

**NATIONAL Assessment Centre Services** (Call 1-800-555-5555) **SL08233V0007**

Date In: <b>21/03/2023 17:46</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/C1220034054</b>	SAS e-Mailing		
Veh No: <b>STX 2342E</b>	E-mail (with a short, A/C 2003)		
D.O.A: <b>20/03/2023 17:05</b>	1-Motor Claim Form		
OD: <b>(TP) Reporting Only</b>	1-Motor W/O (with a short, A/C 2003)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand in Owner/Whom		

Preferred Wksp / INC Assgn Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **FBT 7039H** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Hst 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 repair.

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

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

Remarks: **INC Handling 0783:0010** 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 of Injury: ( )

Location: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**N/A2300949**

Invoice Preparation Checklist:

1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$15
4) PT: Yellow-Through Survey	\$15
5) PT: Yellow-Through Survey (Emergency)	\$30
6) TR: Dr. Inspection	\$25
7) NI: New DA + Short Survey	\$10
8) NI: Additional Fee	
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Checked by (Engr-In-Charge): ( )

Signature: ( )

Date: ( )



## 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	31/03/2023 17:46 (SGT)
Reported by	Actual Driver
Date of Accident	30/03/2023 17:05 (SGT)
Exact Location of Accident	Airport Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2342E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE AUTOLUTION PTE. LTD.
Company Reg No	2XXXXX869W
Email Address	admin@aceauto.com.sg
Mobile Phone No	(Phone) +65-68441184
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1497

#### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00132022200

#### DRIVER

Name of Driver	TAN MENG ZHONG
NRIC No	SXXXX096D
Date Of Birth	19/11/1973
Occupation	Indoor

Date Of Driving Pass	31/07/2006
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88024425
Alt. Phone Number	-
Email Address	autounitedsg@gmail.com
Address	BLK 223A SUMANG LANE #13-199
Address complement	-
Postcode	821223
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	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
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

PLEASE REFER TO POLICE REPORT T/20230331/7048

#### 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	FBT7639H
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TAN MENG ZHONG
Gender .....	Male
Phone No .....	(Phone) +- .....
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJX2342E
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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  
(Name as in NRIC/ID card)

#### Sketch Plan

Vehicle A: 55X 2342 E		KPE towards ULE (Airport Road) Exit
Vehicle B: FBT 4639 H		

Describe Circumstance of the Accident

Follow police report. T/20230331/RACP

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

*[Signature]* 31/03/2023





# SINGAPORE POLICE FORCE



T/20230331/7048

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

1 of 4

Report No. T/20230331/7048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/03/2023 15:27		Vide Report No.: G/20230330/0140		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN MENG ZHONG			Address: 223A SUMANG LANE #13-199 SINGAPORE 821223		
ID Type / ID No.: NRIC NO / S7346096D			Contact No.: Home/Office: Mobile: 88024425		
Nationality: SINGAPORE CITIZEN			Email: SAMQ3821@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 19/11/1973	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Admin		Driving Licence Information: Class: 2B,3 Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/03/2023 17:05	Type of Location: Straight Road
Location:  AIRPORT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
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: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBT7639H	Motorcycle					0
SJX2342E	Car	TOYOTA	VIOS			0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230331/7048

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

2 of 4

Report No. T/20230331/7048

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX2342E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
DRIVER				
Name	UNKNOWN		ID No.	NIL
Related Vehicle	FBT7639H (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	Serious
Driver				
Name	TAN MENG ZHONG		ID No.	S7346096D
Related Vehicle	SJX2342E (Car)		Contact No.	88024425
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	31/03/2023		Date	31/03/2023
No. of Days granted Medical Leave	05		Degree of	Slight

Brief Details.

ON THE ABOVE STATED TIME & DATE, I WAS DRIVING ALONG KPE TOWARD MCE (AIRPORT RD EXIT). DUE TO RED LIGHT TRAFFIC, THE VEHICLES INFRONT OF ME SLOW DOWN TO A STOP, THUS I FOLLOW SUIT TO SLOW DOWN AND STOP MY VEHICLE. AFTER A FEW SECONDS, I SUDDENLY FELT A HUGE IMPACT FROM THE REAR OF MY VEHICLE A. WHEN I ALIGHTED FROM MY VEHICLE A, I REALISED THAT VEHICLE B HAS COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT I FELT PAIN AT MY NECK, SHOULDER AND LOWER BACK, THUS I WENT TO SEEK CONSULTATION AT SUNSHINE CLINIC FAMILY PRACTICE & SURGERY AND WAS GIVEN 5 DAYS MC.

VEHICLE A - SJX2342E  
VEHICLE B - FBT7639H





**SINGAPORE  
POLICE FORCE**



T/20230331/7048

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

3 of 4

Report No. T/20230331/7048

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20230331/7048

4 of 4

Report No. T/20230331/7048

**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 / TPB /  
CHONG GUAN FATT  
Contact No.: 65472077

NP168

Signature Of Informant:

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

Date/Time:  
31/03/2023 15:27

Classification Of Case:



1

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 30 / 03 / 2023 (dd/mm/yy) Time of Accident: 17:05 (24-HR-FORMAT)  
Vehicle No.: SJX2342E Vehicle Make & Model: TOYOTA VIOS  
\*Transmission: ☐ Manual ☐ Auto \*C.c.: 1500  
Exact location of Accident: AIRPORT ROAD  
Policyholder's Name: ACE AUTOLUTION PTE LTD NRIC/FIN/REG No.: 201403869W  
\*Policyholder's email address: admin@aceauto.com.sg  
Driver's Name: TAN MENG ZHONG NRIC/FIN/REG No.: S7346096D  
\*Driver's email address: AUTOUNITEDSG@gmail.com  
Driver's Contact No.: 88024425 Company Contact No (if any): 68441184  
Date of birth: 19/11/1973 Driving Pass Date: 31/07/2006  
Driver's Address: BLK 223A SUMANG LANE #13-199 (S) 831223  
Insurance Company: CHINA TAIPING  
Policy No.: DMPLSNA 00130022200 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please **CIRCLE** one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_  
What do you wish to claim? (Please **TICK** one only)  
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)  
Type of Accident  
☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other \_\_\_\_\_  
Occupation (nature job) ☒ Indoor / ☐ Outdoor \*No. of Passengers / Including Driver: 1  
\*Passanger Name: \_\_\_\_\_ Gender: Male / Female  
\*Passanger Name: \_\_\_\_\_ Gender: Male / Female  
Weather condition & Road conditions? (On the day of accident)  
☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_  
Was there any video captured by your car Car camera? ☐ Yes / ☐ No  
Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: TAN MENG ZHONG  
Injuries Sustain: BACK PAIN, SHOULDER PAIN, Neck, PAIR Injured Person in Which Vehicle: SJX2342E  
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: 10 CIBI AVENUE

**The Other Party (S) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: FBT76394  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



Motor Private Car

MX4F

N SN

AN0695A

Cov. Type: C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSN00132022200

Engine No.: 1NZY091196

Cha. No.: MR053HY9305165679

1 Index Mark and Registration  
Number of Vehicle

SJX2342E

AUTOSAFE  
=====

2 Name of Policy Holder

ACE AUTOLUTION PTE. LTD.

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

27/05/2022  
(17:00:00)

Named Drivers Ex Sect. I

SS\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

SS\$3,000.00

Ex Sect. I - Age >= 26

SS\$500.00

\* Age as at date of accident

EX ON WINDSCREEN

SS\$100.00

5 Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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 \$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

\* 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: Tan Xin Yi Josephine  
Authorised Officer

Authorised Signatory



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Owner ID:

### Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

### Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

### Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

### Message

Please note that the 5-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 31 Mar 2023

Company

869W

SJX2342E

Yes

31 Mar 2023

TOYOTA

VIOS E AUTO

Blue

2010

1NZY091196

MR053HY9305165679

80.0 kW (107 bhp)

\$12,331.00

25 May 2010

25 May 2010

3

\$12,331.00

Forfeited

-

\$0.00

24 May 2025

A - Car (1600cc & below)

5

\$16,438.00

\$7,061.00

\$7,061.00

OK