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MNA420101633 / National Assessment Centre Services - Bukit Merah ENTRY DATE & TIME: 16/11/2020 19:12 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

## 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 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.
- 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.

<ol> <li>By the todgement of this report to the insurers, you aforesaid.</li> </ol>	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
·····································	ACCIDENT STATEMENT
Date Of Report	16/11/2020 19:12
Date Of Accident	13/11/2020 18:40
Exact Location Of Accident	BEDOK SOUTH AVENUE 2
Country/State of Loss	SINGAPORE
<b>《三十天》</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ6182P
Insured/Policyholder	
Name Of Registered Owner	MAJULAH CAR LEASING PTE LTD
Co Reg No	2XXXXX815C
Email Address	NASHARUDINMUIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81802166
Alternative Phone No	OFFICE-81802166

#### Vehicle Particulars

Manufacturer	TOYOTA

VOXY HYBRID-1.8 (A) Model

Exact Purpose for which vehicle was being used at

time of accident

Vehicle Category

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

#### **Insurance Company**

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

999993824 Policy Number

Cover Note Number

## Driver

NASHARUDIN BIN MUIN Name of Driver

SXXXX653I NRIC No 27/04/1985 Date Of Birth INDOOR Occupation 17/05/2016 Date Of Driving Pass

4 YEARS AND 5 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-81802166 Mobile Number

Fax Number

OTHERS\_81802166 Contact Number

Address

BLK 414 FERNVALE LINK

#10-10

Postcode

792414

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

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

NO YES

NO

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)

2

Passenger 1

ambulance?

NAME:

: ROS FAIRUZANA BINTE ROSZALI

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

EUNOS NEIGHBOURHOOD POLICE POST

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: Police Station Address

470629, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201113/2111 AND T/20201116/7038

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBE1488U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

NASHARUDIN BIN MUIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLZ6182P

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name

ROS FAIRUZANA BINTE ROSZALI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLZ6182P

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Name:

NRIC/FIN No.:

SARASC Statement Conference VI

Policylidider's Signature

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Julian

AND PRIVER PARTICULAR  DRIVER AND FILL THE RELEVANT CHOICES)  NAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY  () SUBLING () SUBLING () PERSON ()
DEFICIE NUMBER: SLZ 6 9 P MAKE / MODEL TWO HIST 182 S AT TWO THE NUMBER: STATE THE NUMBER: SUPPLY OF THE NUMBER: SUPPLY OF THE NUMBER: SUPPLY OF THE NUMBER: SAME AS OWNER: NISURANCE COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( ) POLICY NUMBER: 99 9 9 3 3 2 4 NISURANCE COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( ) PORTOR OF THE NUMBER: SAME AS OWNER: ( ) NICONO.: 38 5 26 5 1 NICONO.: 38
PRINCE NUMBER: SLE 662P MAKE/MODEL TOUT VOXID LIGHT 1825 AT DWNER INSURED: MATHEMATIC CONTACT NUMBER: POLICY NUMBER: 99993824  TYPE OF INSURANCE: COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( )  PRIVER PARTICULAR  DRIVER SAME AS OWNER: ( )  DRIVER SAME AS OWNER: ( )  DRIVER PARTICULAR  DRIVER SAME AS OWNER: ( )  DRIVER SAME AS OWNER: ( )  DRIVER SAME AS OWNER: ( )  POSTAL: 19265  DRIVER NAME: NICHOLOGY OF THE INSURED'S COMPANY ( ) YES ( ) NO  PLEASE TICK AND FILL THE RELEVANT CHOICES)  NAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO  PRO, RELATION OF DRIVER WITH INSURED'S COMPANY ( ) YES ( ) NO  PROVER ( ) SPOUSE ( ) PRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  NEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  NAS ANYBODY INJURED. ( ) YES ( ) NO INJURIES SUSTAINED:  NAS ANYBODY INJURED. ( ) YES ( ) NO INJURIES SUSTAINED:  NAS ANYBODY INJURED. ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO  NUMBER OF PASSENGER INCLUDE DRIVER: DAY  ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO  NUMBER OF PASSENGER INCLUDE DRIVER: DAY  VEHICLE B PARTY PARTICULAR)  VEHICLE B PARTY PARTICULAR  NAME /NRIC: CONTACT:  VEHICLE D NA
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ADRESS: 440 EMAIL: NQ MANUTINE 1 1944  CONTACT: 580 266 EMAIL: NQ MANUTINE 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO  F NO, RELATION OF DRIVER WITH INSURED:  ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:  ( ) YES ( ) NO POLICE REPORT NUMBER:  ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO  NUMBER OF PASSENGER INCLUDE DRIVER: 2 PAY  PARTICULAR OF PASSENGER : ROS TOLYU 2010 ( ) MALE ( ) FEMALE  ( ) WEHICLE B PISE   48 ( ) NAME /NRIC: CONTACT:  VEHICLE C NAME /NRIC: CONTACT:  VEHICLE D NAME /NRIC: CONTACT:  VEHICLE E NAME /NRIC: CONTACT:  VEHICLE E NAME /NRIC: CONTACT:  CONTACT:
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WITNESS (IF ANY) NAME: HP NO.: NRIC:
* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*





1 of 3

Report No. T/20201113/2111

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

PEPORT OF A TRAFFIC ACCIDENT

	A INALLIC		1 Vid- Depart No.:	Station Diary No.:
	ne Report M	lade:	Vide Report No.: G/20201113/0145	35
13/11/20	20 20:13		G/20201110/0140	CONTROL CONTRO
Informa	nt's Partici	llars.		<b>为政策和政策的通过的企业的企业的企业。</b>
Name of	Informant: RUDIN BIN		Address: APT BLK 414B FERNVALE L	INK #10-10 SINGAPORE 792414
ID Type	/ ID No.: D / S85126		Contact No.: Home/Office:	Mobile: 81802166
National	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 27/04/1985	Type of Informant: Driver	
Race: Malay		100 CO	Language:	Institution / School Name:
Occupation: PERSONAL DRIVER		ER .	Driving Licence Information: Class: 2B,3	Date of Expiry:
1 -100	41 100 -0 1 11 1	20/20/11/20/20/20/20/20/20/20/20/20/20/20/20/20/		

Type of Accident: Conveyed By Ambulance		Drink	Date/Time of Accident: 13/11/2020 18:40	Type of Location Straight Road
Location: BEDOK SOU	TH AVENUE 2			
Weather:	Ros	d Surface:	1	Road Speed Limit: 40 Km/h
Traffic Flow: Traffic		Fraffic Control: Not Controlled		Traffic Volume: Light
One Way  Type of Collis  Between Movement				Anyone conveyed by ambulance: Yes

	ehicle involved		Model	Color 4	Condition	No of Passenge
FBE1488U	Motorcycle	HONDA	The state of the s		Slightly Damaged	0
SLZ6182P	Car	TOYOTA		Black	Slightly Damaged	2

Details of Person Involved	。 第15章 (16) (16) (16) (16) (16) (16) (16) (16)
Any Pedestrian Involved: No	-
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20201113/2111

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

## CONTINUATION OF REPORT

Name	NASHARUDIN BIN MUIN		ID No.		S8512653I	
Related Vehicle	NIL				ct No.	81802166
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL		
No. of Days gran	ted Medical Leave	Degree o	f Injury	NIL		

Brief Details.

On 13/11/20 at about 1840hrs, I was driving my vehicle(SLZ6182P) along Bedok South Ave 2 and was trying to make a left turn into Block 12. Suddenly a motorbike(FBE1488U) from the left side of my car wanted to go straight came in. As it was very sudden, we collided onto each other. The rider fell down and was unconscious. One of the passerby then called for ambulance. While the passerby was calling ambulance, I was trying to wake the rider up. A while later, the ambulance arrived and followed by the traffic police. The paramedic attended to the rider and the rider was subsequently conveyed to by the ambulance. I gave my particulars to the traffic police, was issued with a case card and was advised to lodge a traffic accident report.





3 of 3

Report No. T/20201113/2111

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

CONTINUATION OF REPORT

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9	VO	tr	h		lan
J	ve	w			all

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 / Staff Sgt SOONG PEI XING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2020 20:13
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ZICKIE BIN AHMAD	Classification Of Case:
SUYUTI Contact No.: 65476356 Authentication Stamp	





Report No. T/20201116/7038

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

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 17:21	lade:	Vide Report No.: T/20201113/2111	Station Diary No.:
Informa	nt's Particu	ulars		
	Informant: RUDIN BIN		Address: 414B FERNVALE LINK	#10-10 SINGAPORE 792414
ID Type NRIC NO	/ ID No.: D / S85126	531	Contact No.: Home/Office:	Mobile: 81802166
Nationali SINGAP	ty: ORE CITIZ	EN	Email: nasharudinmuin@gmail	.com
Sex: Male	Age: 35	Date of Birth: 27/04/1985	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2020 18:40	Type of Location Straight Road
Location: BEDOK SOU	TH AVENUE 2			
		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit:  Traffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBE1488U	Motorcycle					0
SLZ6182P	Car	ТОУОТА	VOXY HYBRID 1.8ZS AT	Black		2

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## CONTINUATION OF REPORT

2 of 3 Report No. T/20201116/7038

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLZ6182P	AIG ASIA PACIFIC INSURANCE PTE.				

Details of Person				Charles and	The state of the s	
Any Pedestrian In			Lie of Redestries Crossing: NA			
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Passenger				NAME OF TAXABLE PARTY.	STEED STORY	00704000D
Name	ROS FAIRUZANA BINTE ROSZALI			ID No		S8704988D
Related Vehicle	SLZ6182P (Car)			Conta	ct No.	91873158
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	
No. of Days granted Medical Leave 02		Degree of		Sligh	t .	
Driver						
Name	NASHARUDIN BIN M	UIN		ID No	).	S8512653I
Related Vehicle	SLZ6182P (Car)			Conta	act No.	81802166
Hospital/Clinic	NIL		Class Drivir Licen Expir	ng ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	
No. of Days granted Medical Leave 02			Degree o	f	Sligh	t

## Brief Details.

AS PER REPORT ON T/20201113/2111, I WOULD LIKE TO AMEND THE REPORT. THE NEXT DAY, BOTH MY WIFE & I ENCOUNTER PAIN. WE CONSULT DOCTOR AND WERE GIVEN 2 DAYS MC FOR BOTH.





0201116/7038

3 of 3

Report No. T/20201116/7038

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

#### CONTINUATION OF REPORT

C	VO	tch	D	an

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

Date/Time:
16/11/2020 17:21

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD ZICKIE BIN AHMAD SUYUTI
Contact No.: 65476356

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

Classification Of Case:

Authentication Stamp



## 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) and Road Transport (Amendment) Act 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE

COMMERCIAL MOTOR

**POLICY EXCESS** 

REFER TO ITEM 5

CERTIFICATE NO.

SI 75182P

WINDSCREEN EXCESS

5\$100.00

YES

(The below excess is subject to GST)

POLICY NO.

999993874

SUM INSURED

MARKET VALUE

INSURING WITH COE/PARF SI 76182P

MAJULAH CAR LEASING PTE LTD

1 ) VEHICLE REGISTRATION NO. 2 ) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF

15 May 2020

14 May 2021

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the insured's order or with their permission.

\$\$2,000.00 Section I & \$\$2,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience.

An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.

Accident repair has to be carried out at AIG appointed list of workshop.

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) LIMITATION AS TO USE"

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, rating, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

INDEX CREDIT PTE LTD

\*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) and Road Transport (Amendment) Act 2019, 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 28 May 2020

AIG Asia Pacific Insurance Pte. Ltd.

504531-000 B.A.S. Insurance Agency No 30 Kaki Bukit Road 3 #05-06 Singapore 417819

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

## > Back to OneMotoring

# Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

815C

Vehicle Details

Vehicle No.:

SLZ6182P

Vehicle to be Exported:

No

Intended Deregistration Date:

30 Nov 2020

Vehicle Make:

TOYOTA

Vehicle Model:

VOXY HYBRID 1.8ZS AT ABS D/AIRBAG

2WD

Primary Colour:

Black

Manufacturing Year:

2017

Engine No.:

2ZR0A29888

Chassis No.:

ZWR800284814

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$32,872.00

Original Registration Date:

11 May 2018

First Registration Date:

11 May 2018

Transfer Count:

0

Actual ARF Paid:

\$28,021.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

10 May 2028

PARF Rebate Amount:

\$21,015.00

Intended COE Rebate Details

COE Expiry Date:

10 May 2028

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$37,330.00

COE Rebate Amount:

\$27,786.00

Total Rebate Amount:

\$48,801.00

The information contained herein is correct as at 16 Nov 2020