

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

Unit 418149564

Date In: 19/11/2008 15:18	Job description	Date & Time Completed	Done by
Ref No: N/A/DA/180208904	SAS e-filing		
Veh No: SKH 8540K	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 17/11/2008 20:05	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKH 714	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:	Date & Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

Client Particulars:	Invoice Particulars:
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/145
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2009)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	Q1:
	*N3: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated _____ Fee Charged _____
	Invoice dated _____ Fee 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 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. 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	19/11/2018 15:18
Date Of Accident	17/11/2018 20:05
Exact Location Of Accident	CLEMENTI FLYOVER TOWARDS CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ8540K
Insured/Policyholder	
Name Of Registered Owner	CHAN CHIN HENG
NRIC No	S7148456D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81186639
Alternative Phone No	OTHERS-81186639

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD-2.0 (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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00456555
Cover Note Number	

Driver

Name of Driver	CHAN CHIN HENG
NRIC No	S7148456D
Date Of Birth	07/03/1971
Occupation	INDOOR
Date Of Driving Pass	06/02/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81186639
Fax Number	
Contact Number	OTHERS-81186639
Email Address	NOEMAIL

Address	BLK 620 JURONG WEST STREET 65 #08-450
Postcode	640620
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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)	5
Passenger 1	NAME: : YANG FEI GENDER: : FEMALE
Passenger 2	NAME: : CHAN WEN JIE DAMIEN GENDER: : MALE
Passenger 3	NAME: : CHAN WEN HAO RYAN GENDER: : MALE
Passenger 4	NAME: : CHAN KAI XIN CHARLOTTE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH71Y
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 INJURED PERSON 1

Name	CHAN KAI XIN CHARLOTTE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKQ8540K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

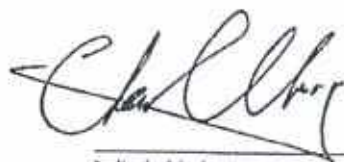
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have Insured vehicle(s) involved in this accident (all Insurer(s) who have Insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all Insurer(s) who have Insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

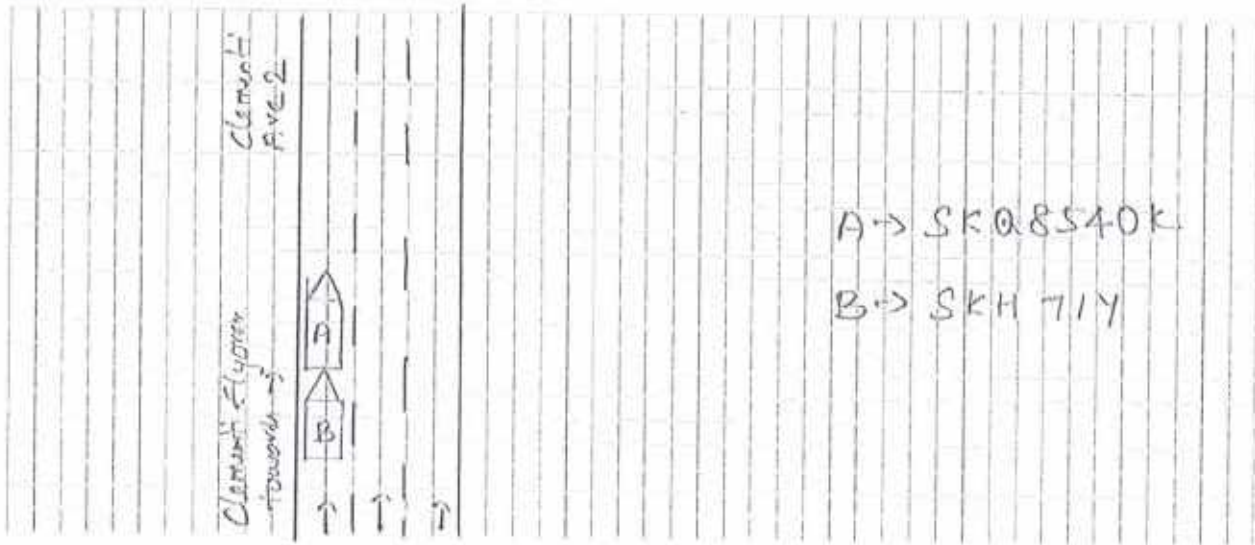


Driver's Signature
(If driver is not the policyholder)
Date & Time:



19/11/2018
Reporting Centre Personnel's Signature
Name: *Rosli Wathas*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/1/2018 at 08:03pm. I was traveling my vehicle A (SKQ8540K) Clementi Flyover towards Clementi Ave 2. Suddenly I felt an impact on my rear portion. I alighted and found vehicle B (SKH 714) hit on my rear portion. Caused serious damaged. There's an injury.

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] 19/1/2018
Reporting Centre Personnel's Signature
Name: Rosli Hassan
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 17/11/2018		TIME: 20:05 hrs.	(hh:mm) 24 hrs Format
LOCATION Clementi Flyover towards Clementi Ave 2.			
VEHICLE NUMBER SKQ 8540K.			
INSURED NAME CHAN CHIN HENG.			
NRIC/FIN S714-8456D		CONTACT: 8118 6639	
MAKE HONDA		MODEL Accord 2.0	
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select: (✓) Third Party () Reporting Only			
INSURANCE COMPANY Direct Asia			
TYPE OF POLICY (✓) COMPREHENSIVE () THIRD PARTY () TPFT			
POLICY NUMBER: MT/00456535			
NAME DRIVER:		(✓) SAME AS INSURED	
NRIC/FIN		CONTACT:	
DATE OF BIRTH: 07/03/1971			
DRIVING PASS DATE: 06/02/2006			
OCCUPATION: (✓) INDOOR () OUTDOOR			
GENDER: (✓) MALE () FEMALE			
EMAIL ADDRESS:		(✓) NO EMAIL	
ADDRESS OF DRIVER: APT BLK 620 Jurong West Street 65 # 08-450 Singapore. 640620.			
Number Of Passenger Include Driver: (01 Driver + 4 Passenger) (CHAN KAI KIN, YANG FFI, CHAN WEN JIE, DING JIN, CHAN WEN HEE YAN)			
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: (CHAN KAI KIN, CHARLOTTE).			
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)			
Details Of 3rd Party		Name / NRIC	Contact
Veh B SKH 71Y			
Veh C			
Veh D			
Veh E			
Veh F			
Veh G			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7148456D**

Name: **CHAN CHIN HENG**

Birth Date: **07 Mar 1971**

Issue Date: **06 Feb 2006**

0013979981



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7148456D**

CHAN CHIN HENG

曾晉新

CHINESE

Date of Birth: **07-03-1971**

Gender: **M**

Country of Birth: **SINGAPORE**




DRIVER

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

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg

PASS DATE: **06 Feb 2006**

Licence No: **S7148456D**

NIP 428A

2727321

S7148456D

31-10-1995

07-09-2011

0850456

APT BLK 620 JURONG WEST STREET 65 #08-450
SINGAPORE 610620

NRIC No: **S7148456D**

Date: **07/09/2011**

No: **0850456**






**SINGAPORE
POLICE FORCE**

POLICE REPORT (NP322)

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No. 1800-7928999



Report No. J/2018/1172140

Date/Time Report Made 17/11/2018 21:25	Vide Report No.	Station Diary No. 138
Name Of Informant CHAN WEN HAO RYAN	Address APT BLK 803D EDGEDALE PLAINS #10-039 SINGAPORE 672003	
ID Type / ID No. NRIC NO / S9932104F	Contact No. Home/Office	Mobile 87387400
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Student	Sex Male	Age 19
Institution/School Name	Date of Birth 24/09/1999	Race Chinese
Date/Time Of Incident 17/11/2018 17:00	Language	
	Location Of Incident BUKIT BATOK WEST AVENUE 5 SINGAPORE Along path of Bukit Gombak MRT to Bukit Batok Driving Centre	

Brief details.

In the above mentioned date and time, I lost my wallet at Bukit Gombak MRT and proceeded to walk along Bukit Batok West Ave 5 to Bukit Batok Driving Centre. After roughly 2 hour later, I discovered the wallet missing. I made a check at the vicinity but to no avail. I am lodging this report for replacement purposes.

Signature Of Officer Recording The Report J / CHONG JUN YI <i>dfv</i>	Signature Of Informant <i>RP</i>
Signature Of Interpreter. Not applicable	Date/Time 17/11/2018 21:25
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Insp CRYSTAL GOH SHIYUN Contact No.: 67910000	Classification Of Case:
Authentication Stamp 	Phone No. 68420045

Passenger lost wallet



SINGAPORE
POLICE FORCE

POLICE REPORT (NP322)

CONTINUATION OF REPORT



J/20181117/2140

2 of 3

Report No. J/20181117/2140

Property Information S/N Item		Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	General property	Lost	Braun Buffel			1		01 Blue Braun Buffel leather Wallet with Gold Zip
2	Identity Card	Lost	SINGAP ORE NRIC			1		01 PINK NRIC bearing IC:S9932194F
3	Cash	Lost				1	Singapor e Dollars 40.00	SGD \$40 in denomination of 4 \$10 notes
4	Permit / Pass	Lost	Nanyang Poly Student Pass			1		01 Nanyang Polytechnic Student Pass of Admin No:162865W

Signature Of Officer Recording The Report:

J / CHONG JUN YI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

J / Jurong Police Divisional Investigation Branch /
Insp CRYSTAL GOH SHIYUN
Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

Date/Time:
17/11/2018 21:25

Classification Of Case:

FUPO hotline number: 68429645



SN 127

Signature:

Singapore Police Force



SINGAPORE
POLICE FORCE

POLICE REPORT (NP322)



J/20181117/2140

3 of 3

Report No. J/20181117/2140

CONTINUATION OF REPORT

5	TCC Group staff card	Lost				1		01 TCC Group staff card with photo and name of: CHAN WEN HAO RYAN
---	----------------------	------	--	--	--	---	--	---

Signature Of Officer Recording The Report:

J / CHONG JUN YI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp CRYSTAL GOH SHIYUN
Contact No. : 67910000

Signature Of Informant:

Date/Time:
17/11/2018 21:25

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645

SN 127

Singapore Police Force



Passenger

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0205880J



Name

CHAN WEN JIE DAMIEN

曾汶傑

Race

CHINESE

Date of Birth

08-02-2002

Country/Place of Birth

SINGAPORE

Sex

M

T0205880J



5778714



NRIC No. T0205880J



Date of Issue

28-07-2017

APT BLK 683B EGGEDALE PLAINS #10-888
SINGAPORE 822693

NRIC No. T0205880J

Date 28/04/2018

PORTRAIT



REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF BIRTH

T1815697G
BIRTH REGISTRATION No.

CHILD'S PARTICULARS	Date Registered at: MOUNT ALVERNA HOSPITAL, SINGAPORE		
	Full Name: CHAN KAI XIN, CHARLOTTE 曾凱欣		
	Sex: FEMALE	Date of Birth: 24.03.2018	Time of Birth: 1438 Hours
Place of Birth: MOUNT ALVERNA HOSPITAL, SINGAPORE			
MOTHER'S PARTICULARS	Name: YANDI LI		Date of Birth: 14.02.1986
	NRIC Identification Document No: I-PTI G41911733	Race: CHINESE	Dialect Group: MANDARIN
	Nationality: CHINESE	Country of Birth: CHINA	
	Address: APT B1K 620 JURONG WEST STREET 63 408-430 SINGAPORE 640620		
FATHER'S PARTICULARS	Name: CHAN CHIN HENG		
	NRIC Identification Document No: S-PINK 571481560	Race: CHINESE	Dialect Group: HOKKIEN
	Nationality: SINGAPORE CITIZEN	Country of Birth: SINGAPORE	
	Address: APT B1K 620 JURONG WEST STREET 63 408-430 SINGAPORE 640620		
INFORMANT'S PARTICULARS	Name: CHAN CHIN HENG		
	NRIC Identification Document No: S-PINK 571481560	Relationship: FATHER	
	Address: APT B1K 620 JURONG WEST STREET 63 408-430 SINGAPORE 640620		
FOR OFFICIAL USE: THE CHILD IS A CITIZEN OF SINGAPORE AT THE TIME OF BIRTH			

I certify that the above information given by me is correct.


Informant's Signature or Thumb Impression

03/06/2018
Date


JENNIFER CHIA SIA USZ JIN
As Registrar of Births

03/06/2018
Date

Presmiger

CERTIFICATE OF INSURANCE

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

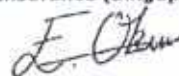
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MT/00456555
Type of Coverage / Driver Plan	: Car Comprehensive (Value Plus Plan)
1) Vehicle Registration No.	: SKQ8540K
Chassis No.	: CL73302269
2) Name of Policy Holder	: CHAN, CHIN HENG
3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act	: 28/02/2018 00:00
4) Date/Time of Expiry of Insurance	: 27/02/2019 23:59
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) Any named person under the policy who is driving on the Insured's order or with his permission.	
(c) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Insured's order or with his permission	
The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Own Damage Excess	: S\$ 500.00 (before any applicable GST)
Windscreen Excess	: S\$ 100.00 (before any applicable GST)
Choice of workshop	: DirectAsia approved workshops
Finance company / Hire Purchase	:
Main driver	: CHAN, CHIN HENG
Named driver	: None
Important Note: This policy does not cover drivers below the age of 30 and drivers who hold a valid driving licence of less than 2 years with the exception of the named drivers above.	

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 15/02/2018

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type:	Singapore NRIC
Owner ID:	8456D

Vehicle Details

Vehicle No.:	SKQ8540K
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2018
Vehicle Make:	HONDA
Vehicle Model:	ACCORD 2.0 A
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	K20A6052615
Chassis No.:	CL73302269
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$19,002.00
Original Registration Date:	18 Aug 2007
First Registration Date:	18 Aug 2007
Transfer Count:	1
Actual ARF Paid:	\$20,903.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	17 Aug 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$25,486.00
COE Rebate Amount:	\$18,922.00
Total Rebate Amount:	\$18,922.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 19 Nov 2018