

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. DMCVSNA00055612001Claims No. SNM20D202910C02

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 18 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SM P3356R Yr Regn: 2019, Sept.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios C.C. 1496Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 14090 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MR333F32011809.77Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / 8/Rim / STD A/Rim orTyre Size: F: 185/60 R15R: 185/60 R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 120/08/20Survey held at KaryDes. of Damages: Fix / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP China.

21/08/20@10.20am Informed Irene, we are pending estimate from repairer.

28/09/20@2.49pm revised to Irene Tay via Merimen.

MV: 69K.PV: 36.9KNett. 32.1K.LS \$32500, 18 days (Red \$26020.97, 44%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 28/09 Typist

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 18Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + P.S. \$

Folio:

Others:

TOTAL

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Insp (\$ \_\_\_\_\_)☐ : Wash and (\$ \_\_\_\_\_)Report Format: MER-TPLump Sum 32500

## 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	17/08/2020 17:42
Date Of Accident	14/08/2020 15:20
Exact Location Of Accident	EUNOS LINK TWDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3356R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Co Reg No	1XXXXX882C
Email Address	DARYLTAN@CDC.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67401636

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D20MFL0000618
Cover Note Number	

### Driver

Name of Driver	ELIZABETH YEO HUI MIN
NRIC No	SXXXX554I
Date Of Birth	31/12/1998
Occupation	INDOOR
Date Of Driving Pass	14/08/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97543000
Fax Number	
Contact Number	
Email Address	YEOELIZABETH98@GMAIL.COM

Address	68 LENGKOK TIGA #07-17
Postcode	417472
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : TOH KAM TIONG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG KEMBANGAN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 112 LENGKONG TIGA #01-215 , POSTCODE: 410112 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7489999 - FAX NO: 67454676
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACHED POLICE REPORT NO : T/20200814/2084 & T/20200815/2027.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

#### Details of Witness 1

Name	TOH KAM TIONG
Phone Number	84448433
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC39A
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFL2915M
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	SKQ6847P
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	TOH KAM TIONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMP3356R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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/are 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.

DelGro Driving Centre Pte Ltd  
205 Ubi Ave 4  
Singapore 408803

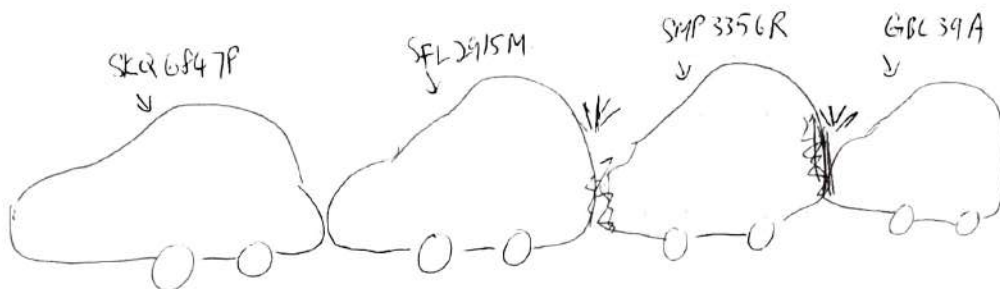
Policyholder's Signature  
Date & Time:

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

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

**Sketch Plan Pg. 2**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See attached Police Report No. 1120200814/2084 A  
T/20250815/2427.

## DECLARATION

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

DelGro Driving Centre Pte Ltd

205 Ubi Ave (4)

**Date & Time:**

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder).

Date & Time: 14/08/20 4:03u

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200814/2084

1 of 4

Report No. T/20200814/2084

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkong Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/08/2020 17:56		Vide Report No G/20200814/0129		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: ELIZABETH YEO HUI MIN			Address: 68 LENGKONG TIGA #07-17 SINGAPORE 417472		
ID Type / ID No.: NRIC NO / S9843554I			Contact No.: Home/Office: Mobile: 97543000		
Nationality: SINGAPORE CITIZEN			Email: yeoelizabeth98@gmail.com		
Sex: Female	Age: 21	Date of Birth: 31/12/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name: SINGAPORE UNIVERSITY OF SOCIAL SCIENCES
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/08/2020 15:40	Type of Location: Straight Road
Location: EUNOS LINK				
Lamp Post Number: 48				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Vehicles Involved						
Plate No.	Type	Make	Model	Color	Condition	No of Passenger
GBC39A	Lorry			Silver		1
SFL2915M	Car	HONDA	STREAM	Silver		0
SKQ6847P	Car					0
SMP3356R	Car	TOYOTA		Silver	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999



T/20200814/2084

2 of 2

Report No. T/20200814/2084

## CONTINUATION OF REPORT

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Name	ELIZABETH YEO HUI MIN	ID No.	S9843554I
Related Vehicle	SMP3356R (Car)	Contact No.	97543000
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
Name	NG JUN JIE	ID No	S8405266C
Related Vehicle	NIL	Contact No.	NIL
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
Name	NG ER KAI EUGENE	ID No.	S8827561F
Related Vehicle	NIL	Contact No.	NIL
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/20200814/2084

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkong Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999

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Report No. T/20200814/2084

**CONTINUATION OF REPORT**

Name	ONG GIM LENG		ID No.	S7704101Z
Related Vehicle	NIL		Contact No.	NIL
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	

**Brief Details.**

On 14/08/2020 at around 1540hrs, I was driving the car bearing registration plate number, SMP3356R along Eunos Link, next to the rear gate of Comfort Delgro Driving Centre with my driving instructor seated at the front passenger seat. I was on the 3rd lane of the 4 lane road. Traffic was very heavy at the point of time and it was raining heavily.

Suddenly, the car in front of me, bearing registration plate number, SFL2915M suddenly jam braked and I also stepped on my brakes. However, I was unable to stop in time and the front of my car hit onto the rear of the front vehicle. Immediately after, I felt a large impact from the rear. The air bags in my car were deployed and then we got out of the car to make a check. I also felt slight ringing in my ears after the air bags were deployed. I was shocked at the point of time and I found out that my instructor sustained a cut on his lip. I also felt soreness on my lips.

Later, I discovered that my car was the 3rd car in a chain collision that involved 3 other vehicles. Subsequently, the CDC administrator, Traffic Police and Ambulance arrived. My instructor was conveyed by the ambulance and I was given a case card by the Traffic Police officer and advised to lodge a Police Report.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kampung Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999



T 20200814 2084

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Report No: T 20200814/2084

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 MUHAMMAD DANIAL BIN SUMANAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

14/08/2020 17:56

Officer In Charge Of Case:

TP / GIT /

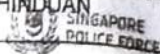
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP158



Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20200815/2027

1 of 3

Police Station Of Origin  
Hougang N P C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No T/20200815/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 15/08/2020 12 11	Vide Report No	Station Diary No 41
---	----------------	------------------------

**Informant's Particulars**

Name of Informant CHRISTOPHER TOH KIAM TIONG		Address APT BLK 615 HOUGANG AVENUE 8 #12-390 SINGAPORE 530615	
ID Type / ID No NRIC NO / S69023021	Contact No Home/Office	Mobile 84448433	
Nationality SINGAPORE CITIZEN		Email	
Sex Male	Age 51	Date of Birth 17/01/1969	Type of Informant Passenger
Race Chinese	Language English		Institution / School Name
Occupation Driving School Instructor	Driving Licence Information Class 3		Date of Expiry

**General Information of the Accident**

Type of Accident	Injury Attended by Police	Drink Drive No	Date/Time of Accident 14/08/2020 15.20	Type of Location
Location EUNOS LINK				
Weather		Road Surface Wet	Road Speed Limit	
Traffic Flow		Traffic Control	Traffic Volume Moderate	
Type of Collision Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC39A	Lorry				Seriously Damaged	1
SFL2915M	Car				Seriously Damaged	0
SKQ6847P	Car				Slightly Damaged	0
SMP3356R	Car					1



SINGAPORE  
POLICE FORCE



T/20200815/2027

2 of 3

Police Station Of Origin  
Hougang N P C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No 1800-4890999

Report No T/20200815/2027

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved No			
No of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
<b>Passenger</b>			
Name	CHRISTOPHER TOH KIAM TIONG	ID No	S69023021
Related Vehicle	SMP3356R (Car)	Contact No	84448433
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry NIL
Date Treatment	14/08/2020	Date Discharge	14/08/2020
No of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

I wish to informed that I'm a driving instructor for Comfort Delgro Driving Centre.

On 14/08/2020 at about 1520hrs, while my student namely, Elizabeth Yeo Hui Min is driving the vehicle (Registration Number: SMP3356R) for her lesson, we had met with an accident. My student were driving along Eunos Link when suddenly we felt a great impact. The impact was great that it causes the air bag in the car to be activated and causing my vehicle to inch forward and hit on the vehicle in front of us (Registration Number: SFL2915M). I then went out of the vehicle and realized that the accident is a chain collision accident involving 4 vehicle. I then saw a lorry (Registration Number: GBC39A) had hit on the rear of my vehicle. The other vehicle involved in the accident are (Registration Number: SKQ6847P). My student then told me that I suffered some cuts on lower lip however as I was in the midst of shock, I could not feel much pain. Shortly, the ambulance and traffic police came to the accident scene. The paramedics make a check on me and had conveyed me to Changi General Hospital for further checks. I was then given 5 days of Medical Leave.





SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999



T/20200815/2027

3 of 3

Report No: T/20200815/2027

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.  
F /  
Sgt 3 MUHAMMAD SYAFIQ BIN ROSMANJA

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/08/2020 12:11

Officer In Charge Of Case  
TP / GIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No 65476394

Classification Of Case:

Authentication Stamp  
NP166

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 882C

Vehicle Details

Vehicle No.: SMP3356R  
Vehicle to be Exported: No  
Intended Deregistration Date: 20 Aug 2020  
Vehicle Make: TOYOTA  
Vehicle Model: VIOS 1.5 E (AUTO)  
Primary Colour: Silver  
Manufacturing Year: 2019  
Engine No.: 2NR5370281  
Chassis No.: MR2B23F3201180977  
Maximum Power Output: 79.0 kW (105 bhp)  
Open Market Value: \$13,788.00  
Original Registration Date: 23 Sep 2019  
First Registration Date: 23 Sep 2019  
Transfer Count: 0  
Actual ARF Paid: \$13,788.00

Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 22 Sep 2029  
PARF Rebate Amount: \$10,341.00

Intended COE Rebate Details

COE Expiry Date: 22 Sep 2029  
COE Category: A - Car up to 1600cc & 97kW (130bhp)  
COE Period(Years): 10  
QP Paid: \$29,159.00  
COE Rebate Amount: \$26,502.00  
Total Rebate Amount: \$36,843.00

The information contained herein is correct as at 20 Aug 2020

OK

Meet U of Glasgow@SG

Meet World No 62 U of Glasgow @eFair Biomed Sci, Politics etc

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<