

ASS. REC. BY:

Steve

CS/KC122000038/Erly3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

☒ OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S

O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKX 5940Y

Yr Regn: 18/12/15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota

AXIO

c.c.

1496

Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: N/A

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NKE1610009069

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 204/50R16

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

R/Bal. 4

mm

Rear

R/Bal. 4

mm

L/Bal. 4

mm

L/Bal. 4

mm

D.O.A. 3/1/21

D.O.I. 2/7/22

Survey held at Goldbell

Des. of Damages: ☒ Frt / ☒ Rear / ☒ O/S / ☒ N/S / ☒ U/C / ☒ Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

MK-55K

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Report Format: _____

Lump Sum / I.B.A. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



GOLDBELL ENGINEERING

Industrial Vehicles. Financial Services.
41,000 Served. And Counting.

GOLDBELL ENGINEERING PTE LTD

Main Office: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6861 3676

Finance: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6862 3500

Website: www.goldbell.com.sg

Co Reg No: 198003953G

Page 1 / 3

ESTIMATE

Date	: 26/09/2022	Reg No	: SKX5940Y
To	: MS FIRST CAPITAL INSURANCE LIMITED	Model	: TOYOTA AXIO 1.5G A
Attn.	:	Chassis No	: NRE1610009069
Office / Mobile	:	Engine No	:
Email Address	:	Quotation No.	: 164983
		Ref. No.	: GBE/SVC/SALES-HQ/39-3112
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 31/12/2021
Attn.	: LIEWSIMING	Policy No.	: D-20197719MVPC
Office / Mobile	:	Claim Type	: OD CLAIM - MSFC
Email / Fax No.	: LiewSiMing@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1		FRONT BONNET / <i>DD</i>	1	780.50	0	780.50	780.50
2		FRONT RIGHT FENDER / <i>DD</i>	1	480.30	0	480.30	480.30
3		FRONT RIGHT HEADLAMP / <i>BR</i>	1	1,653.60	0	1,653.60	1,653.60
4		FRONT BUMPER / <i>BR</i>	1	380.50	0	380.50	380.50
5		FRONT BUMPER LH RETAINER / <i>BR</i>	1	55.00	0	55.00	55.00
6		FRONT BUMPER RH RETAINER / <i>BR</i>	1	55.00	0	55.00	55.00
7		FRONT BUMPER ABSORBER / <i>BR</i>	1	280.00	0	280.00	280.00
8		FRONT BUMPER REINFORCEMENT / <i>?</i>	1	494.00	0	494.00	494.00
9		FRONT LOWER GRILLE / <i>MIS</i>	1	230.00	0	230.00	230.00
10		FRONT LEFT FOG LAMP COVER / <i>CU</i>	1	105.00	0	105.00	105.00
11		FRONT RIGHT FOG LAMP COVER / <i>CU</i>	1	105.00	0	105.00	105.00
12		FRONT LEFT DOOR / <i>DD</i>	1	1,080.30	0	1,080.30	1,080.30
13		FRONT LEFT DOOR UPPER HINGE / <i>X</i>	1	105.40	0	105.40	105.40
14		FRONT LEFT DOOR LOWER HINGE / <i>X</i>	1	105.40	0	105.40	105.40
15		LH SIDE SILL / <i>DD R</i>	1	192.00	0	192.00	192.00
16		FRONT LEFT RIM / <i>CU</i>	1	2,321.60	0	2,321.60	2,321.60
17		FRONT LEFT TYRE / <i>CR1 (80%)</i>	1	250.00	0	250.00	250.00
18		FRONT LEFT INNER SHIELD / <i>TN</i>	1	105.40	0	105.40	105.40
19		FRONT RIGHT INNER SHIELD / <i>MD</i>	1	105.40	0	105.40	105.40
20		INNER SHIELD (CLIPS) / <i>MC</i>	20	5.50	0	5.50	110.00

PARTS TOTAL : 8,994.40

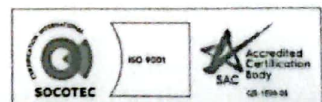
SPECIAL NETT ITEMS

1	FRONT NUMBER PLATE	1	35.00
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PARTS TOTAL: 35.00

FUSO AIRMAN.

biSAFE
ST & R





GOLDBELL ENGINEERING

Industrial Vehicles. Financial Services.
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Main Office: 8 Tuas Avenue 18 Singapore 638892 Tel: 6861 0007 Fax: 6861 3678
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Page 2 / 3

ESTIMATE

Date	: 26/09/2022	Reg No	: SKX5940Y
To	: MS FIRST CAPITAL INSURANCE LIMITED	Model	: TOYOTA AXIO 1.5G A
Attn.	:	Chassis No	: NRE1610009069
Office / Mobile	:	Engine No	:
Email Address	:	Quotation No.	: 164983
		Ref. No.	: GBE/SVC/SALES-HQ/39-3112
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 31/12/2021
Attn.	: LIEWSIMING	Policy No.	: D-20197719MVPC
Office / Mobile	:	Claim Type	: OD CLAIM - MSFC
Email / Fax No.	: LiewSiMing@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

LABOUR CHARGES

1	TO REMOVE AND REFIX DAMAGED PARTS, CUT, WELD, PANEL BEAT, STRAIGHTEN & REALIGN, ETC	1000 1200	2400.00
2	TO CHECK FOR AND RECTIFY WIRING FAULTS, TO CONDUCT DIAGNOSTICS CHECK	35	180.00
3	TO TRANSFER DOOR COMPARTMENT / WINDOW GLASS / REGULATOR / LOCK / MECHANISM, ETC	50	350.00
4	TO PUTTY, CLEAN, SPRAY PAINT AND POLISH, ETC	1200	1750.00

LABOUR TOTAL :	4,680.00
SUB-TOTAL :	13,709.40
GST @ 7% for \$ 13,709.40	959.66
GRAND TOTAL (S\$) :	14,669.06

Steve (LKK)
27/9/22, 4.37
L/S
M. A. G.
7/4/22

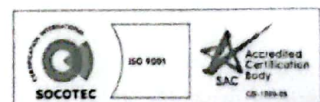
LKK Auto Consultants hence notify the Repairer of the following:

- 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

FUSO AIRMAN.

bisSAFE
S T R



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	03/01/2022 13:10 (SGT)
Date of Accident	31/12/2021 16:15 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AFTER PENJURU EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX5940Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KANG WEI LENG
NRIC No	SXXXX166E
Email Address	hiroko_kang8@hotmail.com
Mobile Phone No	(Phone) +65-96627165
Alternative Phone No	+65-96627165

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D-20197719MVPC
Cover Note Number	-

DRIVER

Name of Driver	SHAIK MOHAMAD BIN ABDUL SUKOL
NRIC No	SXXXX690G

Date Of Birth	14/09/1979
Occupation	Indoor
Date Of Driving Pass	09/11/2000
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90219563
Alt. Phone Number	-
Email Address	shaikmd79@gmail.com
Address	197B BOON LAY DRIVE #14-93
Address complement	-
Postcode	642197
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
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 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

REFER TO POLICE REPORT T/20212031/2103.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD HAS BEEN RETRIEVED BY TRAFFIC POLICE PERSONNEL AT THE ACCIDENT SCENE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN4957Y
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBL4923Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	MOTORBIKE RIDER
Gender	-
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?	Yes

Describe Circumstances of the Accident

Refer to police report T/20211231/2103.

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

Witnessed by Reporting Centre Personnel



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 willful 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

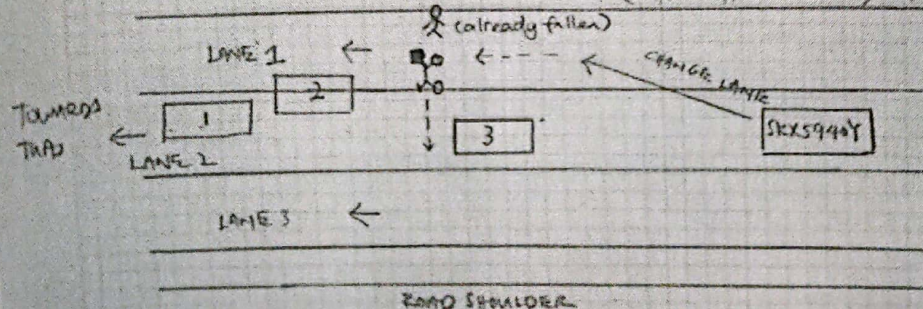
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

DIVIDER

(THIS ROAD IS A 2 LANE)



ROAD SHOULDER

Direction
Rider
Motorcycle

1
2

2. CAR THAT BLOCKED
4. AVIATED RIDER
MOTORCYCLE

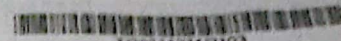
3

CAR CRASHED INTO
FALLING MOTORCYCLE



**SINGAPORE
POLICE FORCE**

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



T/20211231/2103

1 of 4

Report Form T/20211231/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
31/12/2021 21:29

Video Report No.:
D/20211231/0081

Station Diary No.:

Informant's Particulars

Name of Informant:
SHAIK MOHAMAD BIN ABDUL
SUKOL

Address:
APT BLK 197B BOON LAY DRIVE #14-93 BOON LAY FIELDS
SINGAPORE 642197

ID Type / ID No.:
NRIC NO / S7928690G

Contact No.:
Home/Office: Mobile: 90219563

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 42 14/09/1979

Type of Informant:
Driver

Race:
Indian

Language:
English

Institution / School Name:

Occupation:
QUALITY CONTROL ENGINEER

Driving Licence Information:
Class: 2B,2A,3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/12/2021 16:15	Type of Location:
-------------------	------------------------------	-----------------	---	-------------------

Location:

AYER RAJAH EXPRESSWAY

Weather:
Clear

Road Surface:
Wet

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

Anyone conveyed by ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4923Z	Motorcycle					0
SKX5940Y	Car					0
SLN4957Y	Car					1



SINGAPORE
POLICE FORCE

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



T/20211231/2103

2 of 4

Report No. T/20211231/2103

CONTINUATION OF REPORT

Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver Name	SHAIK MOHAMAD BIN ABDUL BUKOL	ID No.	579286900
Related Vehicle	SKX5940Y (Car)	Contact No.	90219563
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING ALONG AYE(TUAS) 14.5KM L/P 37.

WHEN I WAS CHANGING TO LANE 1 AND BEFORE I SAW THE MOTORCYCLIST FALL, THERE WERE 2 CARS INFRONT OF ME THAT EITHER COULD HAVE HIT OR TRYING TO AVOID HITTING THE MOTORCYCLIST.

I SWITCHED TO THE 1ST LANE.

I SAW A MOTORCYCLIST ALREADY FALLEN ON THE ROAD ON LANE 1.

I MIGHT HAVE HIT THE MOTORCYCLIST AND HIS MOTORCYCLE (FBL4923Z).

THERE WAS A CAR (SLN4957Y) ON THE 2ND LANE TRYING TO AVOID HITTING THE MOTORCYCLE (FBL4923Z) THAT SKIDDED ONTO HIS LANE 2 BUT COLLIDED ONTO THE MOTORCYCLE.

I CAME TO A STOP AND MOVED TO SIDE OF THE EXPRESSWAY.

I SWITCHED OFF MY CAR AND CALLED FOR AMBULANCE.

I DID NOT APPROACH THE MOTORCYCLIST AND ASSISTED IN THE TRAFFIC FLOW.

POLICE AND LTA ARRIVED AT THE SCENE.

ONLY THE MOTORCYCLIST IS INJURED.

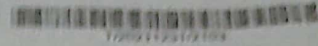
THE MOTORCYCLIST WAS CONSCIOUS BUT ON THE GROUND AT THE TIME OF AMBULANCE ARRIVAL.

I HAVE PICTURES & FOOTAGE OF THE ACCIDENT BUT MY SD CARD WAS TAKEN BY TP



SINGAPORE
POLICE FORCE

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



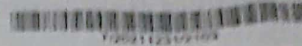
172094123172100

5 of 6

Report No. F20011231/3100

CONTINUATION OF REPORT

THAT IS ALL.

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

T202112312103

4 of 4

Report No. T/20211231/2103

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

TP /

SC2 HAKAN SIDDIQ ONDEK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/12/2021 21:29

Officer In Charge Of Case:

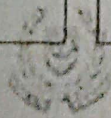
TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

NP168

SINGAPORE
POLICE FORCE

Signature:

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 186)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1969 (Singapore)

Type of Policy: PRIVATE MOTOR CAR INSURANCE
 Type of Cover: Comprehensive
 Certificate No: D-2109771BMVPC
 Vehicle No / Chassis No: SKX5940Y / NRE1610008069
 Name of Insured: KANG WEI LENG (JIANG WEILING)
 Period Of Insurance: 18.05.2021 To 17.05.2022
 Insured Estimated Value: Market Value At Time Of Loss
 Financial Institution: MAYBANK

Excess:
 SGD500.00 ON SECTION I FOR NAMED DRIVER
 SGD700.00 ON SECTION I FOR UNNAMED DRIVER
 SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE
 BELOW 22 YEARS OLD AND/OR WHO HAVE LESS THAN 2 YEARS OF DRIVING EXPERIENCE

Authorised Driver*
 KANG WEI LENG (JIANG WEILING) AND SHAIK MOHAMAD

Persons or classes of persons entitled to drive*

- 1) The Insured.
 The Insured may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him or his employer or his partner.
- 2) Any other person who is driving on the Insured's order or with his 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.

Limitations as to use*
 Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pacemaking, 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 186) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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 186) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
 (Approved Insurers)

[Signature]

Authorised Signature

KARENG/D0004/MX1F

Issued at Singapore on 21.05.2021

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	
Owner ID:	Singapore NRIC
Vehicle Details	
Vehicle No.:	166E
Vehicle to be Exported:	SKX5940Y
Intended Deregistration Date:	Yes
Vehicle Make:	03 Jan 2022
Vehicle Model:	TOYOTA
Primary Colour:	COROLLA AXIO 1.5G A
Manufacturing Year:	Silver
Engine No.:	2015
Chassis No.:	2NR8493647
Maximum Power Output:	NRE1610009069
Open Market Value:	80.0 kW (107 bhp)
Original Registration Date:	\$17,805.00
First Registration Date:	18 Dec 2015
Transfer Count:	18 Dec 2015
Actual ARF Paid:	1
Intended PARF Rebate Details	
PARF Eligibility:	\$7,805.00
PARF Eligibility Expiry Date:	Yes
PARF Rebate Amount:	17 Dec 2025
Intended COE Rebate Details	
COE Expiry Date:	\$5,073.00
COE Category:	17 Dec 2025
COE Period(Years):	A - Car up to 1600cc & 97kW (130bhp)
QP Paid:	10
COE Rebate Amount:	\$55,889.00
Total Rebate Amount:	\$22,100.00
	\$27,173.00

The information contained herein is correct as at 03 Jan 2022

OK