

ASS. REC. BY:

REF:

AG-2 220040601kgv3

C

Kenneth

## 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:

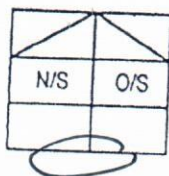
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1.81%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHIF 5877

Yr Regn:

02, 21

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

Truck / Trailer or

Make:

Toy Prius

C.C

1788

Colour

M.P White / Red

A/C:

Insured / Std / NI / NA

Sp.Reading

90815

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDK B3F4103093835

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size:

Firenze

195/65R15

R: Dun

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

3

mm

L/Bal.

6

mm

L/Bal.

3

mm

D.O.A.

28/4/22

D.O.I.

29/4/2022

Survey held at

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

1 Got BZ

1275.08

415

81275.08

Cdnw

(Red 815001.75, 92%)

14996.75, 92%

Date/Time, File Pass to?

1) 14/6 2022

Date/Time, File Return to?

2)

☐

: Prell. Report

☐

: Final Report

Days Of Repair:

2

Resurvey No. of Trlp:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fuel

Others

TOTAL

Report Format :

TP

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

1275.08

1275.08

**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHF597T***Not Withheld  
Primary B & paint***AAD2204-****81275.08**

Vehicle No.:

Chassis No.:

Co UEN:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

**28 APR 2022****SHF597T**

JTDKB3FU103093835

200303878K

TOYOTA

PRIUS **GEN 4**

28/04/2022

**SLX5374U/AUTO&GEN**

25/02/2021

**PART**

- 1 COVER, REAR BUMPER
- 1 REINFORCEMENT SUB-ASSY, REAR BUMPER
- 1 COVER, REAR BUMPER, LOWER
- 1 GUARD, REAR BUMPER, CENTER
- 1 RETAINER, REAR BUMPER SIDE, LH
- 1 RETAINER, REAR BUMPER SIDE, RH
- 1 PANEL SUB-ASSY, BACK DOOR
- 1 PLATE, LUGGAGE COMPARTMENT DOOR NAME, NO.2
- 1 PLATE, BACK DOOR NAME, NO.1
- 1 ORNAMENT SUB-ASSY, BACK DOOR
- 1 GARNISH SUB-ASSY, BACK DOOR, OUTSIDE
- 1 BOARD ASSY, BACK DOOR TRIM
- 1 WEATHERSTRIP, BACK DOOR
- 1 COVER, DECK TRIM, REAR
- 1 PANEL SUB-ASSY, BODY LOWER BACK
- 1 STAY ASSY, BACK DOOR, LH
- 1 STAY ASSY, BACK DOOR, RH
- 1 HINGE ASSY, BACK DOOR, LH
- 1 HINGE ASSY, BACK DOOR, RH

**LIST**

\$	<i>Bu</i>	485.60	✓
\$	<i>R</i>	332.70	X
\$	<i>pu</i>	22.00	X
\$	<i>pu</i>	374.50	✓
\$	<i>pu</i>	132.60	X
\$	<i>pu</i>	132.60	X
\$	<i>pu</i>	1,147.80	X
\$	<i>pu</i>	54.60	X
\$	<i>pu</i>	54.60	X
\$	<i>pu</i>	47.90	X
\$	<i>sch pu</i>	913.60	X
\$	<i>pu</i>	259.20	X
\$	<i>pu</i>	372.30	X
\$	<i>pu</i>	126.70	X
\$	<i>pu</i>	651.00	X
\$	<i>pu</i>	242.50	X
\$	<i>pu</i>	242.50	X
\$	<i>pu</i>	61.00	X
\$	<i>pu</i>	61.00	X

**TOTAL \$ 5,229.10****25% \$ 1,307.28****\$ 3,921.83****Special Nett**

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 2 WINDSCREEN SEALANT

\$	<i>pu</i>	700.00	X
\$	<i>pu</i>	95.00	<i>6000</i>
\$	<i>pu</i>	150.00	X



**Trans-cab Auto Services Pte Ltd****AAD2204-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHF597T**

1 WINDSCREEN MOULDING	\$	<i>pu</i> 200.00	X
1 WINDSCREEN INNER SPONGE SEAL	\$	<i>su</i> 130.00	X
1 REAR TAILGATE STICKER "Trans-Cab"	\$	<i>nn</i> 80.00	X
1 REAR TAILGATE STICKER "6555-3333"	\$	<i>nn</i> 80.00	X
1 REAR BUMPER PROTECTOR	\$	<i>pu</i> 180.00	X
1SET REAR BUMPER RETAINER CLIP	\$	<i>nn</i> 85.00	X
1 END PANEL TRIM CLIP	\$	<i>nn</i> 65.00	X
1SET BUMPER CLIP FRT	\$	<i>nn</i> 95.00	X
1 REAR NUMBER PLATE WITH MOULDING	\$	<i>pu</i> 200.00	X
<b>TOTAL</b>	<b>\$</b>	<b>2,060.00</b>	

**TOTAL PARTS \$ 5,981.83****LABOUR**

To Remove And Refit Rear Big and Small W/Screen Glass To Facilitate Bodywork Repair.

\$ *nn* 300.00 X

To remove and refit interior fittings, trimmings, garnish, fittings and other, to enable repair.

\$ *nn* 380.00 X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 2,200.00 *2000*

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ *nn* 380.00 X

To transfer of Tailgate fittings, attachments and perform water seepage test.

\$ *nn* 180.00 X

To remove and refit electrical wiring, battery and other necessary items to facilitate bodywork repair.

\$ *nn* 480.00 X

To transfer of Fender fittings, attachments and perform water seepage test.

\$ *nn* 480.00 X

**Trans-cab Auto Services Pte Ltd****AAD2204-**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHF597T**

To dismantle and refit aircon assy and attachment, vacuum and charge-in-gas.

\$ *nn* 380.00 X

Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.

\$ *nn* 380.00 X

To check steering geometry and computer wheel alignment

\$ *nn* 220.00 X

To Rust-Proofing and apply undercoat Of The Affected Areas.

\$ *nn* 250.00 X

Towing Fees

\$ *nn* 150.00 X

Putty And Spray Painting Of The Affected Portion.

\$ 2,200.00 *320%*

To reinstall rear bumper parking sensor.

\$ 170.00 *50%*

To Check Electrical Lighting Concerned.

\$ *nn* 170.00 X

To transfer of luggage floor panel fittings, attachment and perform water seepage test.

\$ *nn* 380.00 X

To transfer of tire, rim and on wheel balancing.

\$ *nn* 220.00 X

To replace, refix and top up coolant for radiator

\$ *nn* 170.00 X

To lift-up / out engine with gear box and refit.

\$ *nn* 440.00 X

To remove and refit radiator support cross-member and other necessary items to enable bodywork repair.

\$ *nn* 380.00 X

To conduct and perform a comprehensive vehicle diagnostic check and reset vehicle warning indicators.

\$ *nn* 380.00 X**TOTAL \$ 10,290.00****Over All Total \$ 16,271.83**

**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

Signature:

Date:

**Trans-cab Auto Services Pte Ltd**

AAD2204-

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHF597T**

**(PART-BY-PART) Repair Days**

~~25~~ DAYS

*2 days*

## 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	28/04/2022 15:24 (SGT)
Date of Accident	28/04/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG NEW UPPER CHANGI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF597T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1767

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	VFX/P2413997
Cover Note Number	-

### DRIVER

Name of Driver	CHOW YIN KOK
NRIC No	SXXXX257J



Date Of Birth	01/07/1960
Occupation	Outdoor
Date Of Driving Pass	07/02/1985
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81694162
Alt. Phone Number	-
Email Address	Claims@transcab.com.sg
Address	HDB Hougang, 354 Hougang Avenue 7. #03-701
Address complement	-
Postcode	(S)530354
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	P1
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220428/2033

#### 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	SLX5374U
Vehicle Manufacturer	Toyota

Vehicle Model .....	Harrier
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-88093933
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	CHOW YIN KOK
Gender .....	Male
Phone No .....	(Phone) +65-81694162
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHF597T
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

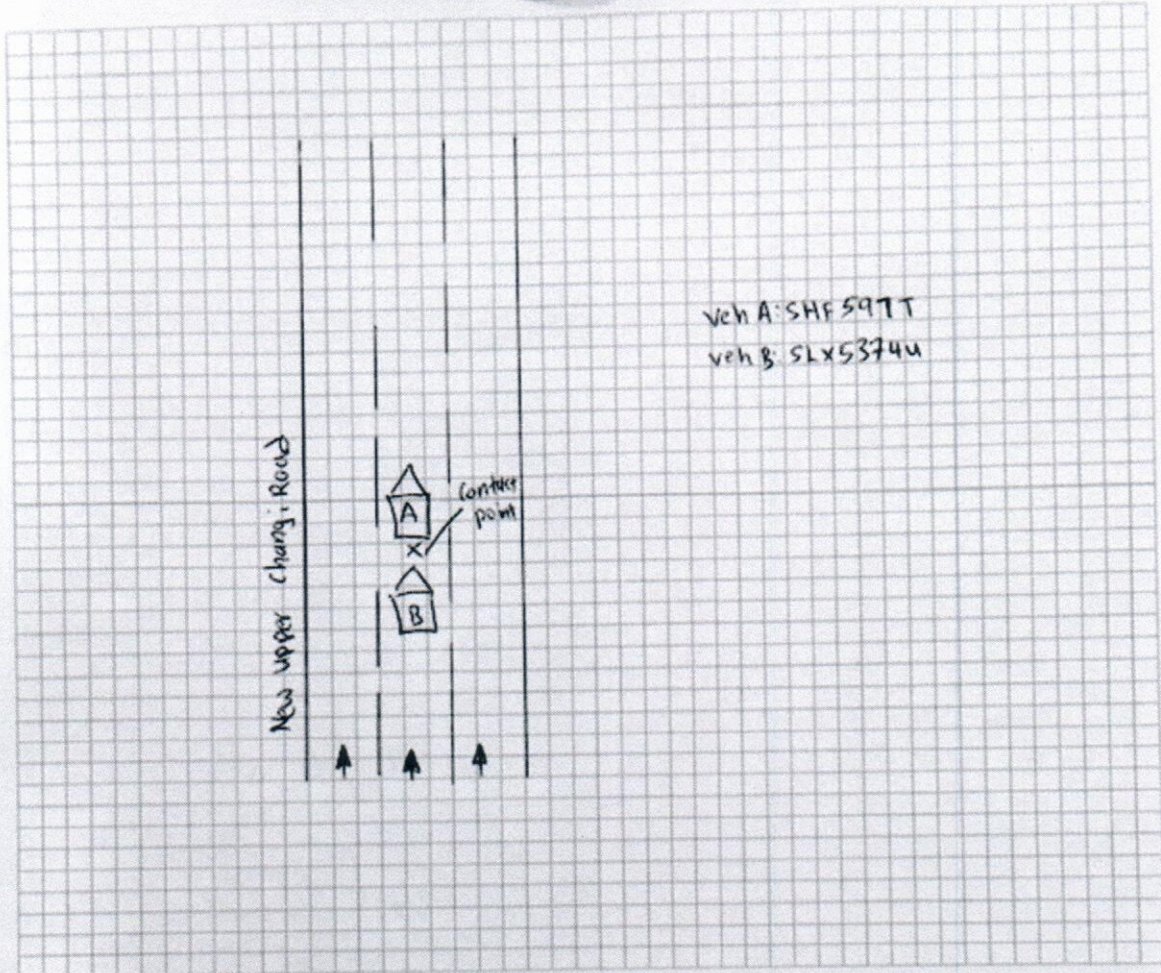
Policyholder's Signature  
Date & Time:

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

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**ANG QI HAO, VICTOR**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT DIAGRAM



Policyholder's Signature  
Date & Time:

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

**VERIFIED BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**ANG QI HAO, VICTOR**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN #3

**SKETCH PLAN**

REFER TO ATTACHED ACCIDENT DIAGRAM

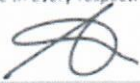
**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO POLICE REPORT NO.T/20220428/2033

**DECLARATION**

I/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:

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
**ANG QI HAO, VICTOR**

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

2




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999



T/20220428/2033

1 of 3

Report No. T/20220428/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/04/2022 11:49	Vide Report No.:	Station Diary No.: 51
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: CHOW YIN KOK	Address: APT BLK 354 HOUGANG AVENUE 7 #03-701 SINGAPORE 530354		
ID Type / ID No.: NRIC NO / S1446257J	Contact No.:	Mobile: 81694162	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex:	Age:	Date of Birth:	Type of Informant:
Male	61	01/07/1960	Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2022 09:30	Straight Road
Location:  NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF597T	Car				Slightly Damaged	1
SLX5374U	Car				Slightly Damaged	0

**Details of Person Involved**

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




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999



T/20220428/2033

2 of 3

Report No. T/20220428/2033

**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>		S1446257J
Name	CHOW YIN KOK	<b>Contact No.</b>		81694162
Related Vehicle	SHF597T (Car)	<b>Class of Driving Licence &amp; Expiry Date</b>		Class: 2B,3 Date of Expiry: NIL
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	<b>Date Treatment</b>		28/04/2022
<b>Date Discharge</b>		<b>Date Discharge</b>		28/04/2022
<b>No. of Days granted Medical Leave</b>		<b>Degree of Injury</b>		Slight
03				

**Brief Details.**

On 28/04/2022 at about 0930hrs, I was driving my taxi SHF597T ferrying a male passenger onboard travelling on the 2nd lane of New Upper Changi Road. At this juncture, my taxi is in stationary position just before the traffic light as it is showing red awaiting to turn green. Everything intact and in order.

Out of a sudden, I felt an huge impact from the rear of my taxi causing me and my passenger to jerked forward strongly. I took a moment to rest and compose myself in my taxi as I felt dizzy at that moment, while my passenger called for ambulance for me as he observe that I was not looking well. The driver of SLX5374U that collided from the rear of my taxi came forward to check on me and after some time I got out of my taxi to take picture of the accident and the rear portion of my taxi is damaged upon observation. The driver of SLX5374U then explained that the accident is his fault as a cockroach suddenly jumped onto his hands causing him a scare reaction hence he stepped on the accelerator pedal which caused the collision. After taking pictures of the accident, I manage to exchange contact details of the driver of SLX5374U and we decided to claim through insurance. The driver of SLX5374U and my passenger proceed to leave the scene while I continued waiting for the ambulance to arrive but after waiting for some time without a sign of ambulance I also proceeded to leave as well.

There is in-car camera installed in my taxi but I am unsure if the accident is recorded. No ambulance or TP at scene. I went to POW FAMILY CLINIC & SURGERY to make a check as I felt pain and discomfort on my lower and upper back portion and was given 3 days of MC (Certificate No.: MC/111547) from 28/04/2022 to 30/04/2022 by Dr Pow Chun Mei (M04329Z).

I am lodging this traffic accident report for insurance claims purpose. That is all.



ACCIDENT

**SINGAPORE  
POLICE FORCE**

T/20220428/2033

3 of 3

Report No. T/20220428/2033

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

**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:

F /

Other PETER GOH WEE HENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/04/2022 11:49

Officer In Charge Of Case:

TP / AEIT /

INSP (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

NP168



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

### Vehicle Details

Vehicle No.:	SHF597T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Apr 2022
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	2ZR2J06500
Chassis No.:	JTDKB3FU103093835
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,879.00
Original Registration Date:	25 Feb 2021
First Registration Date:	25 Feb 2021
Transfer Count:	0
Actual ARF Paid:	\$7,131.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Feb 2029
PARF Rebate Amount:	\$5,348.00

### Intended COE Rebate Details

COE Expiry Date:	24 Feb 2029
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$31,876.00
COE Rebate Amount:	\$25,500.00
<b>Total Rebate Amount:</b>	<b>\$30,848.00</b>

### Message

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 28 Apr 2022

OK