ASS. REC. BY: [illegible] REF: CS~~X~~/ICS2200943B/Ruy3 791H

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

(OD) / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SJB8560T

at Workshop m/s CONVERGENCE AUTOMOTIVE

of 39 WOODLANDS CL #01-24 @MEGA

Insured: ECICS

Policy No. MPC21P00213200

Claims No. DMPC2200433H

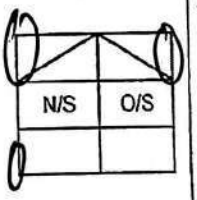
Sum Insured: _____ Excess: ~~TBA~~ 750

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 147K

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / (REV) / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJB8560T Yr Regn: 2020 / OCT

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

Truck / Trailer or _____

Make: TOYOTA CAMRY HYBRID 2.5A SP c.c 2487

Colour WHITE A/C: Insured / Std / NI / NA

Sp.Reading 41527 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTNB23HK803065053

Gen. Cond: Good / (Fair) / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 235/40ZR19

R: 2.

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

TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	20/09/22	D.O.I.	23/09/22

Survey held at CONVERGENCE

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S FRT, O/S FRT & N/S REAR

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	REPAIR LIMIT - 96K
8/2/23	Final fig $14,530.70 confirmed with Kaelynn (Red 6506.80, 30%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 9/2/23-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 10

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format : Merimen

~~Lump Sum~~ / N.P.I. : $ $14,530.70

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	
TOTAL	

Convergence Automotive Pte Ltd (Co.Reg.No:201820703D)
39 Woodlands Close, MEGA@Woodlands #01-24
Singapore 737856
Tel: 6993 2080 Email: operations@convergence.com.sg

INSURER: **ECICS Limited (HQ)**

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MPC21P00213200	Date of Loss:	20/09/2022
Vehicle Reg. No.:	**SJB8560T**	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	YES	Third Party Involved?	YES
Insured/Claimant:	SIVAKUMAR S/O ASOKAN		
Make/Model:	TOYOTA CAMRY, 2.5 (A)	Vehicle Reg. Date:	12/10/2020
Vehicle Colour:	WHITE		
Engine No:	A25A5361299	Chassis No:	JTNB23HK803065053
Odometer:	41527 KM		
Paint Type:			
Total Loss?	**NO**		
Est. Duration of Repair (day)	10		
Present Location:	CONVERGENCE AUTOMOTIVE PTE LTD (HQ)		

COST OF CLAIMS	Amount
Parts	12,553.00
Miscellaneous Items	0.00
Labour	2,600.00
Paintwork Labour	1,050.00
Towing	0.00
Gross Total (S$)	**16,203.00**
+ GST 7.00% (S$)	1,134.21
Nett Amount (S$)	**17,337.21**

This claim is handled by: CHIA PEI FEN

*Generated using **Merimen e-Claims Internet Estimation & Adjusting System***

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 23 Sep 2022)
Parts:	143	TOYOTA CAMRY 2.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	**Convergence Automotive Pte Ltd/SJB8560T/23/09/2022 11:33**	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*Bonnet	0.00	0.00	*440.00 F
2	1		*Bonnet hinge LH	0.00	0.00	*45.00 F
3	1		*Bonnet hinge RH	0.00	0.00	*45.00 F
4	1		*Bonnet absorber LH	0.00	0.00	*115.00 F
5	1		*Bonnet absorber RH	0.00	0.00	*115.00 F
6	1		*Bumper, front	0.00	0.00	*320.00 F
7	2		*Bumper retainer, front	0.00	0.00	*110.00 F
8	1		*FOG LAMP COVER LH	0.00	0.00	*75.00 F
9	1		*FOG LAMP SIDE COVER	0.00	0.00	*35.00 F
10	1		*FOG LAMP MOULDING TOP	0.00	0.00	*65.00 F
11	1		*FOG LAMP MOULDING LOWER	0.00	0.00	*60.00 F
12	1		*WHEELHOUSE LH	0.00	0.00	*410.00 F
13	1		*SUPPORT SIDE PANEL LH	0.00	0.00	*180.00 F
14	1		*SUPPORT TOP PANEL	0.00	0.00	*195.00 F
15	1		*FENDER APRON SEAL LH	0.00	0.00	*40.00 F
16	1		*Front fender (LH)	0.00	0.00	*265.00 F
17	1		*FENDER INNER SHIELD LH	0.00	0.00	*160.00 F
18	1		*FENDER SIDE SEAL LH	0.00	0.00	*60.00 F
19	1		*FRONT FENDEER TOP COVER LH	0.00	0.00	*60.00 F
20	1		*HEADLAMP LH	0.00	0.00	*1,120.00 F
21	1		*FRONT BUMPER LOWE GRILLE	0.00	0.00	*220.00 F
22	1		*FRONT BUMPER LOWER GRILLE MOULDING LOWER	0.00	0.00	*85.00 F
23	1		*FRONT BUMPER LOWER COVER	0.00	0.00	*135.00 F
24	1		*ENGINE UNDER COVER	0.00	0.00	*230.00 F
25	1		*FRONT DOOR LH	0.00	0.00	*720.00 F
26	1		*REAR DOOR LH repair	0.00	0.00	*580.00 F
27	1		*HYBRID EMBLEM	0.00	0.00	*35.00 F
28	2		*FRONT ABSORBER ?	0.00	0.00	*520.00 F
29	1		*FRONT LOWER ARM ?	0.00	0.00	*240.00 F
30	1		*FRONT KNUCKLE ARM ?	0.00	0.00	*220.00 F
31	1		*FRONT WHEEL BEARING WITH HUB ?	0.00	0.00	*200.00 F
32	1		*FRONT CROSSMEMBER ?	0.00	0.00	*1,350.00 F
33	1		*FRONT BUMPER SPONGE	0.00	0.00	*75.00 F
34	1		*FRONT BUMPER REINFORCMENT ?	0.00	0.00	*195.00 F
35	1		*FRONT GRILLE	0.00	0.00	*360.00 F
36	1		*CONDENSOR	0.00	0.00	*660.00 F
37	1		*RADIATOR	0.00	0.00	*660.00 F
38	1		*STEERING RACK	0.00	0.00	*220.00 F
39	2		*TIE ROD END	0.00	0.00	*170.00 F
40	1		*REAR KNUCKLE ARM LH ?	0.00	0.00	*400.00 F
41	1		*REAR LOWER ARM LH ?	0.00	0.00	*190.00 F
42	1		*ADDTIONAL 10% ON PARTS	0.00	0.00	*1,138.00 F
43	1		*CAR PLATE + CAR PLATE HODLER	0.00	0.00	*35.00 F

F=Franchise part.

Total Parts (S$) ***12,553.00***

Estimates on Miscellaneous Items

There are no new miscellaneous items selected.

Estimates on Labour

No	Particulars	Lab.Type	Amount
Paintwork Labour			
1	**SPRAY PAINT ON AFFECTED AREA**	New	1,000.00
2	**SUNDRISE MATERIAL (5% OF SPRAY PAINT)**	New	20 ~~50.00~~
Labour Items			
3	**NO OF DAYS REPAIR** 10 DAYS	New	1500 ~~2,600.00~~
		Gross Labour Cost (S$)	**3,650.00**

Convergence Automotive Pte Ltd/SJB8560T/23/09/2022 11:33. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

< END OF ESTIMATES >

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:

Rasul
Hp 90010068

10 days

P/P or L/S ?

23/09/22 @1650

EXCESS: TBA

Revert

Resy before or after ?

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount

Convergence Automotive Pte Ltd/SJB8560T/23/09/2022 11:33. Not valid without Reference section
Generated using **Merimen e-Claims IEAS**

SC1V229L0001 / Convergence Automotive Pte Ltd
ENTRY DATE & TIME: 21/09/2022 16:02 (SGT)
SUBMITTED BY: Chia Pei Fen
VERSION: 1 (21/09/2022 16:02 (SGT))

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 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	21/09/2022 16:02 (SGT)
Reported by	Both
Date of Accident	20/09/2022 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB8560T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIVAKUMAR S/O ASOKAN
NRIC No	SXXXX791H
Email Address	MOBILETITAN@OUTLOOK.COM
Mobile Phone No	(Phone) +65-83825889
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2490

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC21P00213200

DRIVER

Name of Driver	SIVAKUMAR S/O ASOKAN
NRIC No	SXXXX791H
Date Of Birth	23/11/1987
Occupation	Indoor

Date Of Driving Pass	23/05/2017
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83825889
Alt. Phone Number	-
Email Address	MOBILETITAN@OUTLOOK.COM
Address	BLK 43 SIMS DRIVE #06-201
Address complement	-
Postcode	380043
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	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFICE POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA7172X
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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	SNB3577G
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 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 4

Vehicle Registration Number	UNKNOWN
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

Person 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age (At the time of the accident)	-
Injuries Sustained	-
Injured person in which vehicle?	UNKNOWN
Was injured person wearing seat belt/crash helmet?	-
Was injured person transported to hospital by ambulance?	-

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**")

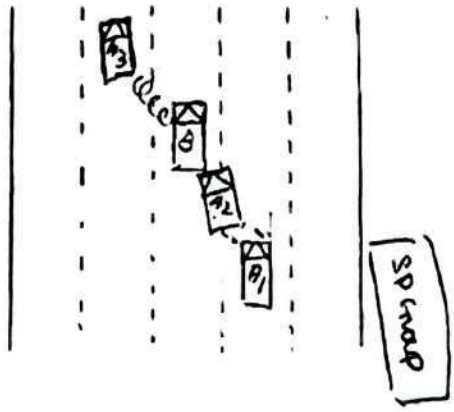
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

PIE.



A - SJB8560T

B - PA 7172X

(TAXI) C - UNKNOWN

(MC) D - UNKNOWN

E - SNB 3577G

SKETCH PLAN #2

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

(T/20220921/7021.)

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

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20220921/7021

Report No. T/20220921/7021

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
21/09/2022 13:40	G/20220920/0125	

Informant's Particulars

Name of Informant: SIVAKUMAR S/O ASOKAN			Address: 43 SIMS DRIVE #06-201 SINGAPORE 380043	
ID Type / ID No.: NRIC NO / S8740791H			Contact No.: Home/Office: Mobile: 83825889	
Nationality: SINGAPORE CITIZEN			Email: MOBILETITAN@OUTLOOK.COM	
Sex: Male	Age: 34	Date of Birth: 23/11/1987	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2022 16:00	Type of Location: EXPRESSWAY
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PA7172X	Bus/Coach/Minibus (School Children)					0
SJB8560T	Car	TOYOTA	CAMRY HYBRID 2.5 ASCENT SPORT CVT	White		1

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB3577G	Car					0
	TAXI					0
	Motorcycle					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJB8560T	ECICS LIMITED	MPC21P00213200	12/10/2021	11/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	SIVAKUMAR S/O ASOKAN		ID No.	S8740791H
Related Vehicle	SJB8560T (Car)		Contact No.	83825889
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
MOTORCYCLIST				
Name	Unknown MOTORCYCLIST		ID No.	NIL
Related Vehicle	(Motorcycle)		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	NIL	Degree of	Slight	

CONTINUATION OF REPORT

Brief Details.

On the stated time and date , i was driving my vehicle A bearing SJB8560T on PIE. As i was changing lane from lane two to lane three, suddenly vehicle B bearing PA7172X slowed down. I tried to slow down but could not stop in time thus my vehicle collided on to the rear of the Vehicle B. As the impact hit the rear of vehicle B, i only recalled that my vehicle lost control and Vehicle B did spin and i received a 2nd impact and ended up at lane four. After my vehicle stopped at lane four the ATEOS asked me to shift my vehicle to the road shoulder and thereafter i then realized that there were other vehicle damaged as well. Which include the following vehicle SNB3577G (BMW), TAXI (unknown car plate) and a Motorcycle (unknown car plate).

SINGAPORE POLICE FORCE

T/20220921/7021

Report No. T/20220921/7021

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 Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/09/2022 13:40
Officer In Charge Of Case: TP / TPIB / ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Singapore NRIC
Owner ID:	791H

Vehicle Details

Vehicle No.:	SJB8560T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	21 Sep 2022
Vehicle Make:	TOYOTA
Vehicle Model:	CAMRY HYBRID 2.5 ASCENT SPORT CVT
Primary Colour:	White
Manufacturing Year:	2020
Engine No.:	A25A5361299
Chassis No.:	JTNB23HK803065053
Maximum Power Output:	160.0 kW (214 bhp)
Open Market Value:	$30,215.00
Original Registration Date:	12 Oct 2020
First Registration Date:	12 Oct 2020
Transfer Count:	0
Actual ARF Paid:	$24,301.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Oct 2030
PARF Rebate Amount:	$18,225.00

Intended COE Rebate Details

COE Expiry Date:	11 Oct 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	$40,690.00
COE Rebate Amount:	$32,552.00
Total Rebate Amount:	**$50,777.00**

The information contained herein is correct as at 21 Sep 2022

OK

Toyota Camry Hybrid 2.5A Ascent Sport

Our Accreditations

Price	**$148,800**		
Depreciation	$16,620 /yr View models with similar depre	**Reg Date**	10-Nov-2020 (8yrs 1mth 15days COE left)
Mileage	37,661 km (20.1k /yr)	**Manufactured**	2020
Road Tax	$1,784 /yr	**Transmission**	Auto
Dereg Value	$52,266 as of today (change)	**Fuel Type**	Petrol-Electric
COE	$39,000	**OMV**	$32,441
Engine Cap	2,487 cc	**ARF**	$27,418
Curb Weight	1,570 kg	**Power**	160.0 kW (214 bhp)