

# NATIONAL Assessment Centre Services

Date In: 05/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/HP21000161/12	SAS e-filing		
Veh No: GBB2490X	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 04/01/21 1105	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBC5392X	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	)
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2101045	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20		
Lat. 1:	9) N12: Idao Mobile 30		
Lat. 2 / 3:	Invoice dated	Fee Charged	
	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 Submission	05/01/2021 16:23 (SGT)
Date of Accident	04/01/2021 11:05 (SGT)
Exact Location of Accident	Ubi Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2490X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARTDECOR DESIGN STUDIO PTE LTD
Company Reg No	2XXXXX091C
Email Address	jasmin@artdecordesign.net
Mobile Phone No	(Phone) +65-62221702
Alternative Phone No	(Office) +65-62221702

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD20V11132/VCV/R00
Cover Note Number	-

#### DRIVER

Name of Driver	CHAN YEW WAH
NRIC No	SXXXX941G
Date Of Birth	21/03/1959
Occupation	Outdoor

Date Of Driving Pass .....	19/07/1979
Driving experience .....	41 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96147949
Alt. Phone Number .....	-
Email Address .....	jasmin@artdecordesign.net
Address .....	BLK 109 ALJUNIED CRESCENT
Address complement .....	#05-56
Postcode .....	380109
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	GOVINDASAMY KALIYAMOORTHY VENKATESH
Gender .....	Male

#### PASSENGER 2

Name .....	SOORIYAMOORTHY ELAMARAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210104/7016

#### 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	GBC5392X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF1029K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHAN YEW WAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK, NECK & SHOULDER
Injured person in which vehicle?	GBB2490X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	GOVINDASAMY KALIYAMOORTHY VENKATESH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBB2490X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 3

Name of injured person	SOORIYAMOORTHY ELAMARAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

## 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.



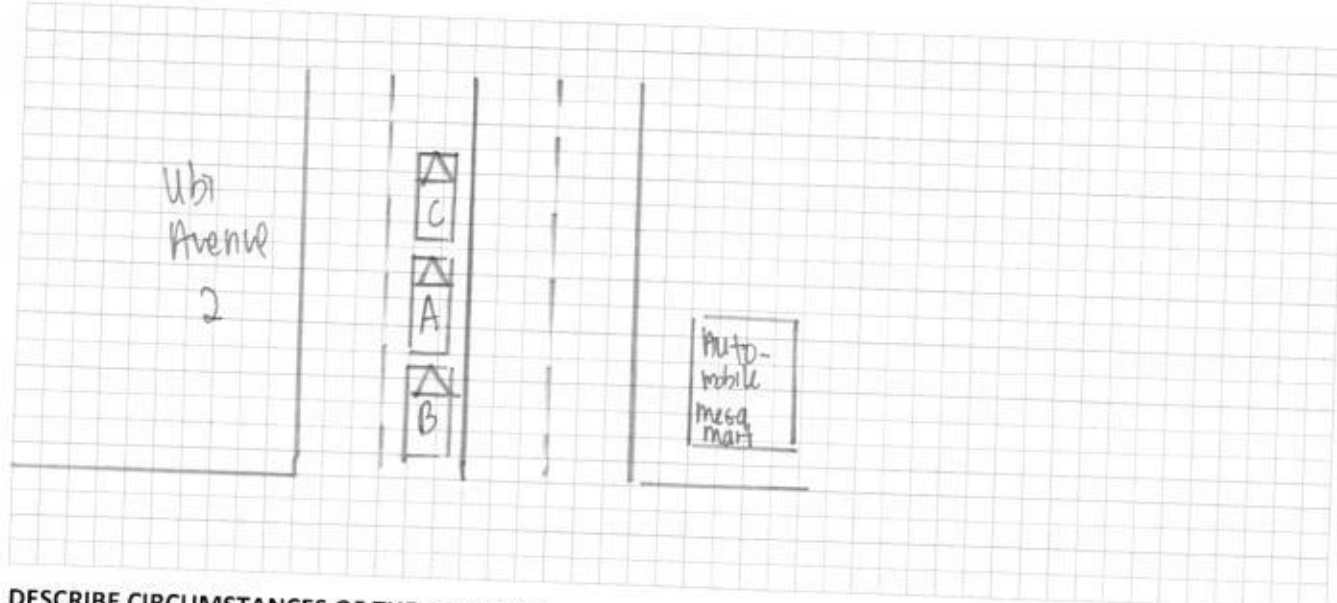
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: 7/20210104/7016

*[The remaining lines of the section are crossed out with a diagonal line.]*

## DECLARATION

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

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.:



# SINGAPORE POLICE FORCE



T/20210104/7016

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

1 of 4

Report No. T/20210104/7016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/01/2021 14:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHAN YEW WAH			Address: 109 ALJUNIED CRESCENT #05-56 SINGAPORE 380109		
ID Type / ID No.: NRIC NO / S1383941G			Contact No.: Home/Office: Mobile: 96147949		
Nationality: SINGAPORE CITIZEN			Email: chanyewwah1959@gmail.com		
Sex: Male	Age: 61	Date of Birth: 21/03/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Carpenter			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2021 11:05	Type of Location: Straight Road
Location:  UBI AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 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: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB2490X	Lorry					2
GBC5392X	Lorry (H1516)					0
SHF1029K	Car					0



# SINGAPORE POLICE FORCE



T/20210104/7016

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

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Report No. T/20210104/7016

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN YEW WAH	ID No.	S1383941G
Related Vehicle	GBB2490X (Lorry)	Contact No.	96147949
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	GOVINDASAMY KALIYAMOORTHY VENKATESH	ID No.	G6508287Q
Related Vehicle	GBB2490X (Lorry)	Contact No.	NIL
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	Slight
Passenger			
Name	SOORIYAMOORTHY ELAMARAN	ID No.	G5278030L
Related Vehicle	GBB2490X (Lorry)	Contact No.	NIL
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	Slight

### Brief Details.

On 04.01.2021 at about 11:05hrs, I was travelling along Ubi Avenue 2 Towards Circuit Road. As I was heading straight, ahead of me there's a taxi slow down and stop, I follow suit. All of a sudden I felt an impact from the rear. Then I realised a lorry GBC 5392X had collided onto my vehicle. Due to the impact, my vehicle had move forward and collided with a taxi SHF 1029K. Total 3 vehicles involved in the accident. I then felt on my back, neck & shoulder pain. I consult doctor and get 3 days of MC at Unihealth Clinic (Bedok). That's all.





**SINGAPORE  
POLICE FORCE**



T/20210104/7016

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

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Report No. T/20210104/7016

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20210104/7016

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

4 of 4

Report No. T/20210104/7016

**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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

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:  
04/01/2021 14:23

Classification Of Case:

Date of Accident : 04.01.2021 Accident Time: 11:05hrs (24-HR-Format)  
 Accident Place : Ubi Avenue 2  
 Vehicle No. (Car Plate No.) : 6BB2490X Make/Model: Nissan Cabstar 3.0 5M 7 ABS  
 Insurance Company : \_\_\_\_\_ Policy No: \_\_\_\_\_ 2DR 2WD 3.4T  
 Owner or Company Name / IC No. : Artdecor Design studio Pte Ltd (200922091C)  
 Owner or Company Contact No. : 62221702 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Chan Yew Wah (S13939416)  
 DRIVER'S Date Of Birth : 21.3.1959 DRIVER'S License Pass Date 19.07.1979  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling ☒ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 109 Aljunied Crescent #05-56 S1380109  
 DRIVER'S Contact No./ Alt No. : 1) 9614 7949 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR ☒ OUTDOOR (e.g. working inside or outside office)  
 Email Address : Jasmin@artdecor.com.sg  
 Weather & Road Surface : ☒ CLEAR & DRY ☐ RAINING & WET ☐ AFTER RAIN & WET  
 Reporting Type : Reporting Only ☒ Claim Other Party ☐ Claim Own Insurance  
 Number of Passengers (Including Driver): 3 pax include driver  
 Was there any video Captured by car camera: YES ☐ NO ☒  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any Injury (If YES, Pls state): Neck Back Pain

**Other Party Driver's Particular (if any)**

Vehicle No: <u>6BC 5392X (MS16)</u>	Vehicle No: <u>SHP 1029K</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**


- ① Govindasamy Kaliyamoorthy Venkatesh (M)
- ② Sooriyamoorthy Elamaram (M)



**Liberty Insurance Pte Ltd**  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890  
Website: <http://www.libertyinsurance.com.sg>

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

<b>Certificate No</b>	<b>SD20V11132 /VCV /R00</b>
<b>Form</b>	<b>MZ300A</b>
<b>Date Of Issue</b>	<b>18-SEP-2020</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBB2490X
<b>2.Chassis number of Vehicle:</b>	JN1SC2F24Z0800452
<b>3.Name of Policyholder:</b>	ARTDECOR DESIGN STUDIO PTE LTD
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	09-OCT-2020 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	08-OCT-2021 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
Any person who is driving on the Policyholder's order or with their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
<b>7.Limitations as to use*:</b>	
A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
<b>8.The Policy does not cover:</b>	
A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.	
*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 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.	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Third Party Fire & Theft
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	GREAT EASTERN FINANCIAL ADVISERS PTE LTD

PLKH/PLKH/18-SEP-20

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

18-SEP-20

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	091C

### Vehicle Details

Vehicle No.:	GBB2490X
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Primary Colour:	Gold
Manufacturing Year:	2008
Engine No.:	ZD30184441K
Chassis No.:	JN1SC2F24Z0800452
Maximum Power Output:	-
Open Market Value:	\$25,033.00
Original Registration Date:	09 Oct 2008
First Registration Date:	09 Oct 2008
Transfer Count:	3
Actual ARF Paid:	\$1,252.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	08 Oct 2023
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$14,699.00
COE Rebate Amount:	\$7,902.00
<b>Total Rebate Amount:</b>	<b>\$7,902.00</b>

### Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 04 Jan 2021

OK