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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	269R

Vehicle Details

Vehicle No.:	SKG9538P
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2020
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Silver
Manufacturing Year:	2008
Engine No.:	3ZZ4759386
Chassis No.:	MR053ZEE106106763
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,994.00
Original Registration Date:	05 May 2008
First Registration Date:	05 May 2008
Transfer Count:	1
Actual ARF Paid:	\$16,994.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	04 May 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$19,096.00
COE Rebate Amount:	\$9,270.00
Total Rebate Amount:	\$9,270.00

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 30 Nov 2020

OK

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altis

Price Range



Depreciation



> 10 year(s)



Vehicle Type



Home » Used Cars » Carway » Toyota Corolla Altis 1.6A (COE till 05/2023)

Toyota Corolla Altis 1.6A (COE till 05/2023)

Overview

Financial

Accessories

Similar

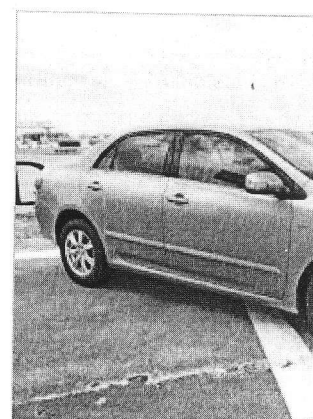
Research

Photos

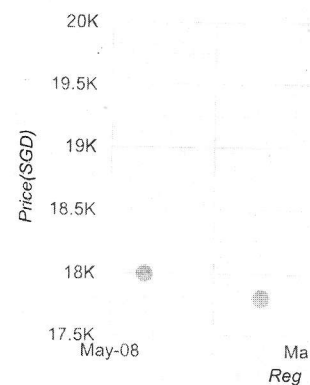
Map



Price	<u>\$19,800</u>	Reg Date	26-May-2008 (2yrs 5mths 25days COE left)
Depreciation	\$7,980 /yr	Manufactured	2008
Mileage	N.A.	Transmission	Auto
Road Tax	\$965 /yr	OMV	\$16,777
Dereg Value	\$9,480 as of today (change)	ARF	\$16,777
COE	\$19,096	Power	80.0 kW (107 bhp)
Engine Cap	1,598 cc	No. of Owners	3
Curb Weight	1,195 kg		
Type of Vehicle	Mid-Sized Sedan		



Price Chart



Click on the point to view the v

Features

1.6L Fuel-Efficient 16 Valve DOHC Dual VVT-i Engine, Smooth Auto Transmission With Ect, Dual SRS Airbags, ABS, Digital Climate Controls, 4x Disc Brake View specs of the Toyota Corolla Altis (2008-2013)

Accessories

Leather Seats, Sports Rims, Factory DVD Audio Player, Reverse Camera/Sensor, Auto Retractable Side Mirrors, Multi-Steering Controls, Fog Lights.

Description

1 Year W
Mai
Compare

illable, 1 Year In-House Warranty (Official Certificate), 1 Year Free Servicing And
A Or Vicom, Evaluation Are Welcome, New Paintwork, All Refurbished Works Done

MOR120105051 / ETHOZ Protect Pte Ltd - Bukit Batok
 ENTRY DATE & TIME: 25/11/2020 17:24
 SUBMITTED BY: Jonathan Lim Kok Siong

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	25/11/2020 17:24
Date Of Accident	25/11/2020 09:15
Exact Location Of Accident	BRADDELL UNDERPASS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG9538P
Insured/Policyholder	
Name Of Registered Owner	OVERSEAS FAMILY SCHOOL LIMITED
Co Reg No	1XXXXX269R
Email Address	JASON@OFS.EDU.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98175508

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA072233
Cover Note Number	19/11/2020-18/11/2021

Driver

Name of Driver	HOW ENG HUA
NRIC No	SXXXX604D
Date Of Birth	20/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1973
Driving Experience	47 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91179558
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 333 BUKIT BATOK STREET 32
#06-245
Postcode 650333
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
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 CLEAR
Road Surface DRY

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? NO
Was any injured conveyed to hospital by
ambulance?
Was any other material or property damaged? YES
I have been approached by unknown person(s)
soliciting/offering accident claims assistance. NO
Number of Passangers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 SMC9560X
Vehicle Make/Model/Colour MITSUBISHI
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 96362433
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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.

Overseas Family School Limited
81, Pasir Ris Heights
Singapore 519282
Tel: 6738 0211 Fax: 6738 8825

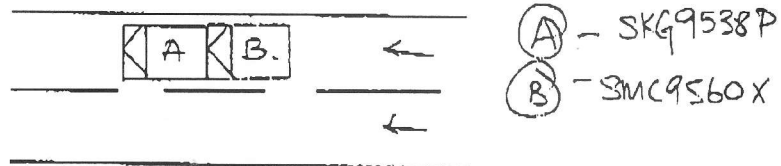
Policyholder's Signature
Date & Time:

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

I was driving towards Bishan. Along Braddel Underpass, there was a traffic congestion. I slow down my vehicle, and out of sudden, vehicle SMC 9560X hit from my back.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence.

<input type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input checked="" type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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

Overseas Family School
81, Pasir Ris Heights
Policy No: 68412088
Tel: 6733 8821 Fax: 6733 8825

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

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

SKG9538P

Date

No.

	Bootlid	Bent/buc	/
	Bootlid Rear logo	nee	/
	Bootlid '1.6' emblem	nee	/
	Bootlid 'corolla' emblem	nee	/
	Bootlid 'ALtis' emblem	nee	/
	Bootlid inner lock	1w1	/
	Bootlid weatherstrip	Torn	/
	Rear bumper	D.S	/
2pc	Rear bumper brackets @	Bent	/
1set	Rear bumper clips	nee	/
	Rear bumper sponge	Torn	/
2pc	Tail lamps ex2	cm	/
	Rear end panel	badly	/
	Rear end panel top garnish	1w1	/
	Rear floor panel top board	Torn	/
	Rear exhaust	Repair	X
1set	Rear bumper reverse sensor	shold	
	Rear end panel sealant	nee	

6 days