

NATIONAL Assessment Centre Services:

(wef 1 Jan 2005)

SW0822810007

Date in: 01/08/2022 13:01	Job description	Date & Time Completed	Done by
Ref No: 1/10/17229072774	SAS e-filing		
Veh No: SMR 71035	E-mail (within 3hrs, AUC 2hrs)		
D.O.A: 30/07/2022 17:00	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMR 3757	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: ()	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA202050

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming assist INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	9) N12: Idco Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

C Checked by (Engr-In-Charge):

Auditors Comments:

1.1:

1.2/3:

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 Actual 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	01/08/2022 13:01 (SGT)
Reported by	Both
Date of Accident	30/07/2022 17:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(CITY) BEFORE ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7103S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG PEI CHING, LOLETA
NRIC No	SXXXX588Z
Email Address	letaish@gmail.com
Mobile Phone No	(Phone) +65-87809100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1198

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00001532200

DRIVER

Name of Driver	NG PEI CHING, LOLETA
NRIC No	SXXXX588Z
Date Of Birth	03/06/1978
Occupation	Indoor

Date Of Driving Pass	12/04/2003
Driving experience	19 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87809100
Alt. Phone Number	-
Email Address	letaish@gmail.com
Address	BLK 799 YISHUN RING ROAD #12-3418
Address complement	-
Postcode	760799
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	CHAN SHU KIN
Gender	Male

PASSENGER 2

Name	CHAN SIEW FONG
Gender	Female

PASSENGER 3

Name	JAYNE CHAN ZI YU
Gender	Female

PASSENGER 4

Name	JOELLE CHAN XI ER
Gender	Female

PASSENGER 5

Name	AMAC LOCELYN TAGOCTOC
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900



Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220731/7014

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT3775T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	SHA5984C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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	NG PEI CHING, LOLETA
Gender	Female
Phone No	(Phone) +65-87809100
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	CHAN SHU KIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	AMAC LOCELYN TAGOCTOC
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 4	
Name of injured person	JAYNE CHAN ZI YU
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 5	
Name of injured person	JOELLE CHAN XI ER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 6	
Name of injured person	CHAN SIEW FONG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	SMR7103S
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.

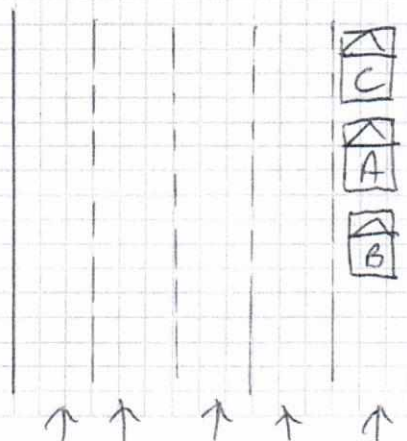
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE (CITY) Before Amk Ave 1.



Veh A : SMR 7103 S

Veh B : SMT 3775 T

Veh C : SHA 5984 C

Describe Circumstances of the Accident

* PLS refer to Police Report.

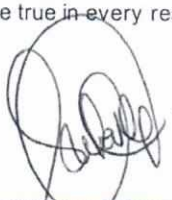
1/20220731/7014

Declaration

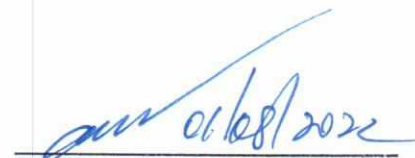
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220731/7014

1 of 5

Report No. T/20220731/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2022 14:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG PEI CHING, LOLETA			Address: 799 YISHUN RING ROAD #12-3418 SINGAPORE 760799		
ID Type / ID No.: NRIC NO / S7816588Z			Contact No.: Home/Office:		Mobile: 87809100
Nationality: SINGAPORE CITIZEN			Email: LETAISH@GMAIL.COM		
Sex: Female	Age: 44	Date of Birth: 03/06/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Planner			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/07/2022 17:00	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR7103S	Car	NISSAN	NOTE 1.2 CVT	Brown		5

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR7103S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000015 32200	18/01/2022	17/01/2023



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NG PEI CHING, LOLETA		ID No.	S7816588Z
Related Vehicle	SMR7103S (Car)		Contact No.	87809100
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	CHAN SHU KIN		ID No.	S2745752E
Related Vehicle	SMR7103S (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	AMAC JOCELYN TAGOCTOC		ID No.	G8966968K
Related Vehicle	SMR7103S (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious	



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220731/7014

CONTINUATION OF REPORT

Passenger			
Name	JOELLE CHAN XI ER	ID No.	T0938955A
Related Vehicle	SMR7103S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	JAYNE CHAN ZI YU	ID No.	T1220994G
Related Vehicle	SMR7103S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	CHAN SIEW FONG	ID No.	S0151478D
Related Vehicle	SMR7103S (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On the stated date and time I was driving my family on board vehicle SMR7103S.

The names are below:

1. Chan Shu Kin - husband
2. Chan Siew Fong - mom
3. Jayne Chan Zi Yu - daughter
4. Joelle Chan Xi Er - daughter
5. Amac Jocelyn Tagoctoc - helper

We were travelling straight on CTE towards City.

As the vehicle in front stopped I gradually follow suit. I stopped about 1 car length away from the front vehicle.



**SINGAPORE
POLICE FORCE**



T/20220731/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220731/7014

CONTINUATION OF REPORT

Suddenly I felt a huge impact from behind.
The impact propelled my vehicle forward to hit onto the front vehicle.
The impact causes my head to hit onto my headrest.
I then quickly check on my family.
My husband hit his right knee onto the gloves compartment.
My helper hit her head onto the headrest and her face on the front seat.
I then alighted and realised that i was involved in a 3 vehicles chain collision and I am the 2nd car.

The order of the vehicles are as follows:

1. SHA5984C
2. SMR7103S
3. SMT3775T

After a while we all felt pain on our bodies
We then proceeded to Lion health Clinic & Surgery downstairs my place to seek treatment and we were
all given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20220731/7014

5 of 5

Report No. T/20220731/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
31/07/2022 14:18

Classification Of Case:

⑤

Date of Accident : 30/7/2022 Accident Time: 1700HR (24-HR-Format)
Accident Place : CTE (CITY) Before AMK Ave 1.
Vehicle. No. (Car Plate No.) : SMR7103S Make/Model: Nissan Note.
Insurance Company : China Tai Ping Policy No: _____
Owner or Company Name /IC No. : Ng Pei Ching, Loleta. S7816588Z
Owner or Company Contact No. : 87809100 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As Above
DRIVER'S Date Of Birth : 03/06/1978 DRIVER'S License Pass Date 12/04/2003
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Blk 799 Yishun Ring Rd #12-3418 S(760799)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : letaish@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 06
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle. No: <u>⑧ SMT 3775T</u>	Vehicle. No: <u>⑨ RHA 5984C.</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

- | | |
|-------------------------|-----------------------------|
| ① Chan Shu Kin (m) | ⑤ Amac Jocelyn Tapactoc (f) |
| ② Chan Siew Fong (f) | |
| ③ Jayne Chan Zi Yu (f) | |
| ④ Joelle Chan Xi Er (f) | |



Motor Private Car

MX1F

N SN

AN0117A

Cov. Type.C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1952 (Malaysia)

CERTIFICATE No.

DMPCSNW00001532200

Engine No. HR12046924K

Chassis No. JN1TAAE12Z0983307

1. Index Mark and Registration
Number of Vehicle

SMR7103S

2. Name of Policy Holder

NG PEI CHING LOLETA

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

18/01/2022
(00:00:00)

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

17/01/2023

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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.

6. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : MAYBANK

* 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 (Malaysia), 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 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: JY'S LEASING
Authorised Officer

Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 588Z

Vehicle Details

Vehicle No.: SMR7103S

Vehicle to be Exported: No

Intended Deregistration Date: 10 Sep 2022

Vehicle Make: NISSAN

Vehicle Model: NOTE 1.2 CVT

Primary Colour: Brown

Manufacturing Year: 2019

Engine No.: HR12046924K

Chassis No.: JN1TAAE12Z0983307

Maximum Power Output: 58.0 kW (77 bhp)

Open Market Value: \$13,465.00

Original Registration Date: 18 Jan 2020

First Registration Date: 18 Jan 2020

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 17 Jan 2030

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 17 Jan 2030

COE Category: A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$35,320.00

COE Rebate Amount: \$25,967.00

Total Rebate Amount: \$29,717.00

The information contained herein is correct as at 01 Aug 2022

OK