| in the constant of | | | | | | | |
|------------------------------|------------------------|-------------------|---|------------------|---------------|--------------------------|------------------|
| (08/11/13) wef | REF: | | | | | BZIR | 4 |
| ASS. REC. BY: LASAL | | | • | | | | Aprese |
| | • | | NMENT | sH94 | W7 (a | Yr Regn: 2017 1 | July_ |
| From: | Date: | | Veh No: | M Cycle / Rus | / Van / Lorry | Prime Mover / | = |
| Estimated Cost: | | | | | | | _ |
| OD / TP / WS / TP RES / OD R | RES / EVA / INV / MV | | Truck | Trailer or | . INEO |) / B c.c 79 | 6 |
| To Inspect Vehicle No: | | | | PARIM AKIN | N HYDRI | A/C: Insured / Std / | NI / NA |
| • | | 1 | Colour | BUG | | T/Radio: Insured / Std / | À |
| of | | | | 517016 | | medicine. | |
| Insured: | NTW | | Eng/No: | 4 - 4 6 | 2000 | 356 2896 | |
| Policy No. | | | C/No: | | | 350 0816 | |
| Claims No. | | | | Good / Fair / Po | | lumt or | Ţ |
| Sum Insured: | _ | | | rder/ Jammed | | | § |
| (Client's Record) | | | | rder / Jamme | | surnt or _ | |
| Make of Veh: | | | Modi: (Nil | / S/Rim / ST | D A/Rim or | 0.4 | · · |
| | | | Tyre Size: | F: | 195/65 | K15 | |
| (Policy Condition) | | | | R: | ٠ ٠٠ | | ! |
| Remark: The veh had comme | enced its | N/S O/S | BS / DUN / | EXNOVA I GY | ifsilizai | MIC / OHTSU / PIR / SI | UMI / |
| repair at the time of | | | TOYOTY | KO or | | | |
| Bal. or Market Value: | | \longrightarrow | Front | | | Rear / | |
| IDAC Accident Rport: | Consistent? : Yes or N | lo . | R/Bal. | 6 | mm. | R/Bal. 6 | mm |
| | Consistent? : Yes or N | | L/Bal. | 6 | mm | L/Bal. 6 | mm |
| GIA / PR Seen: | days Res.: Yes or I | | D.O.A. 2 | 10121 | | D.O.I. 29 06 | 2(|
| | | | Survey held | | COMP | DET LOYKING | |
| Lum Sum: | % 3 Val.: Yes or I | | | | | | OD OF |
| CA / REV / REP. / 24 H | IRS | | Des. of Dar | nages; rn / | Rear 1 OIS | I NJS I UIC I Rooft | -p |
| | Veh | icle: IN/OUT | | | | | due to collision |
| Date: Person C | Contacted: | | The U/C | : / Chassis t | rame / Boo | ly Structure affected | que to comsion. |
| Date / Time Action / Instru | ıction | | | | | | |
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| and the second of | | | | | | | |
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| | | | | | | | |
| Date/Time, File Pass to? | Preli. Report | | Days Of F | Repair: | | | |
| 1) : F | inal Report | | Resurvey | No. of Tri | p: | Survey Fee: | |
| Date/Time, File Return to? | | | | | | Transportation: | |
| 2) | | Add Fee | | te Insp (| S |)S+RS, | |
| 1 | | Auu i ee | | • | | | .51 |
| Panort Format - | | | | terview (| |) Photos | |
| Report Format : | | | :T | ech. Invs (| |) Others | |

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

DATE:

28.06.21

MODEL:

Toyota Prius

VEHICLE NO.: SH 9442G

INSURANCE: NTUC

MVA: LIM T S

| PART NO. | DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|----------|-----------------------------------|-----|------------|----------------------|
| E 1800 | Rear Bumper de | 1 | casti | \$458.60 |
| | Rear Bumper Re-Inforcement | 1 | | \$318.80 |
| | Rear Bumper Lower Cover-Black SCA | 1 | | \$552.60 |
| | Rear Bumper Side Retainer RH | 1 | - Br | \$112.70 |
| | Rear Bumper Clips 🖊 | 10 | \$2.20 | \$22.00 |
| | Rear Bumper Extension RH | 1 | | \$232.00 |
| | Tail Lamp Assy (Upper) RH | 1 | | \$557.90 |
| | Tail Lamp Assy (Lower) RH | 1 | 1 . | \$548.40 |
| | SUB TOTAL | | | \$2,803.00 |
| | LESS 25% | | | \$700.75 |
| | DISCOUNTED TOTAL | | | \$2,102.25 |
| | NETT TOTAL | | | \$0.00 |
| , j | NEII IOIAL | | | \$0.00 |
| | TOTAL SPARE PARTS | | | \$2,102.25 |
| | _abour Charge | | | |
| F | Panel Beating | | 350 | \$400.00 |
| ls | Spray Painting Charge | | 250 | \$400.00 \$300.00 |
| | Check Lightings | | | \$40.00 |
| 13 | emove/Refix Reverse Sensor | | 60 | |
| | emove/Relix Reverse Sensor | 1.1 | | \$120.00 |
| | TOTAL LABOUR | | | \$860.00 |
| | | | , s. | ***** |
| | ESTIMATE TOTAL | | | \$2,962.2 |

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company

> 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

Acknowledged by Repairer

Signature:

Date:

gsur Hp 90010068 3 days 29/06/21/09/630 Resus after repair



ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755
Workshops'
205 Braddell Road Singapore 579701
59 Loyang Drive Singapore 508969
383 Sin Ming Drive Singapore 575717

| Team: | ARC Repair TP(CLSO)1 | JOB CARD | bales of det. | JC NO.: 305475879 |
|---------------|--|-----------------|---------------------------------------|----------------------------------|
| OMER | | | REGN NO.: SH 9442G | MILEAGE |
| S OMER NO. | | LTD | MAKE: TOYOTA | FUEL EF |
| ESS | 383 SIN MING DRIVE Singapore SINGAPORE 575717 | | | DATE/TIME IN 127.06.2021 16:1 |
| (R) (P) | 65508755 (O) . | , | YR OF MANU. 26.07.2017 | TARGET DATE |
| UNT CARD | NO. | | CHASSIS CODE JTDKB3FU0035628 | COMPLETION DATE/TIME: |
| i. | | JOB DESCRIPTION | * * * * * * * * * * * * * * * * * * * | |
| | lent Date: 27.06.2021 E: 3P 27.06.2021 | | | |
| S/NO | LABOR CODE | DES | SCRIPTION | FRONT |
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| ED 8 | PASS | ED O | JT B | Y: |
|------|------|------|------|----|
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SERVICE ADVISOR CUSTOMER'S SIGNATURE Exit Pass gement Slip

SH 9442G

LIMTS

Vehicle No.:

SH 9442G

vice Advisor Signature/Date Name of Service Advisor Date

to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Thease report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policyholder and/or the Authorised Driver
 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.
- 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 | 29/06/2021 11:38 (SGT) |
|---------------------------------|--------------------------|
| Date of Accident | 27/06/2021 15:40 (SGT) |
| Exact Location of Accident | Devonshire Rd, Singapore |
| Additional Location Information | - |

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

| Valida Designation Number | CHOMASC |
|-----------------------------|-------------|
| Vehicle Registration Number | SH9442G |

INSURED/POLICYHOLDER

| Is company? | Yes |
|--------------------------|-------------------------------|
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LT |
| Company Reg No | 1XXXXX821R |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-98809216 |
| Alternative Phone No | (Office) +65-65508768 |

VEHICLE PARTICULARS

| Manufacturer | Toyota |
|--|---------------------------|
| Model | Prius |
| Variant | - va v v v v |
| 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 | No - Claiming third party |
| your vehicle? | |
| Vehicle Category | Taxi |
| Transmission | Auto |
| CC | 1798 |

INSURANCE COMPANY

| Name of Insurance Company | AXA Insurance Pte Ltd |
|---------------------------|-----------------------|
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | Yes |
| Policy Number | VFX/P2419138 |
| Cover Note Number | - |

DRIVER

| Name of Driver | CHUA PENG HUI |
|----------------|-------------------|
| NRIC No | SXXXX628C |

| Qf Birth | 26/11/1959 |
|--|---|
| cupation | Outdoor |
| ate Of Driving Pass | 18/01/1984 |
| Driving experience | 37 YEARS AND 5 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98809216 |
| Alt, Phone Number | (FIIUIIG) +03-300032 IU |
| Email Address | fleeteefety@edatavi.com.cc |
| Address | fleetsafety@cdgtaxi.com.sg |
| | APT BLK 9 EUNOS CRESCENT |
| Address complement | #05-2703 |
| Postcode | SINGAPORE 1440 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | |
| Servel Me III Office Of The Assistant | |
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | SON TO PERSON TO PERSON THE PERSON TO PERSON THE PERSON TO PERSON |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | No 2 |
| | 2 |
| | No |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? | Yes |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) | - |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) | Yes 1 |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) | Yes |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) | Yes 1 |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION | Yes 1 No |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? | Yes 1 No |
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| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27/06/2021 AT AROUND 1540HRS, I WAS DRIVING MY VEHOWARDS 111 SOMERSET, I STOPPED MY VEHICLE ON THE | Yes 1 No No No No HICLE A (SH9442G) ALONG DEVONSHIRE ROAD HEADING E GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD R ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAF |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? f yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27/06/2021 AT AROUND 1540HRS, I WAS DRIVING MY VEHOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE RIVE PAST WHEN SUDDENLY VEHICLE B (FBQ5062A)REAR | Yes 1 No No No No HICLE A (SH9442G) ALONG DEVONSHIRE ROAD HEADING E GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD R ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAF |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? f yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27/06/2021 AT AROUND 1540HRS, I WAS DRIVING MY VEHOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE RIVE PAST WHEN SUDDENLY VEHICLE B (FBQ5062A)REAR IGHT BUMPER OF MY VEHICLE. THERE WAS NO INJURIES. | Yes 1 No No No No HICLE A (SH9442G) ALONG DEVONSHIRE ROAD HEADING E GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD R ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAL |
| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? f yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27/06/2021 AT AROUND 1540HRS, I WAS DRIVING MY VEHOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE RIVE PAST WHEN SUDDENLY VEHICLE B (FBQ5062A)REAR IGHT BUMPER OF MY VEHICLE. THERE WAS NO INJURIES. | Yes 1 No No No No HICLE A (SH9442G) ALONG DEVONSHIRE ROAD HEADING E GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD R ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAL |
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| Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? f yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27/06/2021 AT AROUND 1540HRS, I WAS DRIVING MY VEHOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE RIVE PAST WHEN SUDDENLY VEHICLE B (FBQ5062A)REAR IGHT BUMPER OF MY VEHICLE. THERE WAS NO INJURIES. | Yes 1 No No No HICLE A (SH9442G) ALONG DEVONSHIRE ROAD HEADING E GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD R ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAF |

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number | FBQ5062A |
|-----------------------------|--|
| Vehicle Manufacturer | Yamaha |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | WOO GUO WEN |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

| ¿No | SXXXX717B |
|---|---------------|
| itact Number | - |
| dress | - ** : |
| ddress complement | - |
| ostcode | <u>-</u> |
| Insurance Company Name | - 2 2 |
| Nature Of Damage | - |
| Details of property damaged in accident | . <u>-</u> |
| No. Of Passenger (Including Driver) | |

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudlate policy liability</u>.
- 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 w ith 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ge

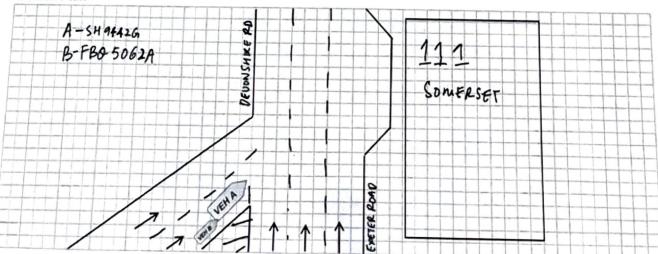
Driver's Signature (If driver is not the policyholder) / Date & Time 28/6 n1 0140

Witnessed by Reporting Centre Personnel EHM MALC

Sketch Plan

Time

Policyholder's Signature / Date &



Ba ID/ Gl Describe Circumstances of the Accident

ON 270621 AT AROUND 1540HRS, I WAS DRIVING MY VEHICLE A SH9442G ALONG DEVONSHIRE ROAD HEADING TOWARDS 111 SOMERSET. I STOPPED MY VEHICLE ON THE GIVE WAY LINE TO LET VEHICLES FROM THE MAIN ROAD TO DRIVE PAST WHEN SUDDENLY VEHICLE B FBQ5062A REAR ENDED MY VEHICLE. THERE WAS DAMAGES TO THE REAR RIGHT BUMPER OF MY VEHICLE. THERE WAS NO INJURIES.

Declaration

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

fe

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 261612 0446

Witnessed by Reporting Centre Personnel K-4 Apple.

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Owner (Citype: | |
|-------------------------------|---|
| | 821R |
| Whice No. | |
| Which to be Exported: | |
| Intended Deregistration Date: | |
| | |
| Vehicle Modet | PROSHYBRID LBCVT |
| Primary Colour. | 200, 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Manufacturing Year: | |
| | 2ZR5060003 |
| | Лтокв3FU003562898 |
| Maximum Power Output: | 90.0 kW (120 bhp) |
| Open Market Value | 459.007.00 |
| Original Registration Date: | Z6 Jul 2017 |
| First Registration Date: | 110 24 M 2017 |
| Transfer Counts | |
| Actual ARF Paid: | \$\$(acco |
| PARF Eligibility: | |
| PARF Eligibility Expiry Date: | 25 Jul 2025 |
| PARF Robate Amount: | \$3750.00 |
| COE Expiry Date: | 25 Jul 2025 |
| OE Category: | A · Carupto 1600cc & 97kW (130bhp) |
| COE Period(Yuars): | |
| OP Pald | \$38.560.00 |
| COE Rebate Amount | \$19,617,00 |
| Total Repate Amount | \$23367.00 |

Please note that the 8-year COE for this vehicle caprot be further renewed. The vehicle must be de-registered upon COE expery or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 29 Jun 2021

OK