

(08/11/13) wef

ASS. REC. BY: Rafael

REF:

NS/INC22000782/Rqy3

368k

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SHB 5871Pat Workshop m/s STRIDESof 60, newmans Ind PK EYInsured: NTNL

Policy No. _____

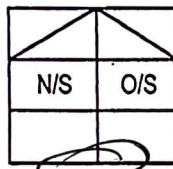
Claims No. MT/1159064-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 6 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: SHB 5871P Yr Regn: 2017 / DEType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA PRIMS HYBRID 1.8LX c.c. 1798Colour: MARON A/C: Insured / Std / NI / NASp. Reading: 446453 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTOKB3FU30357596Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or SAILUN

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 20/01/22 D.O.I. 20/01/22Survey held at STRIDESDes. 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 _____

We will be advising our Principal a cost of repair of L/S \$2,750.00 /- with 6 days of repair,
subject to their approval. (Red \$17783.50, 87%)

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 6

1) 28/02 Typist

☐ : Final ReportResurvey No. of Trip: 1

Survey Fee: _____

Date/Time, File Return to?

Transportation: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)Report Format : TP

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

Case Details

Case Reference Number :

TAX/01/22/2040

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB5871P

Company Type : Strides Taxi Pte Ltd

Estimation ID : EST-17280-ID

Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 19/01/2022 10:35 PM

Vehicle Age(In Months) : 49

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

SMRT Recommendation										Surveyor Approval				Remarks
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	
One Time Key In	Main			COVER, RR BUMPER ASSY	1	423.90	423.90	25.00	317.92	Replace	1	317.92	Replace	CR ✓
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	318.80	318.80	25.00	239.10	Replace	0	0	Check	?
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 1	2	3.80	7.60	25.00	5.70	Replace	2	5.70	Replace	CR ✓
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 2	2	3.80	7.60	25.00	5.70	Replace	2	5.70	Replace	CR ✓
One Time Key In	Main			PAD, RR BUMPER, RH & LH, 3	2	3.80	7.60	25.00	5.70	Replace	2	5.70	Replace	CR ✓
One Time Key In	Main			PAD, RR BUMPER, CTR	3	2.20	6.60	25.00	4.95	Replace	3	4.95	Replace	CR ✓
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.00	22.00	25.00	16.50	Replace	0	0	Not Give	X 19
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	112.70	112.70	25.00	84.53	Replace	0	0	Check	?
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	111.50	111.50	25.00	83.63	Replace	0	0	Not Give	X 11

Total Spare Part Cost 11,667.10

Lump Sum Discount (%) 0.00

Final Spare Part Cost 9,333.68

Surveyor Total 1,599.06

Lump Sum Dis (%) 20

Final Sur Total 1,279.25

SMRT Recommendation

Surveyor Approval

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	1.50	15.00	25.00	11.25	Replace	10	11.25	Replace	nan
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	558.30	558.30	25.00	418.72	Replace	1	418.72	Replace	su
One Time Key In	Main			FILLER, RR BUMPER, RH	1	119.90	119.90	25.00	89.93	Replace	0	0	Not Give	Xan
One Time Key In	Main			FILLER, RR BUMPER, LH	1	119.90	119.90	25.00	89.93	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	14.80	14.80	25.00	11.10	Replace	0	0	Not Give	Xan
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Check	?
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	60.30	60.30	10.00	54.27	Replace	0	0	Check	?
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, RH	1	438.10	438.10	10.00	394.29	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, LH	1	438.10	438.10	10.00	394.29	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY ASSY, RR BUMPER, RH	1	486.80	486.80	10.00	438.12	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY ASSY, RR BUMPER, LH	1	486.80	486.80	10.00	438.12	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR COMBINATION LAMP, RH	1	54.00	54.00	25.00	40.50	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR COMBINATION LAMP, LH	1	54.00	54.00	25.00	40.50	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR FLOOR UNDER, RH	1	169.50	169.50	25.00	127.13	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR FLOOR UNDER, LH	1	234.30	234.30	25.00	175.73	Replace	0	0	Not Give	Xan

Total Spare Part Cost 11,667.10

Surveyor Total 1,599.06

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 20

Final Sur Total 1,279.25

SMRT Recommendation

Surveyor Approval

BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	222.60	222.60	25.00	166.95	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL GATE PANEL SUB-ASSY, BACK DOOR	1	929.60	929.60	25.00	697.20	Replace	1	697.20	Replace	bt ✓
One Time Key In	Main			TAIL GATE WEATHERSTRIP, BACK DOOR	1	360.70	360.70	25.00	270.52	Replace	0	0	Check	?
One Time Key In	Main			TAIL GATE DAM, BACK DOOR GLASS UPPER ADHESIVE	1	27.90	27.90	25.00	20.92	Replace	1	20.92	Replace	me ✓
One Time Key In	Main			TAIL GATE BACK DOOR OUTSIDE GARNISH SUB-ASSY	1	891.20	891.20	25.00	668.40	Replace	0	0	Not Give	Xan
One Time Key In	Main			NAME PLATE (HYBRID), LUGGAGE COMPARTMENT DOOR	1	52.30	52.30	25.00	39.22	Replace	0	0	Not Give	Xan
One Time Key In	Main			NAME PLATE (PRIUS), LUGGAGE COMPARTMENT DOOR	1	52.30	52.30	25.00	39.22	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, RH	1	438.10	438.10	10.00	394.29	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY, REAR COMBINATION LAMP, LH	1	438.10	438.10	10.00	394.29	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY ASSY, RR BUMPER, RH	1	486.80	486.80	10.00	438.12	Replace	0	0	Not Give	Xan
One Time Key In	Main			LENS & BODY ASSY, RR BUMPER, LH	1	486.80	486.80	10.00	438.12	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR COMBINATION LAMP, RH	1	54.00	54.00	25.00	40.50	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR COMBINATION LAMP, LH	1	54.00	54.00	25.00	40.50	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL GATE GLASS SUB-ASSY, BACK DOOR	1	1,569.70	1,569.70	25.00	1,177.28	Replace	0	0	Not Give	Xan
One Time Key In	Main			TAIL GATE LOWER GLASS SUB-ASSY, BACK DOOR	1	725.90	725.90	25.00	544.42	Replace	0	0	Not Give	Xan

Total Spare Part Cost 11,667.10

Surveyor Total 1,599.06

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 20

SMRT Recommendation										Surveyor Approval				
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			SEALANT W/SCREEN	3	37.00	111.00	0.00	111.00	Replace	3	111.00	Replace ✓	✓
One Time Key In	Main			TAILGATE TRIM , UPPER	1	50.50	50.50	25.00	37.88	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			TAILGATE TRIM , RH	1	92.10	92.10	25.00	69.07	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			TAILGATE TRIM , LH	1	92.10	92.10	25.00	69.07	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			TAILGATE TRIM , LOWER	1	218.50	218.50	25.00	163.88	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			TAILGATE BOARD ASSY	1	251.50	251.50	25.00	188.63	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			TAILGATE BOARD , COVER	1	24.10	24.10	25.00	18.08	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			TAIL GATE LOCK ASSY, BACK DOOR	1	452.10	452.10	10.00	406.89	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			EMBLEM SUB-ASSY REAR	1	46.30	46.30	25.00	34.72	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			SPOILER SUB-ASSY, REAR	1	1,322.10	1,322.10	25.00	991.57	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			STRIDES LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give ✓	Xan
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	629.80	629.80	25.00	472.35	Replace	0	0	Check ✓	?
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give ✓	Xan

Total Spare Part Cost 11,667.10

Lump Sum Discount (%) 0.00

Final Spare Part Cost 9,333.68

Surveyor Total 1,599.06

Lump Sum Dis (%) 20

Final Sur Total 1,279.25

	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	1,014.00	400	
Total:			1,014.00	400.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0 X17	
3	Main	TO RESPRAY REAR PANEL	180.00	0 X17	
4	Main	TO RESPRAY TAIL GATE	378.00	200	
5	Main	TO RESPRAY TAILGATE OUTSIDE GARNISH	180.00	0 X17	
6	Main	TO RESPRAY REAR SPOILER	180.00	0 X17	
7	Main	TO RESPRAY REAR FENDER LH	378.00	0 X17	
8	Main	TO RESPRAY RIM	180.00	0 X17	
9	Main	TO RESPRAY ROCKER PANEL MOULDING	180.00	0 X17	
10	Main	TO RESPRAY REAR DOOR LH	378.00	0 X17	
Total:			2,592.00	400.00	

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	40	
2	Main	TO DO WHEEL ALIGNMENT / TYRE BALANCING	120.00	0 X17	
3	Main	TO TRANSFER REAR TAILGATE MECHANISM	120.00	60	
4	Main	TO REMOVE AND REFIX REAR WINDSCREEN	120.00	120.00	
5	Main	TO PROVIDE LABOUR & MATERIAL FOR SOLAR FILM (NET)	350.00	0 X17	
6	Main	TO REPLACE SUNDRY PARTS	100.00	0 X17	
Total:			1,366.00	260.00	

Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
7 Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0 X17	
8 Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	40	
9 Main	TO WASH AND VACUUM	60.00	0 X17	
10 Main	TOWING CHARGE	56.00	0 X17	
11 Main	TO CHECK & RESET SYSTEM FUNCTION	120.00	0 X17	
Total:		1,366.00	260.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	9,333.68	1,279.25
Total Labour Cost	1,014.00	400.00
Total Spray Painting	2,592.00	400.00
Other	1,366.00	260.00
Overall Total	14,305.68	2,339.25
Lump Sum Repair Option	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lump Sum Total	14,300.00	2,350.00
Surveyor Approved Amount		2,350.00
No of Repair Days*	8	4
Remarks		LUMP SUM REPAIR / RESURVEY AFTER PAINT PHOTO.
Surveyor Name		Rasul

Signature

Survey Date

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 items must be resurveyed and is subject to final approval from Insurance Company

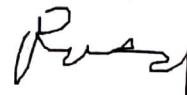
Acknowledged by Repairer

Signature:

Date:

Save

Clear



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 20/01/2022 13:31 (SGT)
Date of Accident 20/01/2022 06:35 (SGT)
Exact Location of Accident Brickland Rd, Singapore
Additional Location Information SLIP ROAD FROM CHOA CHU KANG AVE 6 TOWARDS
BRICKLAND ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB5871P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Strides Taxi Pte Ltd
Company Reg No 1XXXXX369K
Email Address AUTO-SVCS-TARC@SMRT.COM.SG
Mobile Phone No (Phone) +65-68662671
Alternative Phone No (Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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? No - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-21097466MFSH
Cover Note Number -

DRIVER

Name of Driver YEO CHENG HUOY



No	SXXXX592A
Of Birth	22/01/1951
Occupation	Outdoor
Date Of Driving Pass	19/04/1968
Driving experience	53 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-68662672
Alt. Phone Number	-
Email Address	AUTO-SVCS-TARC@SMRT.COM.SG
Address	11
Address complement	-
Postcode	-
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

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY ALONG THE SLIP ROAD FROM CHOA CHU KANG AVE 6 TOWARDS BRICKLAND ROAD AS I WAS LOOKING OUT FOR THE ONCOMING TRAFFIC. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY TAXI. A VEHICLE SMG8757G HAD COLLIDED ONTO THE REAR OF MY TAXI.

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	SMG8757G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW CHOONG XIA

Object Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 **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;

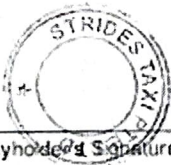
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

Sketch Plan

20/01/22
Yeo Cheng Huoy Yeo

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

Slip Rd Choa Chu Kang Ave 6

20/1/2022

Witnessed by Reporting Centre Personnel

Brickland Road

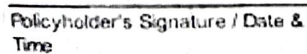
A - SHB5871P

B - SMG 8757G



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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



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

Witnessed by Reporting Centre
Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB5871P
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jan 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	2ZRS111002
Chassis No.:	JTDKB3FU303575996
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	12 Dec 2017
First Registration Date:	12 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2025
PARF Rebate Amount:	\$3,750.00
COE Expiry Date:	11 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$16,600.00
Total Rebate Amount:	\$20,350.00

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 21 Jan 2022

OK