

Date In: 31/1/18 16:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/CTI18000159/h4			
Veh No: SKL 24 M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 20/12/17 14:00	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SKG 5559R	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 &amp; Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	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

MA 1800079	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OP:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
Cat 1:	Invoice dated	Fee Charged		
Cat 2/3:	Invoice dated	Fee Charged		

## 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 ability.
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 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 Report	03/01/2018 16:11
Date Of Accident	20/12/2017 14:00
Exact Location Of Accident	BLK 376 BT BATOK ST 31 MSCP LVL 2 LOT 102
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL24M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IRENE JAYANTHI D/O ABIRAGAM
NRIC No	S7429028J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91001054
Alternative Phone No	OFFICE-91001054

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1767351700
Cover Note Number	-

### Driver

Name of Driver	IRENE JAYANTHI D/O ABIRAGAM
NRIC No	S7429028J
Date Of Birth	05/09/1974
Occupation	INDOOR
Date Of Driving Pass	21/04/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91001054
Fax Number	
Contact Number	OFFICE-91001054
EMail Address	NOEMAIL



Address	9 VERDE PLACE
Postcode	688618
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE5559R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

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 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:

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



SKETCH PLAN



Vehicle A: SKL 24m  
Vehicle B: SKES559R

BIK 376 Bukit Batok st  
31 multi-storey carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

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:

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 12 / 2017 (DD/MM/YYYY), TIME: 14 : 00 (HH:MM)

LOCATION: Blk 376 Bukit Batok St 31 multi-storey Carpark

LKK  
paya Ubi  
industrial  
park 2  
#01-25  
ubi Ave 1  
S(408933)

1. DETAILS OF VEHICLE SKL 24 m
  - a) VEHICLE NUMBER: SKL 24 m
  - b) INSURANCE COMPANY: China Taiping
  - c) POLICY NUMBER: Dmpcsw1767351700
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: Honda Vezel
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: Private
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
  - a) NAME: Irene Jayanthi D/o Abiragam (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: 57429028J CONTACT: 91001054
  - c) ADDRESS: 9 Verde place S(688618)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passengers  
(Including driver)  
(00)

- DRIVER**
- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
  - c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_ / \_\_\_\_ / \_\_\_\_)(DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS \_\_\_\_\_)
- b) ROAD SURFACE: (DRY / WET / OTHERS \_\_\_\_\_)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: Choa chu keng NPC

## 8. THIRD PARTY VEHICLE

\* No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: SKE 5559R MODEL: Volkswagen

- b) DRIVER'S NAME: \_\_\_\_\_

- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

\* No of passenger  
(Including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

- e) DRIVER'S NAME: \_\_\_\_\_

- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Video : Yes.

Email = REPORTING@  
TOPQUE5.com  
fax = 6452 4584





# SINGAPORE POLICE FORCE



T/20171221/2004

1 of 3

Report No. T/20171221/2004

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 00:31	Vide Report No.:	Station Diary No.: 15
--	------------------	--------------------------

Informant's Particulars				
Name of Informant: IRENE JAYANTHI D/O ABIRAGAM			Address: 9 VERDE PLACE SINGAPORE 688618	
ID Type / ID No.: NRIC NO / S7429028J			Contact No.: Home/Office: Mobile: 91001054	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 43	Date of Birth: 05/09/1974	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:	

Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/12/2017 14:00	Type of Location: Multi-Storey Carpark
Location: Along Road 1 BUKIT BATOK STREET 31				
At Blk 376 Bukit Batok Street 31 Multi-Storey Carpark, Level 2 Lot 102. Carpark number is BBU29				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE5559R	Car	VOLKSWAGO N		White	Slightly Damaged	0
SKL24M	Car	HONDA	VEZEL 1.5X CVT	White	Slightly Damaged	0

General

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL24M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN17673517 00	20/11/2017	19/11/2018





**SINGAPORE  
POLICE FORCE**



T/20171221/2004

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20171221/2004

**CONTINUATION OF REPORT**

<b>Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	IRENE JAYANTHI D/O ABIRAGAM	ID No.	S7429028J
Related Vehicle	SKL24M (Car)	Contact No.	91001054
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 20/12/2017 at about 1200hrs. I drove my white coloured Honda Vezel, SKL24M and parked at Blk 376 Bukit Batok Street 31 Multi-Storey Carpark, lot 102 and everything was intact.

On the same day at about 1400hrs, I returned and discovered my car's front left area was damaged with a deep dent, bumper almost dislodged with several scratches. I viewed the in-car recording device onboard my car and captured a white coloured Volkswagen car, bearing registration no: SKE5559R, which was doing a reverse, had knocked onto my car. But the driver drove off immediately without alighting to make a check nor put any note.

I am making this Traffic Accident report for Hit and Run as advised by my insurance company for claim and investigation purposes.



**SINGAPORE  
POLICE FORCE**



T/20171221/2004

3 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20171221/2004

**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:  
J /  
Sgt 2 ONG JIE SHENG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No: 65476902

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
21/12/2017 00:31

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7429028J**

Name: **IRENE JAYANTHI D/O ABIRAGAM**

Birth Date: **05 Sep 1974**

Issue Date: **29 Apr 2003**

000439807D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7429028J**



Name: **IRENE JAYANTHI D/O ABIRAGAM**

Race: **INDIAN**

Date of birth: **05-09-1974** Sex: **F**

Country of birth: **SINGAPORE**

**S7429028J**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **21 Apr 1998**

NP 428A

Licence No: **S7429028J**



3683781

**S7429028J**

NRIC No: **S7429028J**

Date of issue: **17-01-2005**

9 VERDE PLACE  
SINGAPORE 688618

**S7429028J** **04/08/2013**






中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MX1FN SN  
AN0592A  
Cov.Type: C  
AUTOSAFE

**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.	DMPCSN1767351700	Engine No :L15B4406846 Chassis No:RU11206846
1. Index Mark and Registration Number of Vehicle	SKL24M	
2. Name of Policy Holder	IRENE JAYANTHI D/O ABIRAGAM	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	20 NOVEMBER 2017 (11:28 HOURS)	NAMED DRIVERS EX SECT. 1 .....\$5500.00 ADDITIONAL EX OTHER THAN NAMED DRIVERS: EX SECT. 1 - AGE <= 25.....\$53,000.00 EX SECT. 1 - AGE >= 26.....\$5500.00 * AGE AS AT DATE OF ACCIDENT EX ON WINDSCREEN .....\$5100.00
4. Date of Expiry of Insurance	19 NOVEMBER 2018	
5. Persons or Classes of Persons entitled to drive *	<p>(A) THE POLICYHOLDER.</p> <p>(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.</p> <p>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.</p>	
6. Limitations as to use: *	<p>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 FACE-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.</p> <p>EXCESS WHICHEVER IS APPLICABLE FOR LOSSES OCCURRING OUTSIDE SINGAPORE (CONSTRUCTIVE TOTAL LOSS/THEFT) WILL BE DOUBLED. ONE TIME WAIVER OF EXCESS FOR THE FIRST \$4500 WILL APPLY TO THE INSURED AND NAMED DRIVERS IN THE EVENT OF OWN DAMAGE CLAIM AT OUR AUTHORISED WORKSHOPS FOR EACH POLICY YEAR.</p>	
<p>HIRE PURCHASE CO. : SPEEDO CAPITAL PTE LTD AS HP OWNER * 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.</p>		

**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



Countersigned By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com



**Register New Vehicle (Acknowledgement)****Vehicle Particulars**

Vehicle No.:	SKL24M	Vehicle Scheme:	Normal
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment	Vehicle Attachment 3:	-
Vehicle Attachment 2:	-	Vehicle Model:	VEZEL 1.5X CVT
Vehicle Make:	HONDA	Engine No.:	L15B4406846
Chassis No.:	RU11206846	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	4
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	1496 cc		
Maximum Power Output:	96.0 kW ( 128 bhp)	Maximum Laden Weight:	1465 kg
Unladen Weight:	1190 kg	Secondary Colour:	-
Primary Colour:	White	Original Registration Date:	20 Nov 2017
First Registration Date:	20 Nov 2017	Open Market Value:	\$22,794.00
Manufacturing Year:	2016	Minimum PARF Benefit:	\$6,956.00
PARF Eligibility:	Yes	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$2,794.00 (140%)
No. of Transfers:	0		
Actual ARF Paid:	\$13,912.00		

**Owner Particulars**

Owner Name: IRENE JAYANTHI D/O ABIRAGAM  
 Owner ID Type: Singapore NRIC  
 Owner ID: S7429028J  
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes  
 Registered Block/House No.: 9  
 Registered Street Name: VERDE PLACE  
 Registered Unit No.: -  
 Registered Building Name: -  
 Registered Postal Code: 688618

COE No. / Expiry Date: 2017100101001056M / 19 Nov 2027  
 COE Bid Category: A - Car up to 1600cc & 97kW (130bhp)  
 QP Paid: \$36,001.00

**Transaction Details**

Business Transaction Ref. No.: 20171120153418237309  
 Business Transaction Date: 20 Nov 2017  
 Business Transaction Time: 15:34:18

**Message**

The above vehicle has been successfully registered.

Please note that \$40,394.00 will be deducted from your GIRO account.