ASS. REC. BY: CS III 2200	1176/Rgf3
	GNMENT
From:  Estimated Cost:  DTTP/WS/TP RES/OD RES/EVA/INV/MV  To Inspect Vehicle No: SND 4866  at Workshop m/s  To Workshop m/s	Veh Nó: SND 4866E Yr Regn: 2022/JAN  Type: M.Cap/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  Truck / Trailer or  Make: Tolona Pana Plus Plus (Auro) c.c 1798  Colour Roo A/C: Insured / Std / NI / NA
of 2 pmoon crescent Insured:	Sp.Reading 2640 T/Radio: Insured / Std / NI / NA
Policy No. D21MFL0000447  Claims No.  Sum Insured: Excess: T   (Client's Record)  Make of Veh:	Eng/No:  C/No:  JTDZS3EM50J067928  Gen. Cond: Good / Fair/ Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nil / 8/Rim / STD A/Rim or  Tyre Size: F:
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.	Tyre Size: F: Jo S (60R16  R:  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  (TOYO/ YOKO or
Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Consistent?: Yes or No  Est. Repairs:  days  Res.: Yes or No  Lum Sum:  %  3 Val.: Yes or No	Front   Rear   R/Bal.   mm   R/Bal.   mm   L/Bal.   mm   L/Bal.   mm   L/Bal.   mm   D.O.A. 28   O( )22   D.O.I. 08   O2   22   Survey held at   Bokuko Morok
CA / REY / REP. / 24 HRS  Vehicle: IN / OUT  Date: Person Contacted:	Des. of Damages Frt Rear / O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.
RECOMPLIED TOTAL LOSS	
10/02/22@9.32am revert to III via Merimen. (T/L) 11/02/22 Submit Uneconomical Total Loss report.	
Date/Time, File Pass to? : Preli. Report Di	ays Of Repair:
1) 11/02 Typist	esurvey No. of Trip: Survey Fee:
Add Fee:	Transportation:    Site Insp (\$ );S+RS,SI
Report Format: MER-OD/TL-U	: Interview (\$ ). Photos
Lump Sum / I R I · /e	: Tech. Invs (\$ ); Others



## **Borneo Motors**

Co. Reg No. : 196700086Z GST Reg No. : MR-8500000-9

No. 2 PANDAN CRESCENT SINGAPORE 128462, Tel no.: 6631 1188



### **ESTIMATE**

Account Deta	ils	Account	No.	A service of the serv	Custome	er Details	
MP-GRAB CAR SERVICING (B&P)		Docume 0	nt No.	M/S Grab Rer 6 Battery Roa #38-04 Singapore 049			
		07/02/2		Work: 657039	25		
Year Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order No. /	Remarks
2021 ZVW40R AV	VXEBW Q4	03/01/2022	SND4866E	0	13118	SND48	866E
Chassis No.	Engine No.	Terms	SA / Counter	, , , , , , , , , , , , , , , , , , ,	/ehicle In	Collec	cted On
JTDZS3EU50J067928	2ZR2M92359	00	Ng Mei Yen	//	- 0.00	//	0.00
L Cd	Job/Parts Des	scription		Qty	Unit Price	Disc %	Amoun
POLICY NO.: A TOW IN:29/01/2022 DATE-IN: DATE NO OF REPAIR DAYS: BY: AUTHORI BP-LAB2 VEHICLE IS FIREWALL BADLY DAN	SED ON: S NOT ECONOMI	ICAL DUE TO	YY 0000HR				90000.0
& on behalf of neo Motors (Singapore) Pte Ltd		seedelders to the	Charge S	Summary	Total		90,000.
	Please acknowledge r	eceipt of vehicle	Parts Labour	0.0		0%	0.
			Sublet Lubrication/Fluid	90,000.0 0.0 0.0	00 Less		0.
			Others	0.0		)ue	90,000.0

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

Vehicle Registration Number

Alternative Phone No

Manufacturer

- 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 01/02/2022 10:26 (SGT) Date of Accident 28/01/2022 21:00 (SGT) Exact Location of Accident Lovang Ln, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

SND4866E

Toyota

(Office) +65-66550005

INSURED/POLICYHOLDER Is company? Name Of Registered Owner **GRAB RENTALS PTE LTD** Company Reg No 2XXXXX200G Email Address gr.sg.accident@grab.com Mobile Phone No (Phone) +65-97837782

#### **VEHICLE PARTICULARS**

Model **Prius** Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private hire Transmission Auto ..... 1798

#### INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Yes Policy Number D21MFL0000447 Cover Note Number

### DRIVER

Name of Driver

RAMLAND BIN MOKHTAR SXXXX879E

Date Of Birth Concupation Date Of Driving Pass Male (Phone) +65-97837782  Male Male Male (Phone) +65-97837782  Male Male Male (Phone) +65-97837782  Male Male (Phone) +65-97837782  Male Male Male (Phone) +65-97837782  Male Male Male (Phone) +65-97837782  Male Male Male Male Male Male Male Mal		
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Date of Universify reas  Gender  Gender  Gender  Male  Gender  Male  (Phone) +65-97837782  Mobile Number  Alt Phone Number  Ternal Address  BLK 425 CHOA CHU KANG AVENUE 4 #08-148  Address complement  Geological Section of the policyholder?  If No, Relationship of the Divine with the Insured  No  Vehicle Registration Number of Other Vehicle Owned by Driver  Jensurance Company of Other Vehicle Owned by Driver  Jensurance Company of Other Vehicle Owned by Driver  Jensurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Weather Conditions  Clear  Other Nehicle involved in the accident?  Was any foreign vehicle involved in the accident?  Was any foreign vehicle involved in the accident?  Was any other vehicle or property damaged?  No  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was provinced and the police?  Was provinced and the police?  No  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Model  Vehicle Registration Number  Para accident photos available for attachment?  Vehicle Model  Vehicle Property 1  Vehicle Model  Vehicle Property 1	Date of Bills	Outdoor
Date of Universify reas  Gender  Gender  Gender  Male  Gender  Male  (Phone) +65-97837782  Mobile Number  Alt Phone Number  Ternal Address  BLK 425 CHOA CHU KANG AVENUE 4 #08-148  Address complement  Geological Section of the policyholder?  If No, Relationship of the Divine with the Insured  No  Vehicle Registration Number of Other Vehicle Owned by Driver  Jensurance Company of Other Vehicle Owned by Driver  Jensurance Company of Other Vehicle Owned by Driver  Jensurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Weather Conditions  Clear  Other Nehicle involved in the accident?  Was any foreign vehicle involved in the accident?  Was any foreign vehicle involved in the accident?  Was any other vehicle or property damaged?  No  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was provinced and the police?  Was provinced and the police?  No  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Model  Vehicle Registration Number  Para accident photos available for attachment?  Vehicle Model  Vehicle Property 1  Vehicle Model  Vehicle Property 1	Occupation	09/11/1993
Conder (Phone) +65-97837782 Mobile Number (Phone) +65-9787782 Mobile Number (Phone) +65-9787782 Mobile Number (Phone) +65	Date Of Driving Pass	28 YEARS AND 2 MONTHS
Gender Mumber Ait. Prince Number  BLK 425 CHOA CHU KANG AVENUE 4 #08-148  Address Complement  G80425  In Mo. Relationship of the Driver with the Insured If No. No  Does Driver Own Other Vehicle? Vehicle Registration Number of Other Vehicle Conned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Owned Insurance Owned In the accident?  Visa any foreign vehicle involved in the accident?  Visa any other vehicle or property damaged?  Visa on Visa of Vi		Male
Authors Completed Services of Services	Gender	(Dhone) +65-97837782
Email Address BLK 425 CHOA CHU KANG AVENUE 4 #08-148 Address complement	Mobile Number	(Phone) 100 07 - American
Address Complement	Alt. Phone Number	ident@grab.com
Address omplement Postsode Set Address complement Set Address Comple	Email Address	gr.sg.accident@grab.com
Postode Is the driver the policyholder? IN No If No, Relationship of the Driver with the Insured Does Driver Com Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Collided Into Parked Vehicle Weather Conditions Clear Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No Was any foreign vehicle involved in the accident? Yes Was any bridy relative on the Accident? Yes Was any poly injured in the Accident? Yes Was any other vehicle or property damaged? Yes No Was any other vehicle or property damaged? Yes Number of Passeagers (Including Driver) 1 1 Has the driver been approached by unknown person(s) soliditing/offering accident claims assistance? No  DETAILS OF POLICE ACTION  Was notice of Intended Prosecution given? No Was notice of Intended Prosecution given? No Was notice of Intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT  ON 28/01/22 AT ABOUT 2100HRS I WAS DRIVING VEHICLE A (SND4866E) ALONG LOYANG LANE.I WAS AT LEFT LANE, I UMAS I TRAVELLING WITHIN MY LANE SUDDENLY I SAW THERE WAS VEHICLE B (YNB208X) PARKED ON THE LEFT LANE, I UMAS LET OS TOS ON TIME VEHICLE PROPERTY I  Vehicle Registration Number  PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.  ATTACHMENT(S)  Are accident photos available for attachment? No  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Registration Number  Vehicle Registration Number  Vehicle Registration Number  Vehicle Model  Vehicle Mo	Address	BLK 425 CHOA CHO RAIS AN AND AND AND AND AND AND AND AND AND
Postode Is the driver the policyholder? IN No If No, Relationship of the Driver with the Insured Does Driver Com Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Collided Into Parked Vehicle Weather Conditions Clear Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No Was any foreign vehicle involved in the accident? Yes Was any bridy relative on the Accident? Yes Was any poly injured in the Accident? Yes Was any other vehicle or property damaged? Yes No Was any other vehicle or property damaged? Yes Number of Passeagers (Including Driver) 1 1 Has the driver been approached by unknown person(s) soliditing/offering accident claims assistance? No  DETAILS OF POLICE ACTION  Was notice of Intended Prosecution given? No Was notice of Intended Prosecution given? No Was notice of Intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT  ON 28/01/22 AT ABOUT 2100HRS I WAS DRIVING VEHICLE A (SND4866E) ALONG LOYANG LANE.I WAS AT LEFT LANE, I UMAS I TRAVELLING WITHIN MY LANE SUDDENLY I SAW THERE WAS VEHICLE B (YNB208X) PARKED ON THE LEFT LANE, I UMAS LET OS TOS ON TIME VEHICLE PROPERTY I  Vehicle Registration Number  PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.  ATTACHMENT(S)  Are accident photos available for attachment? No  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Registration Number  Vehicle Registration Number  Vehicle Registration Number  Vehicle Model  Vehicle Mo	Address complement	
Is the driver the policyholder?  If No. Relationship of the Driver with the Insured Hirer Insurance Company of Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver  Insurance Company of Other Vehicle Owned by Driver  Insurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Type of Accident  Collided into Parked Vehicle  Vehicle Registration Number of Other Vehicle Owned by Driver  Clear  Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident?  Was any foreign vehicle involved in the accident?  Vas any foreign vehicle involved in the accident?  Vas any foreign vehicle involved in the accident?  Vas any other vehicles or properly damaged?  Vas any other vehicle or properly damaged?  Vas any other vehicle or properly damaged?  No  DETAILS OF POLICE ACTION  Was the accident reported to the police?  Was notice of intended Prosecution given?  No  DETAILS OF POLICE ACTION  Vas the accident reported to the police?  No  No  No  1 fyes, against whom?  CIRCUMSTANCES OF ACCIDENT  ON 2801122 AT ABOUT 2100HRS I WAS DRIVING VEHICLE A (SND4868E) ALONG LOYANG LANEJ WAS AT LEFT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY I SAW THERE WAS VEHICLE B (YNS208X) PARKED ON THE LEFT LANE, I UNAS TRAVELLING WITHIN MY LANE SUDDENLY I SAW THERE WAS VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  No  No  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Model  Vehicle Model  Vehicle Ariant	Postcode	4.0
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Does Driver Own Other Vehicles Owned by Driver  Insurance Company of Other Vehicle Owned by Driver  Insurance Company of Other Vehicle Owned by Driver  GENERAL INFORMATION OF THE ACCIDENT  Type of Accident  Weather Conditions  Clear Road Surface  Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident?  Was any foreign vehicle involved in the accident  2  Was any injured on the Accident  Was any injured conveyed to hospital by ambulance?  No Was any injured conveyed to hospital by ambulance?  No Was any injured conveyed to hospital by ambulance?  No Was any injured by the Accident?  Was any injured by the Accident?  No DETAILS OF POLICE ACTION  Was the accident reported to the police?  No Was the accident reported to the police?  No No DETAILS OF POLICE ACTION  Was TARVELLING WITHIN MY LANE SUDDENLY I SAW THERE WAS VEHICLE B (YN8208X) PARKED ON THE LEFT LANE. I UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE.MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED  PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.  ATTACHMENT(S)  AVE accident photos available for attachment?  Yes Was there any video captured by Car Camera?  No Was there any video captured by Car Camera?  No Was there any video captured by Car Camera?  No Was there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  No Wes there any video captured by Car Camera?  Vehicle Medie Weithing Camera and Came	If No Relationship of the Driver with the Insured	Hirer
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 Parked Vehicle Weather Conditions Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident? Was any object involved in the accident? Vess any injured conveyed to hospital by ambulance? Was any injured conveyed to hospital by ambulance? No Was any object vehicle or properly 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  ON 28/10/122 AT ABOUT 2100HRS I WAS DRIVING VEHICLE A (SND4866E) ALONG LOYANG LANE.I WAS AT LEFT LANE.I UMABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE.MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED  PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.  ATTACHMENT(S)  ATTACHMENT(S)  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vessicle Registration Number  YN8208X  Vehicle Registration Number  Vehicle Model  Vehicle Model  Vehicle Model  Vehicle Model  Vehicle Model  Vehicle Wasnet  Vehicle Model  Vehicle Wasnet  Vehicle Worlant  - Velicle Model  Vehicle Veriant  - Vehicle Veriant  - Vehicle Model  Vehicle Veriant  - Vehicle Veriant  - Vehicle Model  Vehicle Veriant  -	Deep Driver Own Other Vehicles?	No
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Road Surface Dry  OTHER INFORMATION  Was any foreign vehicle involved in the accident? No No Number of vehicles involved in the accident 2 Was any foreign vehicle involved in the accident 2 Was any injured conveyed to hospital by ambulance? 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 accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? -  CIRCUMSTANCES OF ACCIDENT  ON 28/01/22 AT ABOUT 2100HRS I WAS DRIVING VEHICLE A (SND486E) ALONG LOYANG LANE I WAS AT LEFT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY I SAW THERE WAS VEHICLE B (YN8208X) PARKED ON THE LEFT LANE, I UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE.MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.  ATTACHMENT(S)  Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any sudio recorded? No  DETAILS OF OTHER VEHICLE PROPERTY 1  Vehicle Registration Number  Vehicle Manufacturer - Vehicle Manufacturer - Vehicle Manufacturer - Vehicle Model Wehicle Varient -		
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Vehicle Model	Vehicle Manufacturer	<u>-</u>
Vehicle Variant	Vehicle Model	
Vehicle Colour	Vehicle Variant	-
	Vehicle Colour	_

Commercial vehicle

(Phone) +65-92325923

Vehicle Category

Name of Driver
Contact Number

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Surance Company Name	
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Of Passenger (Including Driver)	
of Passenger (Including Driver)	
), 011 3 ( 3 511101)	************************

### INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Gender Phone No Address	RAMLAND BIN MOKHTAR Male (Phone) +65-97837782
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?	- - - - PAIN ON NECK AND CHEST SND4866E Yes No

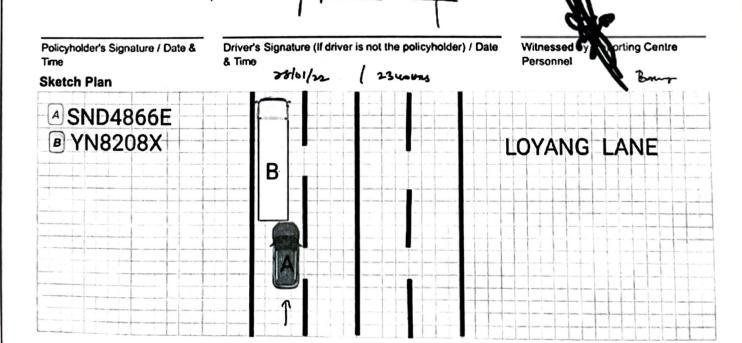
### SKETCH PLAN

### 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 displosed 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.



Describe Circumstances of the Accident

ON 28/01/22 AT ABOUT 2100HRS I WAS DRIVING VEHICLE A SND4866E ALONG LOYANG LANE.I WAS AT LEFT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY I SAW THERE WAS VEHICLE B YN8208X PARKED ON THE LEFT LANE.I UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE.MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND MYSELF INJURED DUE TO THE IMPACT.

### **Declaration**

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

are true in avery respect.

Policyholder's Signature / Date & Time

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

Witnessed by Ratting Centre Personnel

### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company Company
Owner ID:	200G
Vehicle No.:	SND4866E
Vehicle to be Exported:	
Intended Deregistration Date:	08 Feb 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS PLUS (AUTO)
Primary Colour:	Red
Manufacturing Year:	2021
Engine No.:	2ZR2M92359
Chassis No.:	JTDZ53EU50J067928
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$27,588.00
Original Registration Date:	03 Jan 2022
First Registration Date:	O3 Jan 2022
Transfer Count:	
Actual ARF Paid:	\$15,624.00
PARF Eligibility:	Yes Yes
PARF Eligibility Expiry Date:	02 Jan 2032
PARF Rebate Amount:	\$11,718.00
OE Expiry Date:	02 Jan 2032
OE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$56,001.00
COE Rebate Amount:	\$55,444.00
otal Rebate Amount:	\$67,162,00

The information contained herein is correct as at 08 Feb 2022

### Toyota Prius Plus Hybrid 1.8A

Overview

Avoidessories:

Similar

Reseale

Photos

Map

# CLASSICCREDIT



Dine

6412,41111

Depreciation ()

\$11,570 /yr

View models with similar depre.

Rendonte

29-Oct-2018

(6yrs 8mths 20days COE left)

Mileage

49,912 km (15.2k /yr)

Manufactured 🕖

2018

Road Tax (

\$976 /yr

**Transmission** 

Auto

Dereg Value (†)

\$39,052 as of today (change)

Fuel Type

Petrol-Electric

COE

\$31,302

OMV

\$30,006

Engine Cap

1,798 cc

ARF (

\$24,009

Curb Weight

1,500 kg

Power

100.0 kW (134 bhp)