

22/03/2002

ASS. REC. BY:

REF: CS/MSG190108521 Etd3

Special Instruction:

Survivor: Steve

ASSIGNMENT (Office)

From (Person): Chhia Nyuk Pui

of MSG

Date/Time: 19.6.19 14.45 p.m.

Estimated Cost:

Bill to:

~~OD~~ TP WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLU 79712

Insured: SML 5255 G

at Workshop m/s Power Auto Care

Tel: 81812212

of 1 Kaki Bukit Road C # 02-11

Policy No: 77698932 MTR

Claim No: 596810

Sum Insured:

Excess:

Make of Veh:

D.O.A. 15.6.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 19.6.19 2.52 p.m.

Person Contacted: Gary

Vehicle IN / OUT

Date/Time	Action/Instruction ( <input checked="" type="checkbox"/> ) Estimate
	SLU 79712 - X
	SML 5255 G - X
	and cancel.
	Closed case as insured under NTUC. <u>Celise 2/8/19</u>

Steve

REF: MS16

# ASSIGNMENT

From  
Estimated Cost  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No:  
at Workshop n/s  
at  
Insured  
Policy No  
Claims No  
Sum Insured:  
(Client's Record)  
Make of Veh:

Date:

Veh No **SLU 79712** Vt Regn. **14/12/17**  
Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: **Toyota C-HR** C.C. **1797**  
Colour **Blue** A/C Insured / Std / Nil / N/  
Sp. Reading **127120** T/Ratio: Insured / Std / Nil / N.  
Eng/No:  
Ci/No: **2YX102044626**  
Gen. Cond: ☒ Good / Fair / Poor / Burnt  
Steering: ☒ In order / Jammed / Locked / Burnt or  
Brake: ☒ In order / Jammed / Locked / Burnt or  
Modi: Nil / ☒ Rlm. / STD A/Rlm or  
Tyre Size: F: **235/50R18**  
R:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
X	X

Bal. or Market Value:  
IDAC Accident Report: Consistent? : Yes or No  
GIA / PR Seen: Consistent? : Yes or No  
Est. Repairs: days Res.: Yes or No  
Lum Sum: % 3 Val.: Yes or No

BS / ☒ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front R/Bal. 7 mm Rear R/Bal. 7 mm  
L/Bal. 7 mm L/Bal. 7 mm  
D.O.A. 15/6/19 D.O.I. 19/6/19

Survey held at **Power Auto Care**  
Des. of Damages: Frl ☒ Rear / O/S / N/S / UIC / Rooftop or  
**Front RH**

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction

**MR-90K**  
**Repair range - 8K - 9K**  
**10 repair days.**

Date/Time. File Pass to?

☐ : Prel. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Date/Time. File Return to?

1)

Report Format :

Lump Sum / I.B.L. :

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech Invs (\$)  
☐ : Weekend (\$)

Survey Fee:

Transportation

) S - R. Cl

) Photos

) Notes

) ..

Page 1

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Jun 2019		19 Jun 2019 14:45 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All																				
<b>CLAIM SUBFOLDER DETAILS</b>			<b>[Created by insurer]</b>																					
Insured:	<b>LIPO CREDIT ENTERPRISE</b> , Co. Reg. No.: NA																							
Main Claimant:	<b>FONG MUI TRADERS PTE LTD</b> , Co. Reg. No.: 200508042Z																							
Vehicle Reg. No.:	<b>SLU7971Z</b>	Date of Loss:	15/06/2019 00:00 - :59 [18 Months and 1 Days From LTA Reg Date (Man Yr)]																					
Claim Type:	<b>TP / 596810</b>	Policy/Cover Note No.:	27698938MTR (Third Party Only) Coverage: 28/04/2019 - 27/04/2020																					
Vehicle Reg. No. (Insured):	<b>SML5255G</b>	Policy No. (Claimant):																						
		Excess:																						
Repairer:	<b>Power Auto Care - Kaki Bukit (HQ)</b> 1 Kaki Bukit Road 6 #02-11 Autobay @ Kaki Bukit, 417883. Kaki Bukit - Tel: 8181 2212																							
Handling Insurer:	<b>MSIG Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: +65 6827 7888 ... [Handled by <b>Chhia Nyuk Pui</b> - 6594 2521]																							
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... <b>[Imm.Advice due 20/06/2019]</b>																							
Adj Asg. Remarks:	on WP. Liab: dispute (OI NR) TP lawyer disagree on SJE - assign LKK Auto Consultants. Contact: . Gary Chen @ 8181 2212																							
<b>ASSOCIATED MAIL RECEIVED</b>			<a href="#">View All</a>	<a href="#">Compose Case Mail</a>																				
There are no mail for this case.																								
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <b>ALL ASSOCIATED TASKS</b> </div> <div style="display: flex; gap: 10px;"> <div><a href="#">View All</a></div> <div><a href="#">Search Tasks</a></div> <div><a href="#">Create New Task</a></div> <div><a href="#">Complete</a></div> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 10%;">Due Date</th> <th style="width: 10%;">Priority</th> <th style="width: 10%;">Type</th> <th style="width: 15%;">Task Group</th> <th style="width: 15%;">Subject</th> <th style="width: 10%;">Handler</th> <th style="width: 15%;">Assigned By</th> <th style="width: 15%;">Completed On</th> <th style="width: 15%;">Created On</th> <th style="width: 10%;">Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10" style="text-align: center; padding: 10px;">No results.</td> </tr> </tbody> </table>					Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?															
No results.																								

## Denise Tay (LKKAUTO)

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**From:** Denise Tay (LKKAUTO)  
**Sent:** Thursday, 27 June 2019 10:40 AM  
**To:** Chhia Nyuk Pui  
**Cc:** Admin-D (LKKAUTO)  
**Subject:** RE: FW: TP CLAIM SLU7971Z DOA: 15/06/2019 SML5255G (MSIG) [RSS/1906-7316 (PAC)(PD)] Please upload LTA search. tks. (NR case0

Dear Nyuk Pui,

Please be inform that we will close this file without any billing.

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Chhia Nyuk Pui <[NyukPui\\_Chhia@sg.msig-asia.com](mailto:NyukPui_Chhia@sg.msig-asia.com)>  
**Sent:** Thursday, 27 June 2019 10:30 AM  
**To:** Natalie Ng <[natalie\\_ng@rssolomon.com](mailto:natalie_ng@rssolomon.com)>  
**Cc:** lua\_siewhui@rssolomon.com; wendy\_jiang@rssolomon.com; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: FW: TP CLAIM SLU7971Z DOA: 15/06/2019 SML5255G (MSIG) [RSS/1906-7316 (PAC)(PD)] Please upload LTA search. tks. (NR case0

Hi Natalie

As NTUC Income is the insurer of SML5255G, please re-direct your client's claim to them

Aside to LKK,  
Please close file and let us have your bill for work done.  
Regards,

**Chhia Nyuk Pui**  
Senior Executive, Claims Services  
Direct line +65 6594 2521 | Direct fax +65 6643 1349 | [nyukpui\\_chhia@sg.msig-asia.com](mailto:nyukpui_chhia@sg.msig-asia.com)



**MSIG Insurance (Singapore) Pte. Ltd.** 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | [www.msig.com.sg](http://www.msig.com.sg) | Follow us on [@MSIG\\_SG](https://twitter.com/MSIG_SG)

A member of **MS&AD** INSURANCE GROUP

## 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	17/06/2019 20:42
Date Of Accident	15/06/2019 22:25
Exact Location Of Accident	PIE (CHANGI) AFTER JLN EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7971Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FONG MUI TRADERS PTE LTD
Co Reg No	200508042Z
Email Address	JASON.LIN@HKS-GARAGER.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64539136

### Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID-1.8 E G CVT (A)
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093532458-01
Cover Note Number	

### Driver

Name of Driver	CHEANG KIAN HUA
NRIC No	S7630750D
Date Of Birth	27/09/1976
Occupation	INDOOR
Date Of Driving Pass	13/05/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97997251
Fax Number	
Contact Number	
Email Address	RONALDCHEANG@YAHOO.COM

Address	BLK 641A PUNGGOL DRIVE #07-329
Postcode	821641
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (including own vehicle) involved in the accident	3
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)	3
Passenger 1	NAME: : MS TAN GENDER: : FEMALE
Passenger 2	NAME: : MS MAY GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

#### Attachment(s)

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

#### Details of Witness 1

Name	MS TAY
Phone Number	91685549
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML5255G
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Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAMSIR BIN NASIR
NRIC/Passport Number	S7627216F
Contact Number	90603490
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD9530C
Vehicle Make/Model/Colour	HONDA FREED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE PEN CHEN
NRIC/Passport Number	S8104804E
Contact Number	90101050
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHEANG KIAN HUA
Approximate Age	
Injuries Sustain	RIGHT HEADACHE, NECK AND SHOULDER SPRAINED
Injured person in which vehicle?	SLU7971Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

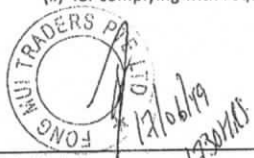
**SKETCH PLAN**


**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: 17/06/19 1730 HRS

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 17/06/19 1730 HRS

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



**SKETCH PLAN** **SCENARIO A**

D/E TOWARDS CHANGI AIRPORT (AFTER JALAN EUNOS EXIT)

SMD 9530 C

SLU 7971Z A

SML 5255G B

A: SLU 7971Z  
B: SML 5255G  
C: SMD 9530 C

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

PLEASE REFER TO POLICE REPORT T/20190617/2124.

**DECLARATION**

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

Policyholder's Signature  
Date & Time:  
Company Chop (if applicable)

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

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



**SINGAPORE  
POLICE FORCE**



T/20190617/2124

1 of 4

Report No. T/20190617/2124/

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/06/2019 16:41	Vide Report No.:	Station Diary No.: 66
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**Informant's Particulars**

Name of Informant: CHEANG KIAN HUA			Address: APT BLK 641A PUNGGOL DRIVE #07-329 SINGAPORE 821641	
ID Type / ID No.: NRIC NO / S7630750D			Contact No.: Home/Office: Mobile: 97997251	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 42	Date of Birth: 27/09/1976	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: FULL TIME GRAB 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: 15/06/2019 22:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  ALONG PIE TOWARDS CHANGI AIRPORT, AFTER JALAN EUNOS EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU7971Z	Car	TOYOTA	CHR	Blue	Slightly Damaged	2
SMD9530C	Car	HONDA	FREED	Blue	Slightly Damaged	0
SML5255G	Car	TOYOTA	CAMRY	Silver	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190617/2124

2 of 4

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20190617/2124

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU7971Z	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEANG KIAN HUA		ID No.	S7630750D
Related Vehicle	SLU7971Z (Car)		Contact No.	97997251
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/06/2019		Date Discharge	17/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	LEE PEH CHEN		ID No.	S8104804E
Related Vehicle	SMD9530C (Car)		Contact No.	90101050
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	SHAMSIR BIN NASIR		ID No.	S7627216F
Related Vehicle	SML5255G (Car)		Contact No.	90603490
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/20190617/2124

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 4

Report No. T/20190617/2124

**CONTINUATION OF REPORT**

**Brief Details.**

On 15/06/2019 at about 2222hrs, I was driving my vehicle (SLU7971Z, Honda CHR) along PIE heading towards Changi Airport after Jalan Eunos exit. At that point of time, from afar, I noticed that there was a vehicle (SMD9530C, Honda Freed) in front of me had applied his brakes. I then applied the brakes to avoid any contact. My vehicle came to a stop about one car length away from the first car. After my vehicle came to a stop, a vehicle (SML5255G, Toyota Camry) hit onto my vehicle from the rear. The impact from the rear caused my vehicle to move forward. I managed to swerve my vehicle to left to prevent direct contact with the first vehicle. However, it impacted the first car on the left near the left rear tyre.

No traffic police or ambulance at scene. Only LTA personnel at scene. No one was injured at the point of collision. I exchanged particulars with the other two drivers and took photos of the damages. My vehicle has a front and rear in-car camera. My vehicle was subsequently towed away by a towing company after I took the Bedok Reservoir exit. My vehicle sustained damages on the right fender and rear bumper.

At that point of time, I have two passengers with me. They were not injured and does not require any medical attention.

On 16/06/2019, I felt pain on the back of my neck. On 17/06/2019, I decided to see a doctor at Parkway East Hospital and received treatment. I was given three days MC from 17/06/2019 to 19/06/2019.

I wish to state that I rented the vehicle (SLU7971Z) from Garage R Performance Centre Pte Ltd, Jason HP: 86600128).



**SINGAPORE  
POLICE FORCE**



T/20190617/2124

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

4 of 4

Report No. T/20190617/2124

**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 /

Sgt 3 NUR ZARIFAH BINTE ZULKIFLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/06/2019 16:41

Officer In Charge Of Case:

TP / AEIT / (65476172)

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No: 65476172

Authentication Stamp  
NP168

Classification Of Case:

SIGNATURE

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	8042Z
<b>Vehicle Details</b>	
Vehicle No.:	SLU7971Z
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8G CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZR8121398
Chassis No.:	ZYX102044626
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$31,945.00
Original Registration Date:	14 Dec 2017
First Registration Date:	14 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$6,723.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Dec 2027
PARF Rebate Amount:	\$5,042.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	13 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,390.00
COE Rebate Amount:	\$48,679.00
<b>Total Rebate Amount:</b>	<b>\$53,721.00</b>

The information contained herein is correct as at 19 Jun 2019

OK