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# 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 witholding of material facts may allow insurance companies to repudiate

- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to repudicular 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.

ACCIDEN	T STATEMENT
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	20/09/2021 19:16 (SGT) 17/09/2021 14:40 (SGT) PIE, Singapore TOWARDS CHANGI AFTER TOA PAYOH LORONG 6 EXIT Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SJJ6552M
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LIM KEOW KEE SXXXX600F ken.lim@bridgestone.com (Phone) +65-96822889 +65-98484635
VEHICLE PARTICULARS	
Manufacturer Model Variant 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? Vehicle Category Transmission CC	Honda Airwave - Private use  No - Claiming third party Private car Auto 1496
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	MSIG Insurance (Singapore) Pte. Ltd. Comprehensive No A 80462180 QMX

LIM YONGLONG

SXXXX282J

DRIVER

NRIC No

Name of Driver

Date Of Birth	02/04/4082
Occupation	03/01/1982 Indoor
Date Of Driving Pass	25/04/2003
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98484635
Alt. Phone Number	-
Email Address	ken82_wrx@yahoo.com.sg
Address	BLK 335C YISHUN STREET 31 #15-45
Address complement	-
Postcode	763335
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Parent
Vehicle Registration Number of Other Vehicle Owned by Driver	No
version region and in remote of other version of which by brives	_
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	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the assident reported to the police?	
Was the accident reported to the police? Police Station Name	Yes
Police Station Phone No	Traffic Police
Alt. Police Station Phone No	(Phone) +65-65470000 (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	
PLEASE REFER TO SKETCH AND POLICE REPORT T/202109	220/7026
TEL SE NEI EN TO SKETOTTAND TO EIGE KET GKT 17202103	20/7030
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	R VEHICLE PROPERTY 1
Vehicle Decietation Number	
Vehicle Registration Number  Vehicle Manufacturer	SGK293E
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	- Private car

Name of Driver	_
Contact Number	
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passanger (Including Driver)	-
No. Of Passenger (including Driver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SJZ2597B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	141
No. Of Passenger (Including Driver)	( <del>=</del> )

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Revisionalities with BPS Into An Anne State As	
Vehicle Registration Number	SDY453Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	
Vehicle Category	- Drivete eeu
Name of Driver	Private car
Contact Number	-
Address	-
	-
Address complement	•
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	•
accorder (morading briver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number Vehicle Manufacturer	SDJ3299K
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	- Deissete een
Name of Driver	Private car
Contact Number	<u> </u>
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	LIM YONGLONG
Gender	Male
Phone No	
Address	
Address Complement	_
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate 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)

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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

	以是	A = SJ 5 6552M
	L L L A	3 = 5GK 293E
	B	C= SJ Z 2597B
	B	D = SDY 453 Y
		E= 50J 3299 K
		PIE Towards Changi After
		Ton Payoh Lar 6 Exit
*	1111	

#### Describe Circumstances of the Accident

De Seribe One	umstand	es of the Act	Jide III						
On	the s	tated dat	e and ti	me, 1	vehicle	À (57	J6552M	) was	fravellin
on the	stated	venue or	1 lane 1	. Vehick	infron	t of	ne_slov	clown a	ind
came to	a st	-p , so 1	follow svi	t and	stop.	Suddenly	y , 1 fel	t an	huge
impact 1	from t	he rear.	The impa	rt cause	ed my	vehicle	to (1010	:1 forw	ard
and hit	ont.	the vehic	le in from	it of a	ne. 1	alighted	and r	real ise	i'm
involve in	a (1	nain collision	n of 5	vehicles	. 15+	(503	32994)	_ :	
2nd (SJJ	5 6552	M) , 3rd	(5GK 29	3E),1	th (SI	Z 2597	B) and	last	
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### Declaration

We declare the foregoing particulars are true in every respect.

D

Policyholder's Signature / Date & Time

B

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

20/09/207

Witnessed by Reporting Centre

Personnel



Date of Accident	: 17/09/2021 Accident Time: 1440 (24-HR-Format)			
Accident Place	: PIE TOWARDS CHANGI After Tou Payoh Lor 6 Exit			
Vehicle. No. (Car Plate No.)	: SJJ 6552M Make/Model: Honda Armare 1-5m A			
Insurace Company	: MSIG Policy No: A 80462180 anx			
Owner or Company Name /IC No.	: LIM KEOW KEE (S1719600F)			
Owner or Company Contact No.	: 9682 2889 Owner's Hp Company Tel			
DRIVER'S Name / IC No.	: LIM YONGLONG			
DRIVER'S Date Of Birth	: 03/01/1982 DRIVER'S License Pass Date 25 Apr 2003			
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:			
DRIVER'S Address	: BIK 3356 YISHUN STREET 31 \$15-45 5763335			
DRIVER'S Contact No./ Alt No.	:1) 9848 4635 2)			
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)			
Email Address	: Ken.lim @bridgestone.com			
Weather & Road Surface	: CKEAR & DRY \ RAINING & WET \ AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Number of Passengers (Including D	river):0(			
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Rrivate use \ Work purpose			
Other P	arty Driver's Particular (if any)			
Vehicle. No: S4K 293 E	(B) Vehicle. No: STZ 25978 (C)			
Vehicle Make\Model:	Vehicle Make\Model:			
Name Driver:	Name Driver:			
IC No. Driver/Contact:	IC No. Driver/Contact:			
* NEW - Passenger's name &	gender: SDJ 3299 K E			





1 of 3

Report No. T/20210920/7036

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

### REPORT OF A TRAFFIC ACCIDENT

Date/Time 20/09/2021		de:	Vide Report No.:	Station Diary No.:		
Informant'	s Particul	ars				
Name of In LIM YONG			Address: 335C YISHUN STREET 31 #15-45 SINGAPORE 763335			
ID Type / ID No.: NRIC NO / S8200282J		Contact No.: Home/Office:	Mobile: 98484635			
Nationality: SINGAPOR		N	Email: ken82_wrx@yahoo.com.sg			
Sex: Male	Age: 39	Date of Birtl 03/01/1982	n: Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Sales engineer			Driving Licence Information Class:	on: Date of Expiry:		

General Infor	mation of the Accide	nt -		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2021 14:40	Type of Location: Straight Road
Location: PAN ISLAND	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis	sion: ving Vehicles - Head T	o Rear		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SDJ3299K	Car					0
SDY453Y	Car					0
SGK293E	Car					0
SJJ6552M	Car					0





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20210920/7036

#### CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJZ2597B	Car	Wake	Wilde	00.01	Contains	0

<b>Details of Perso</b>	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	lestrian	Cross	ing: NA
Driver	Two designs of the later					
Name	LIM YONGLONG			ID No.		S8200282J
Related Vehicle	SJJ6552M (Car)			Contac	t No.	98484635
Hospital/Clinic	24 HOUR WALK-IN CLINIC			Class of Driving Licence Expiry	I	Class: NIL Date of Expiry: NIL
Date	17/09/2021		Date		17/09	9/2021
No. of Days gran	ted Medical Leave	03	Degree of		Sligh	t

#### Brief Details.

On the stated date & time, i (SJJ6552M) was travelling on the stated venue on lane 1. Vehicle infront of me slow down and stop so i follow suit and stop in time. Suddenly, i felt an huge impact from the rear. The impact cause my vehicle to surge forward and hit onto the vehicle infront of me. I alighted and realise im in a chain collision of 5 vehicle. 1st: SDJ3299K, 2nd: SJJ6552M, 3rd: SGK293E, 4th: SJZ2597B and 5th:SDY453Y





3 of 3

Police Station Of Origin: Traffic Police

Report No. T/20210920/7036 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

NP168

#### CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to	provide	sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2021 15:54
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:



MSIG insurance (Singapore) Pte. Ltd. 4 Sheriton Way #21-01 SGX Centre 2 Singapore 068807 Tel. (65) 6827 7885 Fax: (65) 6827 7800 Co. Reg. No. 200412212G. GST Reg. No. 20-0412212G

## Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M. N. 1

Individual Denscrip

MOTOR MAX Comprehensive

Certificate No. A 80462180 QMX

Excess: SGDS00 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SJJ6552M

2. Name of Policyholder

LIM REOW REE

3. Effective Date of the Commencement of Insurance for the purposes of the Act 22/09/2019

4. Date of Expiry of Insurance

21/09/2020

5. Persons or Classes of Persons entitled to drive\*

LIM KEOW KEE

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or 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\*

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Stalutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

Chua Ee Eng

Quotigo Pte Ltd

IWE REFIELD FOR THE Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Rosks and Congensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Actions 1987 (Malaysia) or any Amendment, Act

Paya Lebar Square #11-43

Singapore 409051

DID: 63865038 Mobile .88680007

Email: ylving@quotigo.com

Website: www.quotigo.com

Counter-Signatory

Quotigo Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers 1011-

Arny Ler Senior Vice President, Agencies

This certificate is not valid unless it is signed for 8 on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XQUOTCE2019091609318466

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	600F
Vehicle No.:	SJJ6552M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2021
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 1.5M A
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	L15A5205051
Chassis No.:	GJ11304219
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$15,163.00
Original Registration Date:	22 Sep 2008
First Registration Date:	22 Sep 2008
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$15,163.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	21 Sep 2028
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
PQP Paid:	\$32,339.00
COE Rebate Amount:	\$22,286.00
Total Rebate Amount:	\$22,286.00

The information contained herein is correct as at 20 Sep 2021