

NATIONAL Assessment Centre Services

(Ref 1/2/100)

MAA48756241

Date In: 03/12/2018 15:25	Job description	Date & Time Completed	Done by
Ref No: NGA/181802173/4	SAS e-illing		
Veh No: SLZ 78K	E-mail (with 3 hrs, AIC 3 hrs)		
D.O.A: 03/12/2018 15:40	E-Motor Claim Form		
OD (TP) Reopening Only	E-Motor W/O (with 3 hrs, TP 3 hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars	Veh No: GBE 25DC	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Thru:
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 repeller.

() 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

Human's Particulars:	Invoice Preparation Checklist	Amount	Adm Bill
Driver/Owner:	1) AA: Accident Reporting (\$50)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) FT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Re-inspection	\$25	
	7) NT: EAU DA + SMART Survey	\$160	
	8) NTUC Additional Services		
	9) Q11		
C. Checked by (Wkr-In-Charge):	*N1: Courtesy Car / Tpl Allowance	\$5	
	*N1: Repairs Coordination	\$10	
	*N1: Post Repair Inspection	\$25	
	*N1: DY / Collect Unover Coordination	\$5	
	TE (N1) / TP (Non INC) against INC	\$20	
	7) N1: Idm Mobile	\$10	
	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	03/12/2018 15:25
Date Of Accident	02/12/2018 15:40
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE PORTSDOWN EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ778K
Insured/Policyholder	
Name Of Registered Owner	KHMN TRANSPORT
Co Reg No	53327715M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91945969
Alternative Phone No	OFFICE-91945969

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800037369
Cover Note Number	

Driver

Name of Driver	KALID
NRIC No	S8370047E
Date Of Birth	04/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91945969
Fax Number	
Contact Number	OTHERS-91945969
EMail Address	NOEMAIL

Address	BLK 26C JALAN MEMBINA #10-176
Postcode	166026
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181203/2079

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	GBE2572C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLX347G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLK3936E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLU1869B
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 KALID
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLZ778K
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.



Valid

Policyholder's Signature
Date & Time:

Valid

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

03/12/2018
Reporting Centre Personnel's Signature
Name: *Keshav*
NRIC/FIN No.:

SKETCH PLAN

A/E TOWARDS
 TOWARDS PORTSDOWN

C
 D
 E
 A
 B

(A) SL2778K
 (B) GBE 2572C
 (C) SLX347G
 (D) SLK 3936E
 (E) SLU1869B

KHMN
TRANSPORT
 Reg No: 53327715M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refe to Police Report: 7/20/8/203/2019

KHMN
TRANSPORT
 Reg No: 53327715M

KHMN
TRANSPORT
 Reg No: 53327715M

DECLARATION

I/We declare the foregoing particulars are true and correct.

Valid

Policyholder's Signature
 Date & Time:

Valid

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

03/12/2018
 Reporting Centre Personnel's Signature
 Name: Roshan Kumar
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181203/2079

1 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No: T/20181203/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2018 14:11	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: KALID	Address: APT BLK 26C JALAN MEMBINA #10-176 SINGAPORE 166026		
ID Type / ID No.: NRIC NO / S8370047E	Contact No.:	Mobile: 91945969	
Nationality: SINGAPORE CITIZEN	Home/Office:		
	Email:		
Sex: Male	Age: 35	Date of Birth: 04/05/1983	Type of Informant: Driver
Race: Indian	Language:	Institution / School Name:	
Occupation: DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2018 15:40	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS JURONG BEFORE PORTSDOWN EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE2572C	Van					0
SLK3936E	Car					0
SLU1869B	Car					0
SLX347G	Car					0
SLZ778K	Car	KIA	CERATO	Grey	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20181203/2079

2 of 4

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20181203/2079

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WARREN	ID No.	S8004536J
Related Vehicle	GBE2572C (Van)	Contact No.	84986575
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
Driver			
Name	EUNICE	ID No.	S1463122D
Related Vehicle	SLK3936E (Car)	Contact No.	97973995
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
Driver			
Name	DAI	ID No.	S8187865Z
Related Vehicle	SLU1869B (Car)	Contact No.	92956189
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



**SINGAPORE
POLICE FORCE**



T/20181203/2079

3 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20181203/2079

CONTINUATION OF REPORT

Driver			
Name	KALID	ID No.	S8370047E
Related Vehicle	SLZ778K (Car)	Contact No.	91945969
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/12/2018	Date Discharge	02/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 02/12/2018 at about 3.40pm, I was driving my car (SLZ778K) along AYE towards Jurong. At that point of time I was on the 2nd lane and the traffic was moderate. In front of my car, there is another vehicle (SLU1869B) and the said vehicle was stationary. As such, I stopped behind the said car and my vehicle was at complete stop. About 5 seconds later, I felt a huge impact from behind. As a result, my vehicle moved forward and hit the front vehicle (SLU1869B) and caused a chain incident.

As the impact was so hard, 5 vehicle was involved. The 5 vehicles are:

- 1st vehicle: SLX347G
- 2nd vehicle: SLK3936E
- 3rd vehicle: SLU1869B
- 4th vehicle: SLZ778K (My car)
- 5th vehicle: GBE2572C (The car that hit me from behind)

After the accident, I went out and found out that the reason the 1st vehicle (SLX347G) stopped is due to another accident in front of the vehicle. As such 2nd, 3rd and 4th vehicle stopped and was in stationary position.

I wished to state that due to the impact, I suffered some pain on my neck, shoulder and back. I was given 5 days MC. Also due to the impact my car is severely damaged.



**SINGAPORE
POLICE FORCE**



T/20181203/2079

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

4 of 4

Report No. T/20181203/2079

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 /
SI ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/12/2018 14:11

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 2/12/2018 TIME: 1540 Hrs. (hh:mm) 24 hrs Format
LOCATION H/E Towards Tuas Ports down

VEHICLE NUMBER SLX 778K

INSURED NAME KHMN Transport

NRIC / FIN 53327715m

CONTACT: 91945969

MAKE Kia Cerato

MODEL K3 1.6A Sunroof

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select : (☒) Third Party () Reporting Only

INSURANCE COMPANY Alf

TYPE OF POLICY (☒) COMPREHENSIVE () THIRD PARTY () TPFT

POLICY NUMBER :

NAME DRIVER : Kalid () SAME AS INSURED

NRIC / FIN S 837047E

CONTACT: 9194 5969

DATE OF BIRTH: 04.05.1983

DRIVING PASS DATE: 03.08.2006

OCCUPATION : (☒) INDOOR () OUTDOOR

GENDER : (☒) MALE () FEMALE

EMAIL ADDRESS: () NO EMAIL

ADDRESS OF DRIVER: 265 Jalan Membina #10-17b S(166046)

Number Of Passenger Include Driver: 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 :

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 6BE 2572C Tokio Marine

Veh C SLX 3476

Veh D SLK 3936E Tokio Marine

Veh E SLU 1869B

Veh F

Veh G

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8370047E

Name: KALID

Date of Birth: 04 May 1983


Issue Date: 03 Aug 2006

001436349D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8370047E



Name: KALID


Race: INDIAN

Date of birth: 04-05-1983

Country/Place of birth: INDIA

Sex: M

S8370047E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

Issue Date: 03 Aug 2006

NP 428A

Licence No. S8370047E



5173542



NRIC No. S8370047E

Date of issue: 21-05-2013

Address: APT BLK 26C JALAN MEMBINA #10-176 SINGAPORE 166026






CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : KHIM TRANSPORT
 Period of Insurance : 23 Apr 2018 To 22 Apr 2019
 Engine No. : G4FGH692834
 Chassis No. : KNAFZ411MJ5762758

Vehicle No. : SLZ778K
 Policy No. : 1800037369
 Endorsement No. :
 Issued Date : 24 Apr 2018

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 SX
 Engine Capacity/Tonnage : 1591 Tonnage
 Driver Restriction : NA

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2018
 Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

Any person who is driving on the Policyholder's order or with their permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

This Policy does not cover:

(1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed testing;
 (2) use for towing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and
 (3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; use for any purpose in connection with Motor Trade.

Provisions rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 182) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Free - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

KALID - \$2000 (Own Damage) \$2000 (Property Damage)

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

1. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 20 Lang Kias Rd Singapore 150094 64708600
 2. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 300 Ubi Rd 3 Singapore 408630 67461003
 3. Cycle & Carriage Body & Paint Centre Add: 208 Pandan Gardens Singapore 608338 85654501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please indicate. (Company reserves the right to accept/reject the inclusion of any Named Drivers).


Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 182), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500709902

CYCLE & CARRIAGE - ALVIN
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


 AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Jaditha LK

18 Shenton Way #07/18 AIG Building 3079120 (T: +65 6419 3000 / F: +65 6415 3723 / www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	7715M
Vehicle Details	
Vehicle No.:	SLZ778K
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2018
Vehicle Make:	KIA
Vehicle Model:	CERATO K3 1.6A SUNROOF
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	G4FGHH692834
Chassis No.:	KNAFZ411MJ5762758
Maximum Power Output:	95.3 kW (127 bhp)
Open Market Value:	\$15,231.00
Original Registration Date:	23 Apr 2018
First Registration Date:	23 Apr 2018
Transfer Count:	0
Actual ARF Paid:	\$15,231.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Apr 2028
PARF Rebate Amount:	\$11,423.00
Intended COE Rebate Details	
COE Expiry Date:	22 Apr 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,830.00
COE Rebate Amount:	\$36,155.00
Total Rebate Amount:	\$47,578.00

The information contained herein is correct as at 03 Dec 2018

OK