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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	941F
Vehicle Details	
Vehicle No.:	SKA5420C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Mar 2022
Vehicle Make:	TOYOTA
Vehicle Model:	VELLFIRE 3.5Z G-EDITION A
Primary Colour:	White
Manufacturing Year:	2010
Engine No.:	2GR0761744
Chassis No.:	GGH208038110
Maximum Power Output:	206.0 kW (276 bhp)
Open Market Value:	\$53,174.00
Original Registration Date:	10 Mar 2011
First Registration Date:	10 Mar 2011
Transfer Count:	0
Actual ARF Paid:	\$53,174.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jan 2031
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$42,683.00
COE Rebate Amount:	\$37,978.00
Total Rebate Amount:	\$37,978.00

The information contained herein is correct as at 07 Mar 2022

OK

dp' 11k

12

= 917

~~7/15~~

8/15/11/107

917 x 107 = 98119

= 981k

98k - ~~37978~~ 37978

= 60022

Vellfire 3.5A Z G-Edition Used Vehicle List (1 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Company	Availability
Toyota Vellfire 3.5A Z G-Edition (COE till 03/2030)	\$88,888	\$11,040 /yr	26-Mar-2010	3,456 cc	-	Snyder Holdings Pte Ltd	Available

VIP Seats With Leg Raise, Full Loan Available.

Office No. - -

Ash - 91174662 | Smile - 92305353 | Fendy - 81900004 | Wan - 83837726

sgCarMart is the number one car classifieds for parallel import cars, Toyota, Honda, Nissan, Mitsubishi & BMW. There are plenty of cars for sale, even for COE cars, OPC cars, vans, trucks, hybrid cars, sports cars or stationwagons. You can also buy from a car auction, look up car loans, low mileage cars, car brands, carpark rates & car insurance. We have new car dealers comprising parallel importers, authorised car dealers, and used car dealers on our site. Find new car price lists, new car launches and new car promotions, and also motoring advice, car reviews & car news on the latest models. Find the right Rental Car for you - get short term rental, long term lease, private hire cars, wedding cars to cars for p-plate probation drivers. Visit our partner sites for job openings for Singapore jobs, real estate, mover, car performance parts, car discussion, forum discussion, commercial vehicle leasing & COE results.

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or 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	10/02/2022 15:59 (SGT)
Date of Accident	10/02/2022 07:47 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	HONG KAH FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA5420C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RUAN YUN YUN
NRIC No	S8181351E
Email Address	ruanyunyun@gmail.com
Mobile Phone No	(Phone) +65-93207611
Alternative Phone No	+65-93207611

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120829204
Cover Note Number	-

DRIVER

Name of Driver	WU DA
NRIC No	S8181350G

Date Of Birth	03/01/1981
Occupation	Indoor
Date Of Driving Pass	20/05/2011
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82018265
Alt. Phone Number	-
Email Address	wuda.0521@gmail.com
Address	BLK 208A CLEMENTI AVE 6 #37-117
Address complement	-
Postcode	121208
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RUAN YUNYUN
Gender	Female

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 DRIVING ALONG PIE TOWARDS TUAS NEAR HONG KAH FLYOVER. I FOLLOWED THE VEHICLE IN FRONT OF ME TO STOP. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY REAR. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. I FELT UNCOMFORTABLE AFTER ACCIDENT AND WILL CONSULT DOCTOR.

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

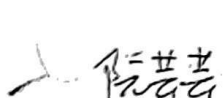
Vehicle Registration Number	SMJ9077M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NGIAM XING HAO
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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 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.

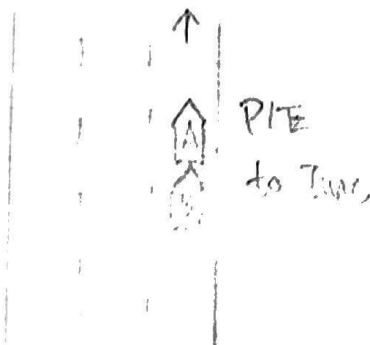
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



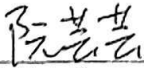
A: SKA5420C
B: SMS9077M

Describe Circumstances of the Accident

I was driving along PIE towards Tuar near Hong Kah Flyover,
 I was followed by the vehicle in front of me to stop.
 Suddenly I heard a bang sound and felt an impact from my
 rear. Vehicle B was collided onto rear portion of my vehicle.
 I felt uncomfortable after accident will consult doctor.

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