

NATIONAL Assessment Centre Services.

[wpf 1 Jan 68]

5408213B0003

| | | | |
|-----------------------------|--|-----------------------|------------------|
| Date In: 11/03/2021 16:04/1 | Job description | Date & Time Completed | Done by |
| Ref No: N30/Full 2100323/14 | SAS c-illing | | |
| Veh No: SKK 5494 L | E-mail (by date time, A/C time) | | |
| D.O.A: 11/03/2021 10:30 | I-Motor Claim Form | mt1124022001 | 11/03/2021 16:11 |
| | I-Motor W/O (Winder OD time, TP time) | | |
| (1) TP : Reporting Only | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Box / Handle Owner / W/Ins | | |

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Policyholder () Vch No: **YP 5031 Y** 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 ()

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO Refer of repetition.

() 'Total Loss Case : to e-mail Insurer URGENTLY,

Drive-In () / Towed-In () ; Invoice: YRS () / NO () ; Towing Co: ()

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury :

NA21E1883

[illegible]

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 | 11/03/2021 16:04 (SGT) |
| Date of Accident | 11/03/2021 10:30 (SGT) |
| Exact Location of Accident | Outram Rd, Singapore |
| Additional Location Information | JUNCTION OF SENG POH ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SKK5494L |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | GOOI YEOW TECK (WEI YAODE) |
| NRIC No | SXXXX156H |
| Email Address | chrisdesagon@gmail.com |
| Mobile Phone No | (Phone) +65-97970628 |
| Alternative Phone No | +65-97970628 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Corolla |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5117645383 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------------------|
| Name of Driver | GOOI YEOW TECK (WEI YAODE) |
| NRIC No | SXXXX156H |
| Date Of Birth | 18/05/1963 |
| Occupation | Outdoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 22/06/1987 |
| Driving experience | 33 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97970628 |
| Alt. Phone Number | +65-97970628 |
| Email Address | chrisdesagon@gmail.com |
| Address | BLK 12 JALAN BUKIT MERAH #14-5048 |
| Address complement | - |
| Postcode | 150012 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| 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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|----------------|
| Name | GRAB PASSANGER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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 | YP5031Y |
| 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) -

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|------------------------------|
| Name of injured person | GOOI YEOW TECK (WEI YAODE) |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK, SHOULDER AND BACK PAIN |
| Injured person in which vehicle? | SKK5494L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|------------------------------|
| Name of injured person | UNKNOWN PASSANGER |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK, SHOULDER AND BACK PAIN |
| Injured person in which vehicle? | SKK5494L |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

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 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.

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.



Policyholder's Signature / Date & Time



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

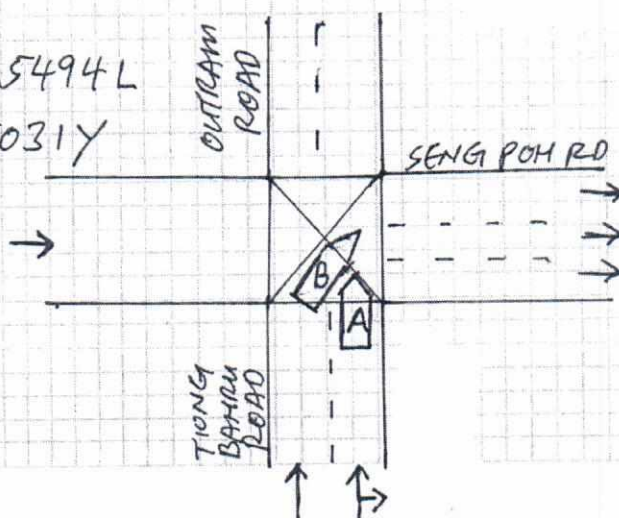
Witnessed by Reporting Centre Personnel

11/03/2021

Sketch Plan

VEH. A - SKK 5494 L

VEH. B - YP 5031 Y



JUNCTION OF
OUTRAM RD & SENG POH ROAD

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE 'A'
WAS TRAVELLING ON THE STATED VENUE. AS
I WAS DRIVING STRAIGHT. SUDDENLY, VEHICLE 'B'
SWERVED INTO MY LANE AND HIT ONTO MY
VEHICLE'S LEFT SIDE PORTION.

Declaration

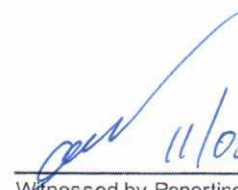
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time



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


11/03/2021
Witnessed by Reporting Centre
Personnel

Accident Date: 11/03/2021 Accident Time: 1030 (24-HR-Format)
Accident Place: 7- JUNCTION OF OUTRAM RD & SENG POM RD
Vehicle No. (Car Plate No.): SKK 5494L Make/Model: TOYOTA ALTIS
Insurance Company: NTUC Policy No.: _____
Owner or Company Name / IC No.: GOOI TEOW TECK (WU TAODE) S1623156H
Owner or Company Contact No.: 97970628 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No.: SAME AS ABOVE
DRIVER'S Date Of Birth: 18/05/1963 DRIVER'S License Pass Date: 22/06/1987
Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address: BLK 12 JALAN BUKIT MERAH #14-5048
DRIVER'S Contact No. / Alt No.: 1) 97970628 2) S150012
DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address: CHRISDESACION @ GMAIL.COM
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): 02
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, SHOULDER AND BACK.

Other Party Driver's Particular (if any)

| | |
|--------------------------------|------------------------------|
| Vehicle No: <u>(B) YP5031Y</u> | Vehicle No: _____ |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* NEW - Passenger's name & gender:

FEMALE - GRAB PASSENGER

Claim Handling

Accident MT/1124022

| | | | | |
|---------------------|---|---------------------|---|----------------------|
| Policy No. | 5117645383 | Vehicle No. | SKK5494L | GST Registration No. |
| Certificate No. | | | | |
| Policyholder Name | GOOI YEOW TECK (WEI YAODE) | | | Policyholder NRIC |
| Product Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading |
| Contact No.(Mobile) | 97970628 | Contact No.(Office) | | Contact No.(Home) |
| Email Address | | Special Remark | | eCode |
| KFK | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason |
| NCD Protection | No | NCD Entitlement(%) | 50 | Private Hire |

▼ Accident Details

| | | | | |
|-------------------|---|-------------------------------|-------|---------------------|
| Report Date | 11/03/2021 16:00 | Accident Report Within 24 hrs | Yes | Accident Type |
| Date of Accident | 11/03/2021 | Time of Accident hh:mm | 10:30 | Country of Accident |
| Reporting Centre | | Orange Force | | ICM No. |
| Accident Location | JUNCTION OF OUTRAM ROAD AND SENG POH ROAD | | | |

▼ Total Excess Applicable

| | | | | |
|----------------------------|--------------|----------------------------|----------|--------------------|
| Excess Type | Per Accident | Windscreen Excess | 100.00 | |
| OD Standard Excess | 2,000.00 | TP Standard Excess | 1,500.00 | |
| YIED OD Excess | 0.00 | YIED TP Excess | 0.00 | Driver is Covered? |
| Additional Excess | 0 | | | |
| Total OD Excess Applicable | 2000.00 | Total TP Excess Applicable | 1,500.00 | |

▼ Benefits

▼ GST Registered Information

| | | | |
|----------------------|----|-----------------------|-----|
| GST Registered | No | GST Registration Date | |
| GST Registration No. | | GST Status Verified | Yes |
| Modification History | | | |

▼ Policyholder Mailing Address

| | | | | |
|-----------|-----------------|-----------------------|-------------------|-----------|
| Address 1 | BLK 12 #14-5048 | Address 2 | JALAN BUKIT MERAH | Address 3 |
| Address 4 | | Address Type | Singapore address | Post Code |
| Unit No. | | Related Policy Number | 5117645383 | |

▼ OI Driver Info

| | | | | |
|---|---|---------------------|-------------------|------------------------|
| Driver Name | GOOI YEOW TECK (WEI YAODE) | Driver Type | Main Driver | Driver DOB |
| Unnamed driver Name | | Driver NRIC | S1623156H | Driving Experience |
| Register Date of Driver License | 01/01/1995 | Driver Age | 57 | Contact No.(Home) |
| Contact No.(Mobile) | 97970628 | Contact No.(Office) | | Address 3 |
| Address 1 | BLK 12 #14-5048 | Address 2 | JALAN BUKIT MERAH | Post Code |
| Address 4 | | Address Type | Singapore address | |
| Unit No. | | | | |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No. | SKK5494L | Driver Insurer Company |

Declaration

| | | | |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
|-------------------------------------|------|-------------|---|

Modification History

Claim 001

New

| | | | | |
|--------------------------------|-----------------------------------|-------------------------|----------------------------------|----------------------------|
| Claim Type * | OD-MX | Insured Name | GOOI YEOW TECK (WEI YAODE) | Insured NRIC |
| Contact No.(Mobile) | NIL | Contact No.(Home) | NIL | Contact No.(Office) |
| Email Address | | OI Vehicle Number | SKK5494L | TP Vehicle Number |
| Claim Description | SKK5494L / YP5031Y ON 11 Mar 2021 | | | Name of Preferred Workshop |
| Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | GIA report |
| Require Finalisation | Yes | Preferred Repair Option | Preferred Workshop, Name unknown | Date Received |
| Date Registered | 11/03/2021 16:09 | Claim Close Date | | |
| Report Taken By | ROSLI WAHAB | | | |

☒ Print AK letter

Save Submit

Attachment

3/11/2021

Claim Handling(accident reporting Claim Task)

Accident No.

MT/1124022

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

11/03/2021 16:11

Path *

[Choose File](#) No file chosen

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[Choose File](#) No file chosen

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[Message Read](#)

| Category * | Confidential | Urgen |
|---|----------------------|------------------------|
| Clear Please Select ▼ | NO ▼ | Normal |
| Clear Please Select ▼ | NO ▼ | Normal |
| Clear Please Select ▼ | NO ▼ | Normal |
| Clear Please Select ▼ | NO ▼ | Normal |
| Clear Please Select ▼ | NO ▼ | Normal |
| Clear Please Select ▼ | NO ▼ | Normal |

Attachment List

| Attachment | Uploaded By/Date | Category | | Urgency | Description |
|---|---|-----------------------|---|---------|-----------------------------|
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:11 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:11 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:11 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:10 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:10 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:10 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:10 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:10 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:10 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:09 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:09 | Photos | | Normal | Photos 2021-3-11 |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:09 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2021- |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:09 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2021- |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:09 | NRIC/ Driving License | Y | Normal | NRIC/ Driving License 2021- |
|  | NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 11 Mar 2021 16:09 | SAS | | Normal | SAS 2021-3-11 |

Video List

| Uploaded By/Date | Folder Date | File Name | | Sou |
|------------------|-------------|---------------------------------------|------------------------------------|-----|
| | | Display in New Window | Scan and uploading | |

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: 5117645383

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKK5494L**
Chassis Number : MR053REE104160605
2. Name of Policyholder : GOOI YEOW TECK (WEI YAODE)
3. Effective Date of Insurance : 29 May 2020
4. Expiry Date of Insurance : 30 Jul 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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\$2,000 |
| EXCESS (SECTION 2) | : S\$1,500 |
| 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 | : GOOI YEOW TECK (WEI YAODE) |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : HONG LEONG FINANCE LIMITED |
| 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 : INSURE LINK PTE LTD (00000614836)
Date of Issue : 28 May 2020 16:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 156H |
| Vehicle Details | |
| Vehicle No.: | SKK5494L |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 31 Mar 2021 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | COROLLA ALTIS 1.6 A |
| Primary Colour: | Blue |
| Manufacturing Year: | 2013 |
| Engine No.: | 1ZRX280254 |
| Chassis No.: | MR053REE104160605 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value: | \$15,084.00 |
| Original Registration Date: | 31 Jul 2013 |
| First Registration Date: | 31 Jul 2013 |
| Transfer Count: | 1 |
| Actual ARF Paid: | \$15,084.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 30 Jul 2023 |
| PARF Rebate Amount: | \$9,050.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 30 Jul 2023 |
| COE Category: | A - Car (1600cc & below) |
| COE Period(Years): | 10 |
| QP Paid: | \$64,209.00 |
| COE Rebate Amount: | \$14,964.00 |
| Total Rebate Amount: | \$24,014.00 |

The information contained herein is correct as at 11 Mar 2021

OK