ASS. REC. BY: CAPAL	369K
	SIGNMENT
From: Date:	Veh No: SAB 6103 Yr Regn: 2014 1 SEP
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax? / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
OD/TP/WS/TP RES/OD RES/EVA/INV/MY. To inspect Vehicle No:	Make: THYATH PRIMS TAXY ex 1798
To Inspect Vehicle No: at Workshep m/s	Colour MARGUE AC: Insured / Std / NI / NA
	Sp.Reading 622021 T/Radio: Insured / Std / NI / 1884
Insured: NTW	Sp.Reading O
	C/No: STDKN36 U305 749710
Policy No.	Gen. Cond: Good / Paily/ Poet / Burnt
Claims No.	Steering: Inorder Jammed / Leaked / Burnt or
Sum insured: Excess:	Brake: Interder / Jammed / Leaked / Burnt or
(Client's Record)	O
Make of Veh:	100/1-018
10.1	
(Policy Condition)	R: RIME (OUTSIL/PIR / SUMI)
Remark: The veh had commenced its N/S 0/8	BOT BOTT Extreme
repair at the time of inspection.	TOYOTYOKO OF SAILLIN
Bal. or Market Value:	Front Rear
Bal. or Market Value:  IDAC Accident Report: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 m
IDAC Accident report	L/Bal. 6 mm L/Bal. 6 m
GIA / FIX GCCII.	D.O.A. 30 06 21 D.O.I. 01/07/21
Est. Repails.	
Lum Sum: % 3 Val.: Yes or No	
	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	
Vehicle: IN / OU	л
Vehicle: IN / OU  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to colli
Vehicle: IN / OU	The U/C / Chassis frame / Body Structure affected due to colli
Vehicle: IN / OU  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to colli
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Vehicle: IN / OU  Date: Person Contacted:  Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to colli
Vehicle: IN / OU  Date: Person Contacted:  Date / Time Action / Instruction  e/Time, File Pass to? : Prell. Report	The U/C / Chassis frame / Body Structure affected due to colli
Vehicle: IN / OU  Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to colling  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
Vehicle: IN / OU  Date / Time Action / Instruction  a/Time, File Pass to?  Person Contacted:  Person Contacted:  Preli. Report	The U/C / Chassis frame / Body Structure affected due to colli
Vehicle: IN / OU  Pate: Person Contacted:  Date / Time Action / Instruction  Action / Instruction  Preli. Report  Final Report	The U/C / Chassis frame / Body Structure affected due to colling  Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:
Vehicle: IN / OU  Date / Time Action / Instruction  Prime, File Pass to?  Preli. Report  Final Report  Final Report	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$
Vehicle: IN / OU  late: Person Contacted:  Date / Time Action / Instruction  Fine, File Pass to? : Preli. Report : Final Report -/Time, File Return to?	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )s+Rs,si  Interview (\$) Photos
Vehicle: IN / OU ate: Person Contacted:  Date / Time Action / Instruction  Time, File Pass to? : Preli. Report : Final Report	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$
Vehicle: IN / OU  ate: Person Contacted:  Date / Time Action / Instruction  Time, File Pass to? : Preli. Report : Final Report  Add F	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:  Transportation:  Site Insp (\$ )s+Rs,si  Interview (\$) Photos



### Case Details

Case Reference Number :

TAX/06/21/2063

Type of Repair : Accident Repair

Vehicle Registration Number: SHB610J

Company Type : SMRT Taxis Pte Ltd

Estimation ID: EST-15305-ID

Assigned By: Taxi Claims Manager Team

Insurance Company Name: NTUC Income Insurance Co-operative Ltd

Accident Date and Time: 30/06/2021 07:50 AM

Vehicle Age(In Months): -

# Documents / Photographs

View Documents / Photographs

Total Documents: 0

# **Estimation Details**

#### Spare Part's Cost Detail

				SMRT Recom	mendat	ion						Survi	eyor Approval	
Тур	25/2	Portion	Material Number		Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In				BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace 🗸	de
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	10	15.75	Replace 🗸	nu/
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace ~	m/
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check ~	?
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	1.
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	. 7.
One I Time Key n	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Check	· ?
One M Time Key	lain			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	· 7.
ne Mi ime ey	ain			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Giv€	
ne Ma me ey	iln			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	* Xsu

Total Spare Part Cost 8,753.10

Surveyor Total 518.62

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Spare Part Cost 7,002.48

Final Sur Total 414.90

1	ВОМ	Costing	Portion	Materia	Part Name	Qty	List	List	Dis(%)	Final	Repair/	Surveyor	Surveyor	Repair/Replace	Remarks
	Туре	Туре		Number			Price Per Unit(\$)	Price(\$)	Dio(n)	Price(\$)	Replace	Quantity	Final Price(\$)		
	One Time Key In	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give 💙	XM
1	Time (ey	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Not Give ~	***
C	one Time Cey	Main			BUMPER LIP COVER RR/LH	•	72.20	72.20	25.00	54.15	Replace	0	0	Not Giv∈ ✓	Xnn
0	ime cey	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give ~	xsn
0	ne i me ey	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give	Xsv
Or Tir Ke In	ne M	fain			UNDER COVER SUB- ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give	xon
On Tim Key In	ne	ain			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give	xsv
One Tim Key In	е	ain			END PANEL	1	602.10	602.10	25.00	451.58	Replace	1	0	Repair	· R
One Time Key		in	İ		SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give	· Xau
One Time Cey	Mai	in			TAILGATE ASY	1	1,007.90	1,007.90	25.00	755.92	Replace	1	0	Repair	·R
ne ime ey	Mair	1			TAILGATE DOOR GLASS MOULDING, RH	1	29.40	29.40	25.00	22.05	Replace	0	0	Not Give	. 4
ne ne y	Main				TAILGATE DOOR GLASS MOULDING, LH	1	29.40	29.40	25.00	22.05	Replace	0	0	Not Give	· h
e	Main				TAILGATE DOOR GLASS	1	1,090.90	1,090.90	25.00	818.18	Replace	e 0	0	Not Give	· \/\
9	Main				MOULDING BACK WINDOW, LOWER NO.1	1	29.40	29.40	25.00	22.05	Replac	e 0	0	Not Giv	· ~
rv	lain				OULDING, BACK VINDOW, LOWER NO.2	1	29.40	29.40	25.00	22.05	Replac	e 0	0	Not Giv	· 4

Total Spare Part Cost 8,753.10

Surveyor Total 518.62

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Spare Part Cost 7,002.48

Final Sur Total 414.90

In

		Portion	Material	Part Name	Qty	List	List	Dis(%)	Final	Repair/	Surveyor	Surveyor	Repair/Replace	Remarks
Typ:	Costing Type	Portion	Number	rafi Name	uty	Price Per Unit(\$)	Price(\$)	DIS(%)	Price(\$)		Quantity	Final Price(\$)		3000
One Time Key In				TAILGATE LOWER WINDOW GLASS	1	721.30	721.30	25.00	540.97	Replace	0	0		Xnn
One Time Key In	Main			DAM, BACK DOOR GLASS ADHESIVE, NO.1	1	27.30	27.30	25.00	20.48	Replace	0	0	Not Giv€ ✓	Xn
One Time Key In	Main			DAM, BACK DOOR GLASS ADHESIVE, NO.2	1	17.40	17.40	25.00	13.05	Replace	0	0	Not Give V	
One Time Key In	Main			SEALANT W/SCREEN	3	37.00	111.00	0.00	111.00	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAILGATE DOOR HINGE LH/RH	2	58.30	116.60	25.00	87.45	Replace	0	0	Not Give	xan
One Time Key In	Main			TAILGATE DOOR LOCK	1	444.10	444.10	25.00	333.08	Replace	0	0		· Kan
One Time Key In	Main			TAILGATE LOCK, COVER	1	15.70	15.70	25.00	11.77	Replace	0	0		· Xn
One Time Key In	Main			STRIKER, BACK DOOR	1	48.90	48.90	25.00	36.67	Replace	e 0	0	Not Give	· X1
One Time Key	Main			TAILGATE DOOR WEATHER STRIP	1	353.40	353.40	25.00	265.05	Replac	0	0	Not Give	· £n
One Time Key	Main			TAILGATE TRIM, LH	1	85.90	85.90	25.00	64.43	Replac	ce 0	0	Not Giv	· fa
	Main			TAILGATE TRIM, RH	1	88.30	88.30	25.00	66.22	Replac	ce 0	0	Not Give	ve ~ Xn
me ey	Main			TAILGATE TRIM, LOWER	1	180.70	180.70	25.00	135.52	Repla	ce 0	0	Not Gi	ve · KA
ne I	Main			TAILGATE TRIM, UPPER	1	49.60	49.60	25.00	37.20	Repla	ace 0	0	Not G	ive × XA
e N	lain			TAILGATE, BAORD ASSY	1	246.90	246.90	25.00	185.18	8 Repl	ace 0	0	Not 0	Bive - X
	ain			TAILGATE OUTSIDE GARNISH	1	504.90	504.90	25.00	378.6	7 Repl	ace 0		) Not	Give - K

Total Spare Part Cost 8,753.10

Surveyor Total 518.62

Lump Sum Discount (%) 20.00

Lump Sum Dis (%)

Final Sur Total 414.90

		osting	Portion	Material	SMRT Recom	menda	tion						Surve	yor Approval	
	ype Ty	/ре	Portion	Number		Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
Т	me ey	ain			EMBLEM REAR	1	60.30	60.30	25.00	45.22	Replace	0	0	Not Give ✓	Xn
OI TI Ke In	me	in			NAME PLATE (HYBRID)	1	51.90	51.90	25.00	38.92	Replace	1	38.92	Replace ✓	ne
Or Tir Ke In	ne	in			NAME PLATE (PRUIS)	1	60.80	60.80	25.00	45.60	Replace	0	0	Not Give ✓	X1
On Tin Ke In	ne	in			NAME PLATE (TOYOTA)	1	51.90	51.90	25.00	38.92	Replace	0	0	Not Give ~	Kan
On Tim Key In	ie	n			NUMBER PLATE	1	15.00	15.00	0.00	15.00	Replace	0	0	Not Give 💙	*n
One Tim Key In	е	n			NUMBER PLATE FRAME	1	12.00	12.00	0.00	12.00	Replace	0	0	Not Give ✓	Xa.
One Time Key In	VIVILLEGE	) ) 			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give ✓	Kn
One Time Key	Main				STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give ~	, Xn
One Time Cey	Main				3RD BRAKE LAMP	1	231.30	231.30	10.00	208.17	Replace	0	0	Not Give	×1
ne me	Main				SPOILER REAR	1	953.70	953.70	25.00	715.28	Replace	0	0	Not Giv€	. Kn
ne ne y	Main			,	TAIL LAMP RH	1	557.80	557.80	10.00	502.02	Replace	0	0	Not Give	· *n
e ie	Main			T	AIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	0	0	Not Give	. X
							To	tal Spare Pa	art Cost	8,753.10			Surveyor Tota	al 518.62	
								Sum Disco					p Sum Dis (%		
							Fin	al Spare Pa	ert Coet	7 002 49			Final Sur Tot		

# Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	676.00	400	
Total:			676.00	400.00	

g. Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
Main	TO RESPRAY REAR BUMPER	378.00	200	
Main	TO RESPRAY BUMPER BEAM	180.00	0	Xnn
Main	TO RESPRAY REAR PANEL	180.00	100	
Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0	Kny
Main	TO RESPRAY TAIL GATE	378.00	200	
Main	TO RESPRAY REAR SPOILER	180.00	0	xan
		1,476.00	500.00	

# Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	60	
2	Main	TO REMOVE AND REFIX REAR WINDSCREEN	120.00	0	Lm
3	Main	TO TRANSFER REAR TAILGATE MECHANISM	120.00	0	
4	Main	TO REMOVE AND REFIX TAILGATE GLASS	120.00	0	xnn Xnn
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	Xng
3	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	Kny
	Main	TO WASH AND VACUUM	60.00	0	Xnn Xnn
٨	Main	TOWING CHARGE	56.00	0	Knn
N	ain	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88	
			1,072.88	356.88	

# Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	7,002.48	414.90
Total Labour Cost	676.00	400.00
Total Spray Painting	1,476.00	500.00
Other	1,072.88	356.88

	Commetor Assesment(3)	Surveyor Assesment(\$)
erall Total	10.227.36	1,671.78
Lump Sum Repair Option	9	Ø
Lump Sum Total	10,250.00	1,650.00
Surveyor Approved Amount		1,650.00
No of Repair Days*	6	A
Remarks		lump sum repair / after repair photo.
Surveyor Name		Rasul
Signature	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	h 1
		(Las)
		Save
Survey Date	01/07/2021	

# 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:

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process
- 1. Please report such as the sound in the sound in the 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 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 Date of Accident **Exact Location of Accident** 

30/06/2021 15:50 (SGT) Sims Ave, Singapore Additional Location Information

SIMS AVENUE TOWARDS GEYLANG SERAI MARKET

Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SHB610J

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

**Email Address** Mobile Phone No

Alternative Phone No

No

SMRT TAXIS PTE LTD

01/07/2021 14:13 (SGT)

1XXXXXX369K

AUTO-SVC-TARC@SMRT.COM.SG

(Phone) +65-68662671 (Office) +65-68662672

#### VEHICLE PARTICULARS

Manufacturer

Model Variant

G

Es

Lum

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

CC

Toyota

Prius

No - Claiming third party

Taxi

Auto 1800

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

MS First Capital Insurance Ltd

ThirdParty

Yes

D-21097466MFSH

DRIVER

Name of Driver **NRIC No** 

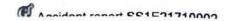
FOO JEE SENG SXXXX266Z

27/09/1960 tion Outdoor **Driving Pass** 06/10/1982 experience 38 YEARS AND 8 MONTHS le Number (Phone) +65-68662671 Phone Number ail Address AUTO-ARC-TARC@SMRT.COM.SG dress ddress complement ostcode is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Collision - Head to Rear Weather Conditions 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 UNKNOWN Name Gender Female PASSENGER 2 UNKNOWN Name Gender Female PASSENGER 3 Name UNKNOWN Gender Female PASSENGER 4 Name UNKNOWN Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom?

### CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING ALONG SIMS AVENUE TOWARDS GEYLANG SERAI MARKET WITH 4 PASSENGERS (FEMALE MALAY) ON BOARD AND SLOWED DOWN TO A STOP AS THE TRAFFIC LIGHT TURNED RED. AFTER WHICH I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SJH5497G HAD COLLIDED ONTO THE REAR OF MY TAXI.

ATTACHMENT(S)



ccident photos available for attachment? there any video captured by Car Camera? there any audio recorded?

AC

Pep

m:

EV

Yes No No

# DETAILS OF OTHER VEHICLE PROPERTY 1

vehicle Registration Number	SJH5497G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	20
Vehicle Category	Private car
Name of Driver	-
Contact Number	.=0
Address	( <del>=</del> 0)
Address complement	<b>4</b> 0
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	X
No. Of Passenger (Including Driver)	7-0

		P		
				191
	7, 1			
apply to the				

### Declaration

VWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

July 12021

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

llu 1/7/201

Witnessed by Reporting Centre Personnel

#### 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
- 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)

l 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' 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 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Siggature / Date &

Driver's Signature (# driver is not the policyholder) / Date

1, Joly 2021 11.35 ans

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB610J
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Jul 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2014
Engine No.:	2ZR1411851
Chassis No.:	JTDKN36U305749710
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$32,920.00
Original Registration Date:	17 Sep 2014
First Registration Date:	17 Sep 2014
Transfer Count:	TITLE OF THE PROPERTY OF THE P
Actual ARF Paid:	\$8,088.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Sep 2022
PARF Rebate Amount:	\$5,257.00
COE Expiry Date:	16 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	12111 8 - Free Charles Inches
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$7,640.00
Total Rebate Amount:	\$12,897.00

Please note that the 8-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 02 Jul 2021