

# FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67465405 / 67465376 Fax No: 67458520

Tax Reg No: 200006262D

Date : 29.03.2022

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn: Motor Claim Department

Dear Sir/Madam,

## ACCIDENT INVOLVING VEHICLES : GBB 5962G / GBL 5593K AND OTHER ON 08.01.2022

We are the authorized repair workshop for the owner of motor vehicle no: **GBB 5962G**, which was involved in the captioned accident with your insured vehicle no: **GBL 5593K**. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1) Cost of Repair (inclusive of GST)	\$ 10,165.00
2) Loss of Use (8 Days + 2 Sunday X S\$150)	\$ 1,500.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 11,667.00</u>

We enclosed herewith the following documents to support the claims:

- |                                    |                                  |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice            | b) GIA Search Result             |
| c) Letter of Authorisation, etc... | d) GIA Report                    |
| e) Police Report                   | f) I/C & Driving Licence         |
| g) Insurance Certificate           | h) Vehicle Registration Log Card |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

**Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.**

Thank you.

Yours faithfully,



Jason Tang (jason@fastechauto.com.sg)

For Fastech Auto Pte Ltd

## TAX INVOICE

### **FASTECH AUTO PTE LTD**

**1 Kaki Bukit Ave 6 #01-48 Autobay**

**Singapore 417883**

**Tel No: 67452063 / 67467158 Fax No: 67458520**

**Tax Reg No: 200006262D**

China Taiping Insurance Singapore Pte Ltd

3 Anson Road

#16-00 Springleaf Tower

Singapore 079909

Attn : Motor Claim Department

Tax Invoice : 22773

Date : 29.03.2022

Vehicle No : GBB 5962G

Make/Model : NISSAN CABSTAR 3.0

Chassis/Eng# :

Accident Date : 08.01.2022

Claim No :

Reference : 0122 -22773

Policy No :

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	Amount
To proceed on lump sum repair	S\$ 9500.00

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E. & O. E.

Total : S\$ 9500.00

GST @ 7% : S\$ 665.00

*Amount Due* : **S\$ 10165.00**

  
for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

GBL5593K

Date of Accident

08/01/2022 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance (Sing...**Period of Insurance ..... **15/10/2021 - 14/10/2022**Requested By ..... **ALLAN TANG (KIM CHWEE AUT...**Requested Date ..... **08/01/2022 10:12**

## Payment details

Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2**

## General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



DATE : 08/01/2022

TO : China Taiping Insurance (Singapore) Pte Ltd.

RE : ACCIDENT INVOLVING VEHICLE NO. GBB5962G & GBL5593K  
& others.

ALONG BKE Towards PIE After Dairy Farm.

ON 08/01/2022.

I/We, Logistics Constructing Pte Ltd.

of (NRIC No./ROC No.) 1992021316

of 72 Senoko Drive Singapore 758240.

owner of vehicle no. GBB5962G in consideration of M/s FASTECH AUTO  
PTE LTD repairing my/our vehicle GBB5962G at my/our instruction and hereby  
authorise M/s FASTECH AUTO PTE LTD to demand claim settlement whatever  
amount settled/payable by the Insurance Company and/or third party or to commence legal  
proceedings, if necessary, under my name, for the cost of repairs, car rental and/or loss of use,  
etc. and to their appointing solicitor to act for me/us in respect of the said accident/claim and  
all claimed and/or settled shall belong to them absolutely.

I/We further agree and undertake to indemnify them against the above-mentioned claim cost  
which may arisen therewith.



Signature of Owner : Phua Yi An on behalf of Mr Eric Ng Kok Seng.

Name of Owner : Eric Ng Kok Seng, Director.

## 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	10/01/2022 13:04 (SGT)
Date of Accident	08/01/2022 09:45 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE TOWARDS PIA AFTER DAIRYFARM
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5962G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LOGISTICS CONSTRUCTION PTE LTD
Company Reg No	1XXXXX131G
Email Address	LOGISTIC@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-93763312
Alternative Phone No	(Home) +65-93763312

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD21V04285/VCH/R00
Cover Note Number	-

#### DRIVER

Name of Driver	RAZIB MOHAMMAD
Passport No/FIN	GXXXX418N



Date Of Birth	08/08/1990
Occupation	Outdoor
Date Of Driving Pass	07/09/2019
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87756390
Alt. Phone Number	-
Email Address	LOGISTIC@SINGNET.COM.SG
Address	APT BLK 61 SENOKO DRIVE #03-07
Address complement	-
Postcode	758238
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	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	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MOLLAH YEASIN
Gender	Male

#### PASSENGER 2

Name	MUTHU KARUPPAN PERUMAL
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 .....	GBK9255R
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBL5593K
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 .....	MUTHU KARUPPAN PERUMAL
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBB5962G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	RAZIB MOHAMMAD
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBB5962G
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

## Sketch Plan

A C A A B	
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A. 888 5962G

B. 888 5593K

C. 888 9255R



**Describe Circumstances of the Accident**

On 08/01/2022 at about 09:45AM. I was travelling along  
 RKE towards PIE (After dairy farm). I was travelling straight.  
 Vehicle C slowed down, I followed. Suddenly, I felt an impact from  
 my rear. I was involved in a 3 vehicles chain-collision.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220108/2053

Police Station Of Origin:  
Tampines N.P.C  
8 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20220108/2053

## CONTINUATION OF REPORT

Name	MUTHU KARUPPAN PERUMAL	ID No.	G8311141R
Related Vehicle	GBB5962G (Lorry)	Contact No.	84202417
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/01/2022	Date Discharge	08/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	RAZIB MOHAMMAD	ID No.	G6982418N
Related Vehicle	GBB5962G (Lorry)	Contact No.	87756390
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/01/2022	Date Discharge	08/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Name	MOLLAH YEASIN	ID No.	G2395476T
Related Vehicle	GBB5962G (Lorry)	Contact No.	98074172
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LING WANG CHANG	ID No.	S9082666B
Related Vehicle	GBK9255R (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





SINGAPORE  
POLICE FORCE



T/20220108/2053

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 4

Report No. T/20220108/2053

## CONTINUATION OF REPORT

Brief Details.

On the 08/01/2021, I was driving to Changi Village from BKE on my company lorry GBB5962G. My two other colleagues were on the ride, Mollah Yeasin was seated at the front passenger seat while Muthu was seated at the back of the 10-foot lorry. On BKE after dairy farm at the center lane, before PIE changi, the vehicle before me GBK9255R slowed down thus I also slowed down. Just as both our vehicles were about to come to a stop, suddenly there was a great impact from the rear of my vehicle and the impact pushed my vehicle forward and as a result, the front of my vehicle collided onto the rear of GBK9255R. We made a check and discovered that GBL5593K had collided onto the rear of my vehicle.

My colleague(Muthu) who was seating at the back of the lorry informed that his right elbow and his right back is in pain. Mollah informed that he has a bit of lower back pain and I also feel pain at my lower back.

Muthu and I had seen the doctor and were both given 3 days MC.

There is no in car camera in my lorry.

There is damage to the rear of my vehicle.

No police or ambulance attended to us at scene.



**SINGAPORE  
POLICE FORCE**



T/20220108/2053

Police Station Of Origin:  
Tampines N.P.C  
5 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

4 of 4

Report No. T/20220108/2053

## 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  
G /  
Sgt 3 CHIN XUE NI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/01/2022 13:57

Officer In Charge Of Case:  
TP / AEIT /  
Insp (1) BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP153





**SINGAPORE  
POLICE FORCE**



T/20220108/2053

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 4

Report No. T/20220108/2053

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2022 13:57		Vide Report No.:		Station Diary No.: 41	
<b>Informant's Particulars</b>					
Name of Informant: RAZIB MOHAMMAD			Address: APT BLK 61 Senoko Drive #03-07 SINGAPORE 758238		
ID Type / ID No.: FIN NO / G6982418N			Contact No.: Home/Office: Mobile: 87756390		
Nationality: BANGLADESHI			Email: rajibislam570@gmail.com		
Sex: Male	Age: 31	Date of Birth: 08/08/1990	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: LORRY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2022 09:45	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5962G	Lorry				Seriously Damaged	2
GBK9255R	Van					0
GBL5593K	Van					0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Driver

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**LOGISTICS CONSTRUCTION PTE LTD**

**HP.87756390**

Name  
**RAZIB MOHAMMAD**

Work Permit No.  
**0 63594199**

Sector  
**CONSTRUCTION**

**K0290832**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **G6982418N**

Name  
**RAZIB MOHAMMAD**

Birth Date **08 Aug 1990**

Issue Date **07 Sep 2019**

Valid Till **06/09/2024**

**002974424A**

For Insurance Report  
Claim Purposes Only

*Signature*

**VISIT PASS**  
Immigration Regulations

Name  
**RAZIB MOHAMMAD**

PIN  
**G6982418N**

Date of Birth **08-08-1990** Sex **M**

Nationality  
**BANGLADESHI**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass App to check status

**19-04-2018**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  **07 Sep 2019**

**Licence No: G6982418N**


**NP 428A**

For Insurance Report  
Claim Purposes Only



## 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  
ROAD TRANSPORT (AMENDMENT) ACT 2019  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	SD21V04285 /VCH /R00
<b>Form</b>	MZ300
<b>Date Of Issue</b>	12-MAR-2021
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBB5962G
<b>2.Chassis number of Vehicle:</b>	JN1SC2F24Z0800983
<b>3.Name of Policyholder:</b>	LOGISTICS CONSTRUCTION PTE LTD
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	19-MAR-2021 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	18-MAR-2022 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b> A) The Policyholder. B) Any other person who is driving on the Policyholder's order or with their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
<b>7.Limitations as to use*:</b> A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
<b>8.The Policy does not cover:</b> A) Use for hire or reward or for racing, pace-making, reliability trials or speed testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. *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 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 189) and Part IV of the Road Transport Act, 1987.	
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  <hr/> Authorised Signature	
<b>For Information only:</b> <b>COVERAGE :</b> Third Party Fire & Theft <b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS <b>EXCESS:</b> Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000 <b>FINANCE COMPANY:</b> <b>PRODUCER NAME:</b> WEE GIAP ENTERPRISE LLP	

CSMT/CSMT/12-MAR-21

S1\_CL\_T1\_T3\_OE\_Template2-Ver1.

12-MAR-21

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	131G

### Vehicle Details

Vehicle No.:	GBB5962G
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jan 2022
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Primary Colour:	Gold
Manufacturing Year:	2009
Engine No.:	ZD30226286K
Chassis No.:	JN15C2F24Z0800983
Maximum Power Output:	-
Open Market Value:	\$26,946.00
Original Registration Date:	27 Jul 2009
First Registration Date:	27 Jul 2009
Transfer Count:	4
Actual ARF Paid:	\$1,348.00

### Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

### Intended COE Rebate Details

COE Expiry Date:	26 Jul 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$13,880.00
COE Rebate Amount:	\$8,851.00
<b>Total Rebate Amount:</b>	<b>\$8,851.00</b>

### Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 08 Jan 2022

OK