NATIONAL Assessment Contre	Services (not 1.38-88)			
Date In: 18/04/19	Job description	Date &Time Completed	Done	by
Ref No. NA/CTE 19016 457/13	SAS e-filing		-	
Veh No: 542/68/H	E-mail (within Shrs, AIC 2hrs)			
DOA 17/09/19 1100	i-Motor Claim Form			
OD TP / Reporting Only	i-Motor W/O (Within: OD 2hr.	s. TP 4hrs)		
17 Preporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax		
	194808E INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio		Cover Type: ()	
Confirmed by : (Insured/Driver Liability: (%) [No	Date:	Time:)	edin Hotel
	ote-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-100	%]	
Excess: (\$) Loading: \$1,000	arranty: YES () / NO () () () () () ())		
General Remarks:-	7()/32,000()	· · · · · · · · · · · · · · · · · · ·		
Prive-In () / Towed-In (); Invoice: Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () / Co	YES () / NO (); To	Date&Time Completed	Done	by
2) QC Check / Post Repair Inspection	urtesy Car ()			
3) Upload Resurvey Photo [Repair Cost > \$300	001 ()	 		- Hilling Co-
Injury:				
Date/Time Actions				
NA1907079	Invoice Prep	paration Checklist	Anit (\$)	Amt (S
laimant's Particulars :-	1) AR : Accident			
river/Owner:	3) TF : Towing F		-	
4) FT : Follow-Through Survey \$120		-		
ontact No:	The state of the s	mainst INC Only (wef 10 Jan 2005)		
amaged Portion:	7) N1 : [dac DA +	SMRT Survey \$160		
C Checked by (Engr-In-Charge):	8) NTUC Additio			
67/	*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance \$: ordination \$10		
uditors' Comments :-	*N7: Post Repr	ir Inspection \$25 ect Excess Coordination \$3		
ut. 1:	<u>TP</u> (N11) : TP	(Non INC) against INC \$20		
t. 2 / 3:	9) N12: Idac Mob	ile 30		Marin To
	Invoice dated	Fee Charged	PATRICK .	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.
- 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.
- 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.

	-	-			
AU	JID	- 101	STA	ICW	шеми
				_	

 Date Of Report
 18/09/2019 10:09

 Date Of Accident
 17/09/2019 11:00

 Exact Location Of Accident
 ALJUNIED ROAD

 Country/State of Loss
 SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ1681H

Insured/Policyholder

Name Of Registered Owner MR LI YUZHAO
NRIC No S2740492H

 Email Address
 SIMONLI@XINHE.SG

 Mobile Phone No
 (LOCAL) +65-90080319

 Alternative Phone No
 OTHERS-90080319

Vehicle Particulars

Manufacturer MERCEDES-BENZ

Model GLC250

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?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DMPCSN1918311900

Cover Note Number

Driver

 Name of Driver
 MR LI YUZHAO

 NRIC No
 \$2740492H

 Date Of Birth
 03/10/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 06/12/2008

Driving Experience 10 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90080319

Fax Number

Contact Number OTHERS-90080319
EMail Address SIMONLI@XINHE.SG

BLK 60 GEYLANG BAHRU Address

#18-3309

Postcode 330060

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

CLEAR

DRY

2

NO

NO

YES

NO

2

General Information of the Accident

COLLISION - HEAD TO REAR

Weather Conditions Road Surface

Other Information

Type Of Accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LABURU

GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera? Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1 YP4808E

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

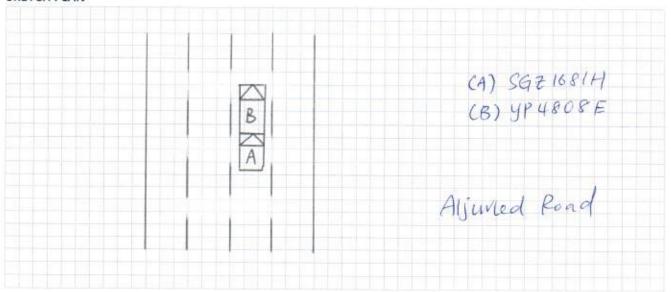
Date & Time:

Reporting Sentre Personnel's Signature

Name:

NRIC/FIN No.:

GIARAIC ShetchPlanForta_V3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	19 at about 11am, I was travelling along Ajunied Road.
	ricle (B) 484808E in front of me stopped . I could not
stop in	time and hit onto vehicle (B) YP4808E rear portion.
Noone	get injured.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Particulars of Insured / Driver & Details of this Accident	(Pls circle where applicable)
Location Of Accident: Aljunied Road	Date & Time Of Accident: 17 9 19, 1101
Purpose when vehicle was used at the time of accident : (e.g Going home)	Private Use
Details of Own Vehicle	, I alc
Vehicle Registration number: SG71681 Vehicle Category:	Make/Model: Mercides 250
Claim Own Insurance: YES NO	If No. Reporting only / Third Party Claim
Name of Preferred Workshop: Optima Werkz	Pee Ltd Contact: 648/1522
Name of Registered Owner: Li Yu Zhao Address: BIK 60 Geylang Bahry #18-	3309 NRIC No.: S 270492H
Mobile No: 9008 0319	Other Contact: Home / Office no:
Driver	Email: Simon li @ xinhe. 19
Name of Driver: As About	NRIC /Fin No.: 5 2740492 H
Driving Licence Pass Date: 6 / 12 / 200 P	D.O.B:
Address:	L. O. C.
Occupation: INDOOR / OUTDOOR Gender: MALE / FEMALE	Mobile No:
Gender/WALETFEWALE	Other Contact: Home / Office no: Email :
	CONTROL CONTROL
Fleet Policy: YES (NO) Policy number:	
If Driver is a policyholder, please ignore this question Insurance Company -600	Type Of Coverage: Completions
Insurance Company Fleet Policy: YES (NO Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO Any police report made: YES (NO) No. of Passenger (including Driver:)	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO Any police report made: YES (NO No. of Passenger 1) No. of Passenger 1 Name: Laburu	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Laburu Gender: Male	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Laburu Gender: Male Details of Passenger 3	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Laburu Gender: Details of Passenger 3 Name:	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Laburu Gender: Details of Passenger 3 Name:	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Flee	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Gender: Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: UP 4808 E	Type Of Coverage:
If Driver is a policyholder, please ignore this question Insurance Company	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Folicy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Caburu Gender: Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: UP 4808 E Vehicle Make/Model/Color: Vehicle Make/Model/Color: Vehicle Make/Model/Color: Details of Other Vehicle Property 1 Vehicle Make/Model/Color: Vehicle Make/Model/Color: Details of Other Vehicle Property 1 Vehicle Make/Model/Color: Vehicle Make/Model/Color: Details Other Vehicle Property 1 Vehicle Make/Model/Color: Vehicle Make/Model/Color: Vehicle Make/Model/Color:	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY / WET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Gender: Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: Vehicle Make/Model/Color:	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Neather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY WET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Laburu Gender: Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: UP 4808 E Vehicle Make/Model/Color: Yellow / Levry Name Of Driver: Name Of Driver: No. of Passenger (including Driver)	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY JWET Any video captured by car camera? YES (NO) Any police report made: YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Gender: Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: Vehicle Make/Model/Color: Vehicle Make/Model/Color: Name Of Driver: No. of Passenger (including Driver) Name Of Passenger (including Driver) Neic:	Type Of Coverage:
Insurance Company Fleet Policy: YES (NO) Policy number: General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS Road Surface: DRY WET Any video captured by car camera? YES (NO) No. of Passenger (including Driver:) Details of Passenger 1 Name: Caburu Gender: Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: Vehicle Make/Model/Color: Name Of Driver: No. of Passenger (including Driver) Vehicle Make/Model/Color: Name Of Passenger (including Driver)	Type Of Coverage:



中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1EN SN AN0055A Cov. Type: C

Servicing Agent: Cowell Insurance Agency Pte Ltd | tel..6339 2592 Trivex @ 8 Burn Road #09-09

contactus@cowell.com.sg

CERTIFICATE OF INSURANCE

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

CERTIFICATE No.

DMPCSN1918311900

Engine No :27492031578210 Chassis No: WDC2539462F490439

Index Mark and Registration

Number of Vehicle

SGZ1681H

2. Name of Policy Holder

MR LT YUZHAO

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (12:34 HOURS)

23 APRIL 2019

Date of Expiry of Insurance

22 APRIL 2020

.....s\$500.00

AGE AS AT DATE OF ACCIDENT

EX ON WINDSCREENS\$100.00

5. Persons or Classes of Persons entitled to drive *

(A) THE POLICYHOLDER.

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

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

6. Limitations as to use: *

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

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

WILL BE DOUBLED.

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

HIRE PURCHASE CO. : MAYBANK SINGAPORE LIMITED 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



中国太平保险(新加坡)有限公司

CHINA TAIFING INSURANCE (SINGAPORE) FTE, LTD.

3 Annua Raud #16-00 Sphiphal Thirds Engages 079009
Tel G330 0111 Fee G322 1033 Tel G339 0111 Fex Gaza Website, www.sg.cnapping.com Co Reg. No. 2007003045

MOTOR COVER NOTE

Cover Note No : Agent Code :

60014942 AN0055A -

The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or

The Road Transport Act 1987 of Malaysia; or

The Agreement between the Minister of Finance (Singapore) and the Motor Insurers Bureau of Singapore dated 22 February 1975, or The Agreement between the Minister for Transport (Malaysia) and the Motor Insurer's Bureau of West Malaysia dated 30 March 1992:

And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule is hereby HELD COVERED under the terms of the Company usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which cases the Insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

INSURED	MR LI YUZHAO	
MAKE/MODEL OF VEHICLE	MERCEDES BENZ GLC 250	
YEAR OF MANUFACTURE	2018	
YEAR OF REGISTRATION	2019	
ENGINE NO.	27492031578210	
CHASSIS NO.	WDC2539462F490439	
ENGINE CAPACITY/TONNAGE	1991	- Province until
TYPE OF COVER	COMPREHENSIVE	
SUM INSURED	MARKET VALUE	
PERIOD OF INSURANCE	FROM: 23 APRIL 2019 (12:34 HOURS) TO: 22 APRIL 2020	
EXCESS	5\$ 750.00	
AUTOSAFE	NO	
HIRE PURCHASE CO.	MAYBANK SINGAPORE LIMITED	Washing committee and the comm

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).

Not valid unless counter signed by Authorised Agent

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Agent Name & Dote

Authorised Signatory

PREMIUM PAYMENT WARRANTY

For Individual Customer:

Please note that the premium in full should be paid before Inception date shown above in order for the insurance cover to be valid.

Please note that where the period of cover is for more than 60days, the premium in full should be paid within 60days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

*IMPORTANT NOTICE: THIS COVER NOTE IS VALID FOR 30DAYS FROM 23-04-2019.

/l #

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	492H	
Vehicle No.:	SGZ1681H	
Vehicle to be Exported:	No	
Intended Deregistration Date:	17 Sep 2019	
Vehicle Make:	MERCEDES BENZ	
Vehicle Model:	GLC2504MATIC AUTO	
Primary Colour:	Grey	
Manufacturing Year:	2018	
Engine No.:	27492031578210	
Chassis No.:	WDC2539462F490439	
Maximum Power Output:	155.0 kW (207 bhp)	
Open Market Value:	\$42,457.00	
Original Registration Date:	23 Apr 2019	
First Registration Date:	23 Apr 2019	
Fransfer Count:	O. Aradas	
Actual ARF Paid: Intended PARF Rebate Details	\$51,440.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	22 Apr 2029	
PARF Rebate Amount: Intended COE Rebate Details	\$38,580.00	
COE Expiry Date:	22 Apr 2029	
COE Category:	E - Open - all except motorcycle	
COE Period(Years):	10	
QP Paid:	\$37,620.00	
COE Rebate Amount:	\$35,472.00	
Total Rebate Amount:	\$74,052.00	

The information contained herein is correct as at 17 Sep 2019