

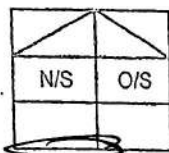
S.S. REC. BY: Jan REF: CS/HQ/20013005/Rigf3 829A  
 COE MILEY: 2023/JAN

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: SKP 3636G  
 at Workshop m/s ACCORD AUTO SVC P/L  
 of 1009, BUNST MERRA LN 3#01-80  
 Insured: AGI  
 Policy No. \_\_\_\_\_  
 Claims No. C10008079/JM  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: 14K  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SKP 3636G Yr Regn: 2008 / Feb  
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: TOYOTA VIOS E AUTO c.c. 1497  
 Colour: BLACK A/C: Insured / Std / NI / NA  
 Sp. Reading: 160663 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MRO53H49305044112  
 Gen. Cond: Good / ☒ Fair / Poor / Burnt  
 Steering: ☒ Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: ☒ Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / ☒ R/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 185/60R15  
 R: \_\_\_\_\_

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

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>23/11/2020</u>	D.O.I. <u>26/11/2020</u>

Survey held at ACCORD AUTO

Des. of Damages: Frt / ☒ Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_

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

Date / Time	Action / Instruction
	<u>Repair limit 4K</u>
<u>02/12/20@2.18pm</u>	<u>Julie informed that this case is repudiated case &amp; ask us submit our report.</u>
	<u>Submit Preli. report.</u>

Date/Time, File Pass to?

☒ : Prel. Report  
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

1) 04/12 Typist

Date/Time, File Return to?

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

Rep. Format: \_\_\_\_\_

Lump Sum / I.B.F. (\$) \_\_\_\_\_

STATION 90 NORTH MERAH LANE 3  
#01-80 SINGAPORE 159723  
TEL 6271513 FAX 6271433 FAX 62745715

## Pgl

Date: 24.11.2020

Owner's Name : Siti Hajarah Binte Hasan

Vehicle No : SKP3636G

Vehicle Make & Model : Toyota Vios E Auto

Registration Date : 1 Feb 2008 (YOM 2007) COE Expiry Date 31 Jan 2023

Claim Type: Third Party Claim

Chassis No: MR053HY9305044112

DOA: 23.11.2020

No	Description	Unit	List (\$)
1	REAR BOOT <i>repair</i>	1	\$ 635.84
2	REAR BOOT HINGE <i>X</i> SVC	2	\$ 134.20
3	REAR BOOT LOCK <i>X</i> SVC	1	\$ 117.10
4	REAR BOOT STRICK <i>X</i> SVC	1	\$ 68.40
5	REAR BOOT INSULATOR <i>X</i> SVC	1	\$ 290.16
6	REAR BOOT INSULATOR CLIPS <i>X</i> NN	SET	\$ 38.00
7	REAR BOOT RUBBER <i>X</i> SVC	1	\$ 217.58
8	REAR BOOT LOGO <i>new</i>	1	\$ 60.04
9	REAR BOOT 'VIOS' <i>new</i>	1	\$ 54.72
10	REAR BOOT 'E' <i>new</i>	1	\$ 54.72
11	REAR BOOT LOCK PANEL (ABOVE CAR PLATE) <i>X</i> SVC	1	\$ 301.72
12	REAR BOOT OUTER LOCK <i>X</i> SVC	1	\$ 152.36
13	REAR FENDER LH <i>X</i> SVC	1	\$ 871.66
14	REAR FENDER RH <i>X</i> SVC	1	\$ 871.66
15	REAR LAMP LH <i>X</i> SVC	1	\$ 380.00
16	REAR LAMP RH <i>X</i> SVC	1	\$ 380.00
17	REAR BUMPER <i>de</i>	1	\$ 533.48
18	REAR BUMPER SIDE RETAINER LH & RH <i>X</i> SVC	2	\$ 196.00
19	REAR REINFORCEMENT ?	1	\$ 380.52
20	REAR END PANEL <i>repair</i>	1	\$ 621.25
21	REAR END PANEL TOP GARNISH <i>de ?</i>	1	\$ 218.40
22	SPARE TYRE TRUNK <i>X</i> SVC	1	\$ 800.76
Total (A) :		\$	7,378.57
Less 25%		\$	1,844.64
Total:		\$	5,533.93

# ACCORD AUTO SERVICES PTE LTD

100, MERAKIT MERAH LANE 3  
#04-01 SINGAPORE 159723  
TEL: 62274333 FAX: 62245715

## ESTIMATE REPAIR

Auto & General Insurance (S) Pte Ltd

Date: 24.11.2020

Owner's Name : Siti Hajarah Binte Hasan

Vehicle No : SKP3636G

Vehicle Make & Model : Toyota Vios E Auto

Registration Date : 1 Feb 2008 (YOM 2007) COE Expiry Date 31 Jan 2023

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Pg 2

Acknowledged by Repairer  
Claim Type: Third Party Claim  
Signature:  
Policy No: MR053HY9305044112

DOA: 23.11.2020

No	Description	Unit	List (\$)
<b>Special Nett</b>			
1	REAR CAR PLATE NUMBER WITH HOLDER <del>X</del> NN	1	\$ 50.00
2	REAR REVERSE SENSOR ?	SET	\$ <del>280.00</del> 200?
3	REAR FENDER SHILED CLIPS <del>X</del> NN	2 SET	\$ 96.00
4	REAR BUMPER CLIPS <del>new</del>	SET	\$ <del>52.10</del> 30
<b>Labour</b>			
1	Spray Painting to All Affected Areas	1	\$ <del>1,200.00</del> 600
2	Labour Remove / Refix Accident Damages parts to knock , jack, cut weld and realign accident affected area	1	\$ <del>1,000.00</del> 400
3	Check Wiring System & Light	1	\$ <del>100.00</del> X
4	Anti Rust Treatment	1	\$ <del>120.00</del> X
5	To Check & Adjust Wheel Aligment	1	\$ <del>100.00</del> X
6	To Remove /Refix Rear Boot Attachment, Mechemism & Assy To New Boot	1	\$ <del>200.00</del> X
7	To Remove / Refix/Replace Reverse Sensor	1	\$ <del>150.00</del> 60
8	To Remove / Refix Inner Compartment To Facilities Repair	1	\$ <del>150.00</del> 60
9	To Check Rear Boot Water Leaking	1	\$ <del>200.00</del> X
10	To Remove / Refix Rear Exhaust Box	1	\$ <del>180.00</del> X
Rasul			
Hp 90010068			
4 days			
L/S			
26/11/2020 @ 1535			
Resurvey after repair			
Total (B) :			\$ 3,878.10
Grand Total:			\$ 5,533.93

## ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to spun to the insurer.
2. This Form must be completed by the Policyholder and/or the Driver.
3. Information provided must be as truthful and accurate as possible. Any 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	23/11/2020 18:36
Date Of Accident	23/11/2020 13:40
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3636G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SITI HAJARAH BINTE HASAN
NRIC No	SXXXX829A
Email Address	MAHATSITI23@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92275487
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPV01000467
Cover Note Number	

### Driver

Name of Driver	SITI HAJARAH BINTE HASAN
NRIC No	SXXXX829A
Date Of Birth	23/12/1981
Occupation	INDOOR
Date Of Driving Pass	16/02/2006
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92275487
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	MAHATSITI23@YAHOO.COM.SG

Address BLK 138B YUAN CHING ROAD #19-127  
Postcode 612138  
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 -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
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 2  
Was any body injured in the Accident? YES  
Was any injured conveyed to hospital by ambulance? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 3  
Passenger 1  
NAME: : DESMOND ANG HAO JIE  
GENDER: : MALE  
Passenger 2  
NAME: : CHEN JIN YAN  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name JURONG NPP  
Police Station Address ROAD: 158 YUNG LOH ROAD #01-58, POSTCODE: 610158, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

I WAS DRIVING ALONG PAYA LEBAR RD TOWARDS UPPER PAYA LEBAR RD UPON SEEING THE CAR IN FRONT OF ME BRAKING, I STARTED TO BRAKE AS WELL. I WAS COMPLETELY AT STOP FOR A FEW SECONDS WHEN THE CAR BEHIND ME BANGED THE REAR OF MY CAR.

#### 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 SJK9030C  
Vehicle Make/Model/Colour KIA  
Details Of Properties  
Vehicle Category PRIVATE CAR

e of Driver  
IC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company  
Nature Of Damage  
No. Of Passengers

Name of Driver JOSEPH  
R/C/Passport Number SXXXX674D  
Contact Number 96175617  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name CHEN JIN YAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKP3636G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 2:**

Name DESMOND ANG HAO JIE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKP3636G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**DETAILS OF INJURED PERSON 3:**

Name SITI HAJARAH BINTE HASAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKP3636G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode



Veh A: 847 3636 G  
Veh B: SJK 9130 KC

**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 willful 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.

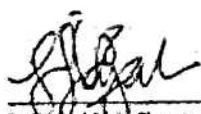
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.

— I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature

Date & Time: 23.11.2020  
1726 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

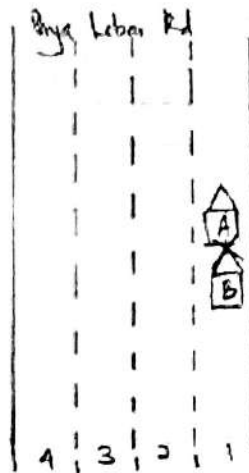
Name: Celia Lai

NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

Veh A: SHP 3434 G  
Veh B: STK 8888 G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Paya Lebar Rd towards Upper Paya Lebar Rd. Upon seeing the car in front of me braking, I started to brake as well. I was completely at a stop for a few seconds when the car behind me banged the rear of my car.

## DECLARATION

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

*[Signature]*  
Policyholder's Signature

Date & Time: 23.11.2020  
17:26 HRS

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



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





SINGAPORE  
POLICE FORCE



T/20201124/2080

Police Station Of Origin:  
Jurong NPP  
158 Yung Lok Road #01-04 SINGAPORE  
610158  
Tel No: 1800-2659599

1 of 3

Report No T/20201124/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2020 20:51		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: SITI HAJARAH BINTE HASAN			Address: APT BLK 138B YUAN CHING ROAD #19-127 SINGAPORE 612138		
ID Type / ID No.: NRIC NO / S8139829A			Contact No.: Home/Office: Mobile: 92275487		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 38	Date of Birth: 23/12/1981	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2020 13:40	Type of Location: Straight Road
Location:  PAYA LEBAR ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK9030C	Car				No Damage	0
SKP3636G	Car	TOYOTA	VIOS E AUTO	Black	Slightly Damaged	2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKP3636G	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV01000467	13/02/2020	12/02/2021



SINGAPORE  
POLICE FORCE



T/20201124/2080

Police Station Of Origin:

Jurong NPP

158 Yung Leh Road #01-58 SINGAPORE  
610158

Tel No: 1800-2659099

2 of 3

Report No. T/20201124/2080

CONTINUATION OF REPORT

<b>Details of Person Involved:</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JOSEPH	ID No.	S8838674D
Related Vehicle	SJK9030C (Car)	Contact No.	96175617
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
<b>Driver</b>			
Name	SITI HAJARAH BINTE HASAN	ID No.	S8139829A
Related Vehicle	SKP3636G (Car)	Contact No.	92275487
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 23/11/2020 at about 1340hrs, I was driving my car (SKP3636G) along Paya Lebar Road towards Upper Paya Lebar Road when I came to a stop at a junction and suddenly a car (SJK9030C) from the back collided with the rear side of my car. My car suffered a dislodged left rear bumper and some dents on the rear that caused my boot to not be able to open. I exchanged particulars with the other driver before proceeding back to work.

When I was in my office, I started to feel pain in my neck and back area. I went to get myself check at Alexandra Hospital after work and was given a 3 days Medical Certificate from 23/11/2020 to 25/11/2020.

I do not have an in car camera in my car. No ambulance or Traffic Police attended to the incident.



SINGAPORE  
POLICE FORCE



T/20201124/2080

3 of 3

Report No T/20201124/2080

Police Station Of Origin:

Jurong NPP

158 Yung Lok Road 301-58 SINGAPORE

610158

Tel No: 1800-3344885

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:

J /

Sgt 2 MUHAMMAD NUR HAQIM BIN ABU  
MANSOR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:  
24/11/2020 20:51

Classification Of Case:



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	829A
Vehicle No.:	SKP3636G
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	1NZX677262
Chassis No.:	MR053HY9305044112
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,498.00
Original Registration Date:	01 Feb 2008
First Registration Date:	01 Feb 2008
Transfer Count:	3
Actual ARF Paid:	\$13,748.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	31 Jan 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$21,485.00
COE Rebate Amount:	\$9,367.00
Total Rebate Amount:	\$9,367.00

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 26 Nov 2020

OK

Black



## ► Toyota Vios 1.5A E (COE till 02/2023)

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$14,999		
Depreciation ?	\$6,640 /yr	Reg Date	19-Mar-2008 (2yrs 3mths 2days COE left)
Mileage	N.A.	Manufactured ?	2007
Road Tax ?	\$889 /yr	Transmission	Auto
Dereg Value ?	\$9,509 as of today (change)	OMV ?	\$12,498
COE ?	\$21,061	ARF ?	\$12,664
Engine Cap	1,497 cc	Power	80.0 kW (107 bhp)
Curb Weight ?	1,095 kg	No. of Owners ?	3
Type of Vehicle	Mid-Sized Sedan		

### Features

Reliable 1.5 Litre VVT-I 16 Valves Inline DOHC Engine, Auto Transmission, ABS, EBD, Dual SRS Airbags And Fuel Efficiency Of 15Km Per Litre. View specs of the Toyota Vios (2007-2013)

### Accessories

Leather Seats, Knockdown Rear Seats, Reverse Sensors, Audio Player, Auto Retractable Side Mirrors.

Negotiable. Low Mileage Done. 100% Beautiful Condition. Low Depreciation. Low-Interest