	ACCIDENT STATEMENT
Date Of Report	13/04/2018 14:41
Date Of Accident	12/04/2018 10:15
Exact Location Of Accident	PUNGGOL EAST TWDS KPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ8587A
Insured/Policyholder	
Name Of Registered Owner	SOO KIN FOONG
NRIC No	S7703029H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94596111
Alternative Phone No	OTHERS-94596111
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
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
f No. Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

## Policy Number Cover Note Number

EMail Address

Driver Name of Driver SOO KIN FOONG NRIC No S7703029H Date Of Birth 17/01/1977 Occupation OUTDOOR Date Of Driving Pass 26/03/1998 **Driving Experience** 20 YEARS AND 0 MONTHS Gender MALE Mobile Number (LOCAL) +65-94596111 Fax Number

DMPCSN3022611700

Contact Number

OTHERS-94596111

NOEMAIL

Address BLK 603B PUNGGOL ROAD

#08-722

Postcode 822603

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER

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

Was any body injured in the Accident? YES
Was any injured conveyed to hospital by

ambulance?

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 PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180412/2137

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBG2833P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver NUR AZMIL SHAH PUTRA BIN NORAZMAL

NRIC/Passport Number S8421710G Contact Number 91628797

Address Postcode

Insurance Company Name

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJX1077C

98627945

NO

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver POH KIM PENG

NRIC/Passport Number S7040582B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name SOO KIN FOONG

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? SJJ8587A Were seat belts worn? YES Was this injured conveyed to hospital by

ambulance?

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
  - 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:

Daniel Company Company Company

Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Date & Time:





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 1 of 4 Report No. T/20180412/2137

DEDODT	DE A	TOAFEIC	ACCIDENT
REPURI	UFF	IRAFFIG	ACCIDENT

Date/Time Report Made: 12/04/2018 17:50		ade:	Vide Report No.:	Station Diary No. 49	
Informa	nt's Particu	lars	THE RESIDENCE OF THE PROPERTY.	And the second of the second	
Name of	Informant FOONG		Address: APT BLK 603B PUNGGOL RO 822603	AD #08-722 SINGAPORE	
ID Type / ID No.: NRIC NO / S7703029H		29H	Contact No.: Home/Office: Mobile: 94596111		
National			Email:		
Sex: Male	Age:	Date of Birth: 17/01/1977	Type of Informant: Driver	Institution / School Name:	
Race: Chinese Occupation: SITE MANAGER			English		
			Driving Licence Information: Class: 3	n: Date of Expiry:	

Drink Drive: No	Date/Time of Accident: 12/04/2018 10:15	Type of Location Straight Road	
oad 2			
Road Surface:	ear to lamp post 10)	Road Speed Limit:	
		Traffic Volume: Moderate Anyone conveyed by	
Not Controlled			
	Road Surface: Dry Traffic Control:	Road Surface: Dry Traffic Control:	

hicle invo	ved	Model	Color	Condition	No of Passer
Туре	Marc			The second secon	0
Van	TOYOTA	Hiace	AALIITO	THE RESERVE OF THE PARTY OF THE	WHITE WAS THE
	THE SOURCE STATE OF THE STATE O	EIT 1 3G	Red		
Car			MARKET LAND OF THE RESIDENCE	Damaged	Which the se
			Black	Seriously	0
Car	CONTRACTOR OF STREET	Golf	西海洋	Damaged	
	Van Car	Type Make Van TOYOTA  Car HONDA  Car VOLKSWAGO	Van TOYOTA Hiace  Car HONDA FIT 1.3G SKYROOF A	Van TOYOTA Hiace White  Car HONDA FIT 1.3G Red SKYROOF A Black	Type Make Model Van TOYOTA Hiace White Slightly Damaged Car HONDA FIT 1.3G SKYROOF A Seriously Damaged Car VOLKSWAGO Golf Black Seriously Damaged





Report No. T/20180412/2137

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

# CONTINUATION OF REPORT

Details of V	chicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	DMPCSN30226117		25/09/2018
	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSN30226117	20/00/20	

<b>Details of Perso</b>		A STATE OF THE STA		
Any Pedestrian Ir		I Hea of	Pedestrian Cros	sing: NA
No. of Pedestrian	s Injured: NIL	OSE O	COCONTROL AND	THE RESERVE OF THE PARTY OF THE
Driver Name	NUR AZMIL SHAH PUTRA BIN		ID No.	S8421710G
Related Vehicle	NORAZMAL GBG2833P (Van)		Contact No	91628797
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date	Discharge NIL	<b>《大学》</b>
Date Treatment	ed Medical Leave NIL	Degre	e of Injury NIL	
	ed Medical Ecovo	T-6-19-36-20-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-	WE SEE HE WEST OF THE SEE	<b>为2</b> 直接的联系的通过
Driver Name	SOO KIN FOONG		ID No.	S7703029H
Related Vehicle	SJJ8587A (Car)		Contact No	94596111
Hospital/Clinic	POINT MEDICAL GROUP (JURONG POINT)		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Vallet Interest Control	10/04/0040	Date	Discharge 12/0	
Date Treatment			e of Injury Slig	ht
	ted Medical Leave 03	SEASON DESIGNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN CO	State of the state	
Driver Name	POH KIM PENG		ID No.	S7040582B
Related Vehicle	SJX1077C (Car)		Contact No	98627945
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Dat	Class: NIL Date of Expiry: NIL
		Date	Discharge NIL	
Date Treatment				



T/20180412/2137

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 4 Report No. T/20180412/2137

#### CONTINUATION OF REPORT

#### Brief Details.

On 12/04/2018 at about 1015hrs, I was driving my car one red colour Honda fit bearing plate number SJJ8587A along the left lane of Punggol East queuing to go towards the slip road to KPE. The traffic was slow moving and at times stationary. When I was in the stationary position about to move off, I suddenly felt a collision impact from the back

I then realized that a white Toyota Hiace van bearing plate number GBG2833P had collided to the rear of my car. I went out of my car to make a check and discovered that it was a chain collision. There was a third car one black colour Volkswagen bearing plate number SJX1077C which had collided to the rear of the van. I then made a check on the drivers of the 2 vehicles and there was no report injuries at scene, as such no ambulance or police was called.

All 3 parties then exchanged particulars and subsequently left the scene. After leaving the scene, I felt some soreness in my body as such went to see a doctor. I was given 3 days MC. I wish to state that the damages to my vehicle was that my rear bumper and rear door was dented with scratches, rear windscreen was shattered from the impact, and rear lights were also broken.

I have a in-vehicle camera installed at the front of my car.





Police Station Of Origin: Punggol N P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 4 of 4 Report No. T/20180412/2137

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 Recordi F / Staff Sgt ANG PEI YING, AG	1	Signature Of Informant:	
Signature Of Interpreter: Not applicable	V	Date/Time: 12/04/2018 17:50	
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHAN Contact No.: 65476414	IE	Classification Of Case:	
Authentication Stamp	Signa Signa		10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Singapore Po	ice Force	

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: /1/4/50/8 TIME: / O/Nam (hh:mm) 24 hrs Format
LOCATION PULLGGOL EAST TOWARD PPE
VEHICLE NUMBER 577 1870
INSURED NAME SOO KIN FOUNG (SI, JiAN FORT)
NRIC/FIN 5 7703029 H CONTACT: 9459 6111
NRIC/FIN 5 770 3029 H CONTACT: 9459 6111  MAKE +10NDa MODEL F17 1.3 G  Are you claiming under your own insurance policy for repair to your vehicle?
Are you claiming under your own insurance policy for repair to your vehicle?
( ) Yes, If No. Pls Select : ( / ) Third Party ( ) Reporting Only
INSURANCE COMPANY CHIMA TAIPING
TYPE OF POLICY ( -> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT
POLICY NUMBER: DMPCSN 3022611700
NAME DRIVER: Soo Kin Foong (Su Jian Feng) (-) SAME AS INSURED
NRIC/FIN C7]03039+ CONTACT:
DATE OF BIRTH: 17 (61) 1977
DRIVING PASS DATE: 26   03   1998
OCCUPATION: ( ) INDOOR ( ) OUTDOOR
GENDER: ( ) MALE ( ) FEMALE
EMAIL ADDRESS: ()NO EMAIL
ADDRESS OF DRIVER: APT BLK 603 B PUNGGOL ROAD #08-722
SINGAPORE 812603
Number Of Passenger Include Driver: # 01 DRIVER ONLY.
Was driver an employee of the Insured's Company? ( ) YES ( ) NO
If No, Relationship Of The Driver With The Insured
( Owner ( ) Spouse ( ) Friend ( ) Relative ( ) 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: ( ) Clear ( ) Raining ( ) Drizzling ( ) Others
Road Surface : ( ) Dry ( ) Wet ( ) Others
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO
Was Anybody Injured In The Accident? ( 🗸 ) YES ( ) NO
If YES, Injured details: Soo Kin Foons 57)030094
Convey By Ambulance: ( ) YES ( ) NO
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO
Was There Accident Reported To The Police? ( / ) YES ( ') NO If Yes Attach Police Report
Police Report Number (if any) T 20180412 2137
Details Of 3rd Party Name / NRIC Contact
Veh B G16G1 28222P
Veli C 85x 1677 C
Veh D
Veh E
Veh F
Veh G

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7703029H



SOO KIN FOONG (SU JIANFENG)

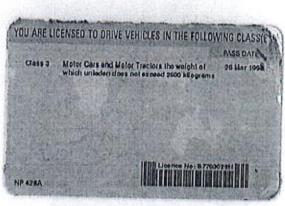
苏健丰

CHINESE 17-01-1977

SINGAPORE







INA TAIPING

#### 中国太平保险(新加坡)有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Cov.Type: C AUTOSAFE

# 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)

SERTIFICATE No.	DMPCSN3022611700	Engine No: L13A4118033 Chassis No: GE61106405
. Index Mark and Registration Number of Vehicle	SJJ8587A	
. Name of Policy Holder	SOO KIN FOONG	
Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	26 MARCH 2018	NAMED DRIVERS EX SECT, I
1. Date of Expiry of Insurance	25 SEPTEMBER 2018	EX SECT. I - AGE >= 26S\$500.00
5. Persons or Classes of Persons entitled to drive *		EX ON WINDSCREENs\$100.00

- (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 \$3500 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.: MAYBANK 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

	_	_	
Vehic	e Owner	Particu	ars

Owner ID Type: Singapore NRIC

Owner ID: 3029H

Vehicle Details

Vehicle No.: SJJ8587A

Vehicle to be Exported: Yes

Intended De-registration Date: 12 Apr 2018
Vehicle Make: HONDA

Vehicle Model: FIT 1.3G SKYROOF A

Primary Colour: Red
Manufacturing Year: 2008

 Engine No.:
 L13A4118033

 ChassIs No.:
 GE61106405

 Maximum Power Output:
 73.0 kW (97 bhp)

 Open Market Value:
 \$13,493.00

 Original Registration Date:
 26 Sep 2008

Original Registration Date: 26 Sep 2008
First Registration Date: 26 Sep 2008

Transfer Count: 3

Actual ARF Paid: \$13,493.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 25 Sep 2018 PARF Rebate Amount: \$6,746.00

Intended COE Rebate Details

COE Expiry Date: 25 Sep 2018

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

 QP Paid:
 \$13,289.00

 COE Rebate Amount:
 \$601.00

 Total Rebate Amount:
 \$7,347.00

The information contained herein is correct as at 12 Apr 2018

OK