

MMA 120082437-01

Invoice dated	Fee Charged	DATE
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MA 2005138

Claimant's Particulars:-		1) AR: Accident Reporting (530);	30.00
Driver/Owner:		2) DA: Damage Assessment (5100); INC (550)	80.00
Contact No:		3) TP: Towing Fee	540/545
Damaged Portion:		4) FT: Follow-Through Survey	5120
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Re-survey)	530
Auditors' Comments:-		For claiming against INC Only (wef 10 Jan 2005)	
Tel. No.		6) TR: Re-inspection	575
Fax No.		7) NI: Idao DA + SMRT Survey	5160
E-mail		8) NTUC Additional Services:-	
Date		QD:	
Time		*NS: Courtesy Car / Tpl Allowance	55
Signature		*NG: Repair Co-ordination	510
Stamp		*NI: Post Repair Inspection	515
Signature		*NB: DV / Collect Excess Coordination	515
Stamp		TP (N11): TP (Nan INC) against INC	520
Signature		9) N12: Idao Mobile	30
Stamp		Invoice dated	Fee Charged
Signature		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	22/09/2020 15:44
Date Of Accident	19/09/2020 08:30
Exact Location Of Accident	SLE ENTER TPE AFTER FIRST TUNNEL TWDS PUNGGOL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM6560Z
Insured/Policyholder	
Name Of Registered Owner	TK MOTOR WORKSHOP
Co Reg No	5XXXX097L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96273323
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116712910
Cover Note Number	
Driver	
Name of Driver	OLIVER GUO YANLIANG
NRIC No	SXXXX007A
Date Of Birth	06/11/1996
Occupation	INDOOR
Date Of Driving Pass	27/03/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86685866
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	16 CACTUS DR #02-03
Postcode	809690
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLOUDY
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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: : RYAN ONG SHAO MING GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200919/7018

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE1005E
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 INJURED PERSON 1

Name RYAN ONG SHAO MING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJM6560Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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.

T K MOTOR WORKSHOP

Policyholder's Signature

Date & Time:

Authorised Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T120200919 / 7018

I wish to highlight, the other veh was damage on the rear bootlid below part and there are some damage on the top of the bootlid ^{is} not due to the accident, and also don't had any injury to the van driver.

DECLARATION

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

T K MOTOR WORKSHOP

Policyholder's Signature

Date & Time:

.....
Authorised Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

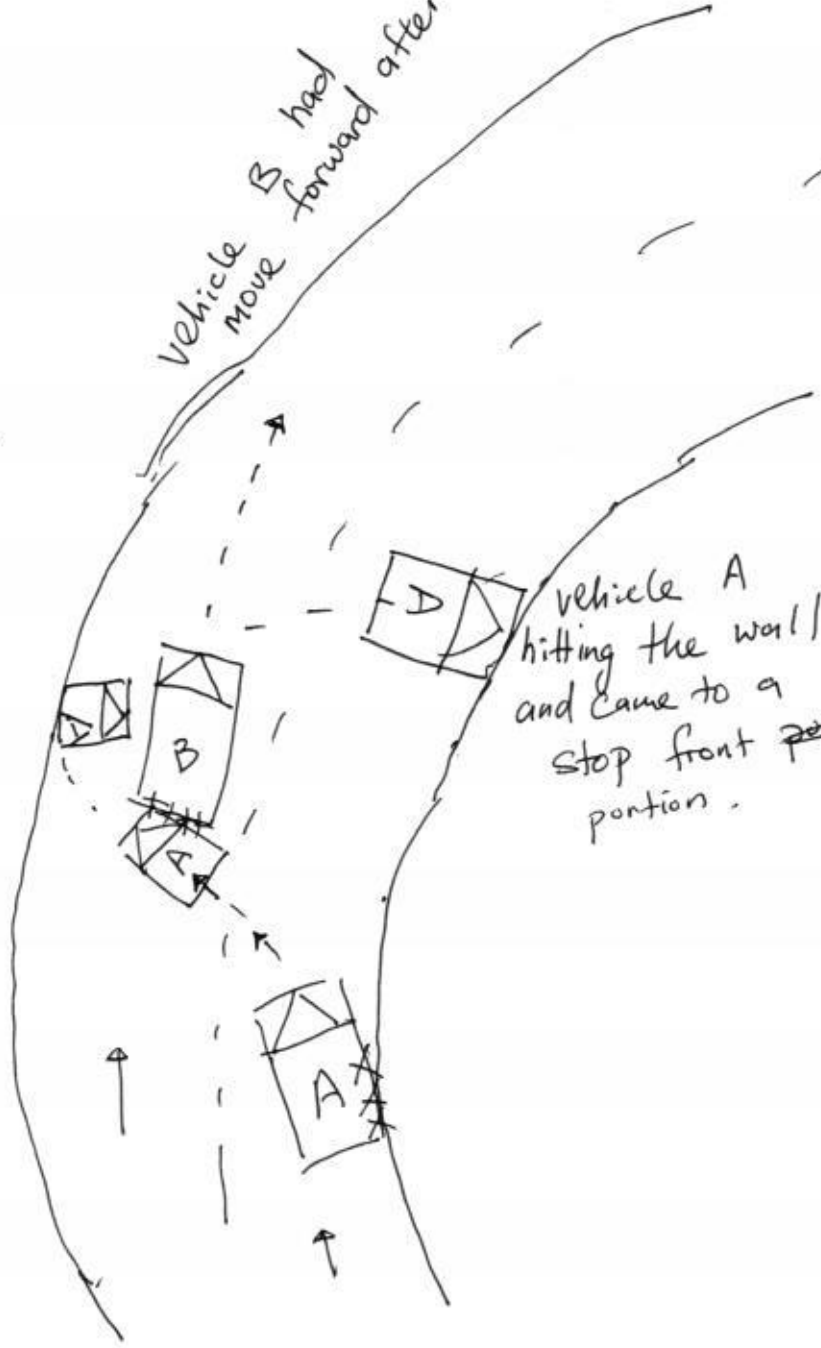
Name:

NRIC/FIN No.:

After TPE 1st Tunnel

Vehicle B had moved forward after 1st impact

Vehicle A hitting the wall and came to a stop front ~~part~~ portion.



T K MOTOR WORKSHOP

[Handwritten Signature]

Authorized Signature

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120082437 Vehicle Registration No: SJM6560Z

Name(as shown in NRIC): TK MOTOR WORKSHOP NRIC/FIN/Passport No: 5XXXX097L

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore()

Contact (Tel) : Mobile No.: 96273323

Email Address :

Date of Accident : 19/09/2020 Time of Accident : 08:30

Place of Accident : SLE ENTER TPE AFTER FIRST TUNNEL TWDS PUNGGOL

Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND RELATIONSHIP OF THE DRIVER WITH THE INSURED: FRIEND INSTEAD OF HIRER.

[illegible]

Policyholder / Driver's Signature
Date:

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2020 18:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: OLIVER GUO YANLIANG			Address: 16 CACTUS DRIVE #02-03 SINGAPORE 809690		
ID Type / ID No.: NRIC NO / S9640007A			Contact No.: Home/Office: Mobile: 86685866		
Nationality: SINGAPORE CITIZEN			Email: OLIVER_PCS@HOTMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 06/11/1996	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2020 08:30	Type of Location: Bend
Location: SELETAR EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
GBE1005E	Van	NISSAN	NV350	Grey	Slightly Damaged	1
SJM6560Z	Car					0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200919/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANDREW CHIA HAN CHUANG	ID No.	S1810550J
Related Vehicle	GBE1005E (Van)	Contact No.	96914659
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	OLIVER GUO YANLIANG	ID No.	S9640007A
Related Vehicle	SJM6560Z (Car)	Contact No.	86685866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	RYAN ONG SHAO MING	ID No.	S8733012E
Related Vehicle	SJM6560Z (Car)	Contact No.	98457418
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/09/2020	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On 19th Sept 2020, at about 8.30am I was driving from yck road towards TPE. As the road was wet and slippery, after I exited the first tunnel, the car went over a puddle of water and self skided to the left and hit on to a van, GBE1005E, rear portion and the air bag was activated. Thereafter hitting the right wall and came to a stop.

After the accident, Ryan Ong Shao Ming S8733012E (98457418), is conveyed by ambulance to Sengkang hospital. At the same time, the van's driver Andrew Chia S1810550J (96914659), exchanged particulars with me. That's all.



**SINGAPORE
POLICE FORCE**



T/20200919/7018

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20200919/7018

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200919/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20200919/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
19/09/2020 18:19

Classification Of Case:

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5116712910

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJM6560Z**
Chassis Number : JTDER12W803001480
2. Name of Policyholder : TK MOTOR WORKSHOP
3. Effective Date of Insurance : 27 Mar 2020
4. Expiry Date of Insurance : 26 Mar 2021
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/her 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#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: CHUA TIAN KEONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TAN WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 25 Mar 2020 12:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="19/09/2020 11:41"/>							
Vehicle No.(For Motor)	<input type="text" value="SJM6560Z"/>	Certificate Number	<input type="text"/>							
<input type="button" value="Search"/>										
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5116712910		TK MOTOR WORKSHOP	53049097L	GPC	drivo CLASSIC	SJM6560Z	SJM6560Z	27/03/2020	26/03/2021
<input type="button" value="Continue"/>										

ACCIDENT STATEMENT

ACCIDENT DATE: (19 / 9 / 20) (DD/MM/YYYY), TIME: (08 : 30) (HH:MM)

LOCATION: ~~SLE~~ ~~SE~~ Enter TPE tunnel twds panggel

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 65602 *Visiting Foreign*
 b) INSURANCE COMPANY: INC *turning to SE*
 c) POLICY NUMBER: _____ *hearing to TPE*
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TK motor workshop (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9627 33 23
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Oliver Guo Yanliang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 8608 5866
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Cloudy)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) passenger conveyed

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBE 1005 E MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

TK motor workshop

waiting veh tow in
tomorrow

Email =

fax =

VIDEO = Yes. Yes.

*No of passenger
(including driver)
(2)

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ?? ☐
- a) Motorcar ☐ a) Pedestrian ☐
- b) M/cycle ☐ b) Animal ☐
- c) Bicycle ☐
- 3) Vehicle hit Road Side Objects: ☐
- a) Govm. Property ☐ b) Road Work Object ☐
- (Eg: signboard, barrier, tree etc) c) Private Property ☐
- 4) Vehicle drop into drain ☐
- 5) Damage due to Act of God: ☐
- a) Fallen Object ☐ b) Flood ☐
- c) Other, ☐
- 6) Parked & Found Damaged: ☐
- a) Vandalism ☐ b) Hit by Moving Object ☐
- 7) Theft Case ☐
- a) Stolen ☐ b) Damage found ☐
- when recovered.
- 8) Fire ☐
- a) Whilst driving ☐ b) Parked ☐
- 9) Accident date more than 24hrs ☐

Remarks for internal information**Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss ☒
- 2) SRS Light on ☐
- 3) ABS Light on ☐

MV 26K
LTA 10.3K
LL 15.7K

By Assessor- 1) Vehicle Information

Veh No: SJM 6560Z Yr Regn: Jan 2009

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV
/ Truck / Trailer or

Make & Model: Toyota Wish c.c. 1798

Colour: Maroon Transmission Type: Auto / Manual

Eng/No: 1223216426 Sp. Reading: -

C/No: JTDER12W803001480

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15
R: -

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

Front Rear

R/Bal. SS mm R/Bal. SS mm

L/Bal. SS mm L/Bal. SS mm

Parallel Import: Yes / No Towed-In: Yes / No

Repair Type: LS / I.B.I Towing Required: Yes / No

No of Repair Days: - Vehicle in Idac: Yes / No

D.O.I. 23/09/2020 Time: 1200hr

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle ☐ b. Motorcycle ☐ c. Bicycle ☐ d. Pedestrian ☐
- e. Animal ☐ f. Govrn Object ☐ g. Road Work Object ☐
- h. Private Property ☐ i. Drain ☐ j. Road Kerb/Grass Verge ☐

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object ☐ b. Flood ☐ c. Vandalism ☐ d. Fire ☐
- e. Moving Object ☐ f. Stolen ☐ g. Stolen & Recovered ☐

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	097L
Vehicle Details	
Vehicle No.:	SJM6560Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Sep 2020
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	1ZZ3216426
Chassis No.:	JTDER12W803001480
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,803.00
Original Registration Date:	13 Jan 2009
First Registration Date:	13 Jan 2009
Transfer Count:	2
Actual ARF Paid:	\$18,803.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Dec 2023
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$15,777.00
COE Rebate Amount:	\$10,331.00
Total Rebate Amount:	\$10,331.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 22 Sep 2020

OK

MV ~~24K~~ 26
LTA 10 K
NL ~~14K~~
16K.

SAVE \$\$ ON UR CAR

INSURANCE RENEWAL

Compare
10+ Insurers

CLICK HERE >

Toyota Wish

Price Range ▼

Depreciation ▼

> 10 year ▼

Vehicle Type ▼

Advanced
Search

Home » Used Cars » Remy Motor Trading Company » Toyota Wish 1.8A (COE till 02/2024)

Toyota Wish 1.8A (COE till 02/2024)

Overview

Financial

Accessories

Similar

Research

Photos

Map

PREMIUM AD

Price	\$26,500		
Depreciation	\$7,730 /yr	Reg Date	27-Feb-2009 (3yrs 5mths 4days COE left)
Mileage	165,266 km (14.3k /yr)	Manufactured	2009
Road Tax	\$1,069 /yr	Transmission	Auto
Dereg Value	\$10,954 as of today (change)	OMV	\$18,803
COE	\$15,967	ARF	\$18,803
Engine Cap	1,794 cc	Power	97.0 kW (130 bhp)
Curb Weight	1,310 kg	No. of Owners	3
Type of Vehicle	MPV		



Features

Factory Fitted. View specs of the Toyota Wish

Accessories

Factory Fitted.

Description

(Low Cost Suitable For Short Term Commitment) Fully Done Up To Showroom Unit Standard. New Paintwork. New Tyres. Road Tax Till 2021 Feb. No Gimmicks. Flexible High Loan Available. Engine/Gearbox Warranty Coverage Provided.

Category

COE Car, Premium Ad Car

Status

Available

Resources



Vehicle Evaluation

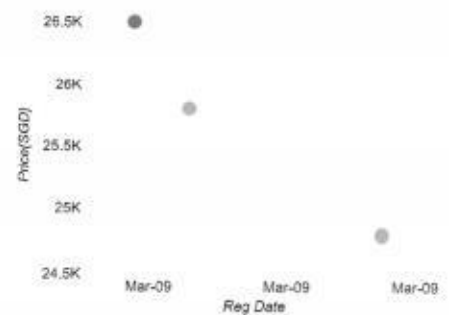
Afraid of lemons? Request to have this car evaluated professionally. Find out more



Car Valuation - Free

Find out the market value of your existing car for free. Get started

Price Chart



Click on the point to view the vehicle

Shortlist

Compare

Report Error

More Actions

Posted on: 22-Sep-2020 | Last Updated on: 22-Sep-2020

Upfront Payment

+ more Financial Info

Transfer Fee	\$25	
Down Payment	\$7,950 (change)	Maximum 70% Loan
1st Instalment	----	Based on 3.75% interest rate
To Compare	5 (ing Insurance)	Check with seller for exact figure

Seller Information

Remy Motor Trading Company

18 vehicles for sale. 61 sold in past 3 mths

61 Ubi Avenue 2 #03-04
Automobile Megamart
Tel: 64680082