

ASS. REC. BY:

REF: CS3 / MSG18006359 / (7403) Special Instruction:

Surveyor: ASSIGNMENT (Office)

From (Person): Muhd Ashik of MSIG Date/Time: 5/4/18 @ 5.43pm

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: SLN 4634D Insured: SJT9999K

at Workshop n/s: N-51 Automotive Tel: 6842 0051

of Blok Kaki Bkt # 01-17/18

Policy No: 28655184MKF Claim No: 554594

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 04/04/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS ^(wp) 17.04.2018 H.O.D. Endorsement: _____

Date/Time: 8:53am @ 6/4/18 Person Contacted: Ee lin Vehicle- IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SLN 4634D - NALLIP18006231 / 24 D.O.A: 04/04/18
	SJT 9999K - NALLIP18006231 / 24 D.O.A: 04/04/18
	Dismantle: 18/4/2018
	After repair: 29/4/2018

PRS
xmal

REF: MS1G

594097

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s: N-51

of _____

Insured: _____

Policy No. _____

Claims No. _____

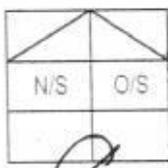
Sum Insured: _____ Excess: _____

(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: _____ 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: SLN46340 Yr Regn: 04 May 2017

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

Truck / Trailer or

Make: Toyota Estima cc 2362

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

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

Eng/No: _____

C/No: ACR 507139967

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/Bum or

Tyre Size: F: 25/50R18

R: 11

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

TOYO / YOKO or

Front R/Bal. 7 mm Rear R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 4-4-18 D.O.I. 17-04-18

Survey held at w/s S'p'm

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

Estimated repair range = \$4,000 - \$5,000

5 days

[Signature]
7/6/2018

RECEIVED 11 JUN 2018

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ 80019)

: Weekend (\$ _____)

____ S + RS ____ \$

) Photos

) Other

TOTAL

Report Format: _____

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



[Signature]
A/S/18

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Apr 2018		05 Apr 2018 17:43 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	CIVIC AMBULANCE SERVICES PTE LTD , Co. Reg. No.: 199201970G		
Main Claimant:	LIM HUAY YUANN , ID: S8079409F		
Vehicle Reg. No.:	SLN4634D	Date of Loss:	04/04/2018 14:00 - :59 [11 Months From LTA Reg Date (Man Yr)]
Claim Type:	TP / 554594	Policy/Cover Note No.:	28655184MKF (Comprehensive) Coverage: 01/01/2018 - 31/12/2018
Vehicle Reg. No. (Insured):	SJT9999K	Policy No. (Claimant):	
		Excess:	S\$1,000.00
Repairer:	N-51 Automotive Pte Ltd (HQ) BLK 2 KAKI BUKIT, #01-17/18 KAKI BUKIT AUTOHUB, 417921 Kaki Bukit - Tel: 68420051		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Muhd Ashik B Madi - 6594 2548]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 06/04/2018]		

ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#)[Compose Case Mail](#)

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 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	04/04/2018 19:06
Date Of Accident	04/04/2018 14:10
Exact Location Of Accident	AYE (CITY) TWDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN4634D
Insured/Policyholder	
Name Of Registered Owner	LIM HUAY YUANN
NRIC No	S8079409F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94387600
Alternative Phone No	OFFICE-94387600

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS PREMIUM 2.4 CVT 2WD 5DR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V05828/VPC/R00
Cover Note Number	

Driver

Name of Driver	YICK YOONG LOK WAYNE
NRIC No	S7735756D
Date Of Birth	23/12/1977
Occupation	INDOOR
Date Of Driving Pass	12/12/1997
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98420430
Fax Number	
Contact Number	OFFICE-98420430
EEmail Address	NOEMAIL

Address 77 NIM ROAD
#09-04

Postcode 807586

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

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 this accident? NO

Number of vehicles involved in the accident 2

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) 4

Passenger 1 NAME: : -
GENDER: : FEMALE

Passenger 2 NAME: : -
GENDER: : FEMALE

Passenger 3 NAME: : -
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SJT9999K

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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

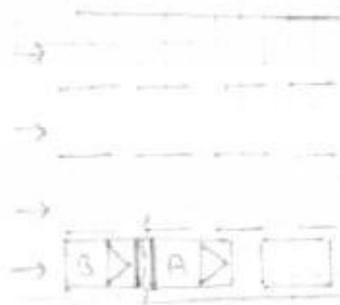
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN AGE TOWARDS THE DIRECTION AREA (CORROUSH EXT)

VEHICLE A - SLN 46340
VEHICLE B - ST 9999K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELING ALONG AGE TOWARDS THE DIRECTION.
I WAS ON THE EXTREME RIGHT LANE.
WHILE TRAVELING STRAIGHT AHEAD, DUE TO THE VEHICLE AHEAD BEING TO COMPLETE STOP, AND AS I TOO WANTED TO COMPLETE STOP.
SUDDENLY, AFTER A FEW SECONDS I FELT A CONTACT IMPACT FROM THE REAR OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE, AND REALIZED IT WAS A VEHICLE BEARING (ST 9999K) THAT COLLIDED TO THE REAR OF MY VEHICLE.
VEHICLE A - SLN 46340
VEHICLE B - ST 9999K

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:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9409F
Vehicle Details	
Vehicle No.:	SLN4634D
Vehicle to be Exported:	No
Intended De-registration Date:	18 Apr 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ESTIMA AERAS PREMIUM 2.4 CVT 2WD 5DR
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	2AZ4A60524
Chassis No.:	ACR507139967
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$35,288.00
Original Registration Date:	04 May 2017
First Registration Date:	04 May 2017
Transfer Count:	0
Actual ARF Paid:	\$41,404.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 May 2027
PARF Rebate Amount:	\$31,053.00
Intended COE Rebate Details	
COE Expiry Date:	03 May 2027
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$54,501.00
COE Rebate Amount:	\$48,823.00
Total Rebate Amount:	\$79,876.00

The information contained herein is correct as at 18 Apr 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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.
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ACCIDENT STATEMENT

Date Of Report	13/04/2018 16:44
Date Of Accident	04/04/2018 12:00
Exact Location Of Accident	AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9999K
Insured/Policyholder	
Name Of Registered Owner	CIVIC AMBULANCE SERVICES PTE LTD
Co Reg No	NA
Email Address	CIVIC@CIVICAMBULANCE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-63333000

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28655184 MKF
Cover Note Number	

Driver

Name of Driver	JAGJIT SINGH S/O MAL SINGH
NRIC No	S1062205J
Date Of Birth	31/03/1939
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1958
Driving Experience	59 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81805555
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	17 JALAN RINDU
Postcode	537505
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
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)	3
Passenger 1	Name: : DARSHAN SINGH Gender: : Male
Passenger 2	Name: : NAZEEMAH Gender: : Female

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

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	SLN4634D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver

YICK YOONG LOK WAYNE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

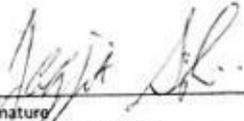
IMPORTANT NOTICE

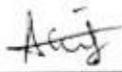
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

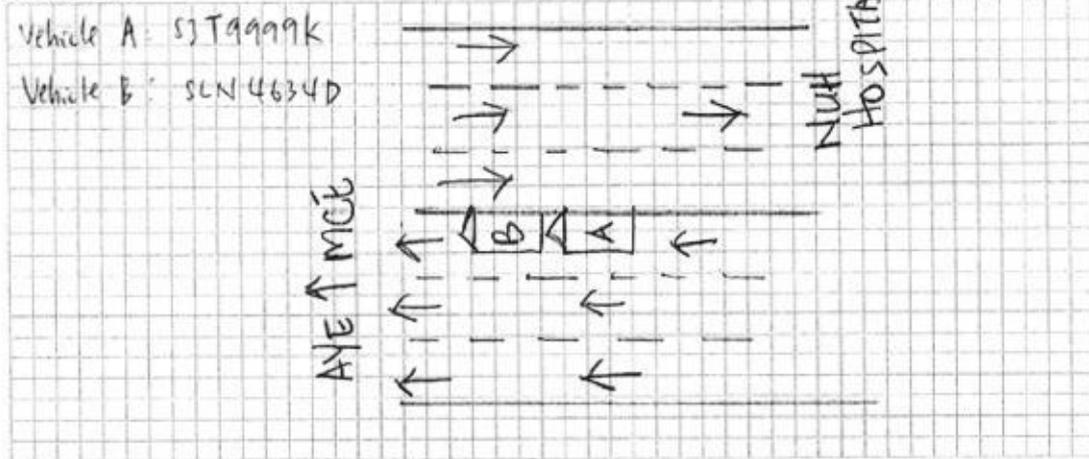
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CIVIC AMBULANCE SERVICES PTE LTD
106 BRADDELL ROAD, S. 759912
TEL: 63333000, FAX: 62876940
EMAIL: policyholder@panikura.net.sg
CODING NUMBER: 199201970G


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 4/7/18 @ 12N I WAS TRAVELLING AYE (LTM)
 TOWARDS MICE
 SUDDENLY THE VEHICLE INFRONT STOPPED (SLN 4634D)
 I STOPPED MY VEHICLE ON TIME WITH NO
 IMPACT
 THERE WAS NO EVIDENT DAMAGE TO MY
 VEHICLE OR THE VEHICLE INFRONT.
 I NOTICED THE FRONT VEHICLE (SLN 4634D)
 TO BE QUITE HEAVILY LOADED WITH ADULTS
 N CHILDREN
 THE DRIVER OF VEHICLE (SLN 4634D) WAS
 IN A GREAT HURRY TO LEAVE THE SCENE.
 HE HAD TAKEN SOME PHOTOGRAPHE AT THE
 SCENE

DECLARATION

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

CIVIC AMBULANCE SERVICES PTE LTD
 106 BRADFIELD ROAD, S. 759912
 TEL: 63333000, FAX: 62876940
 EMAIL: civic@pacific.net.sg
 CO. REGN. NO: 199201970G

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SJT9999K	Vehicle Scheme:	Ambulance
Vehicle Type:	E63 - Road Tax Exempted Ambulance	Vehicle Attachment 3:	-
Vehicle Attachment 1:	Emergency	Vehicle Model:	URVAN MICROBUS 3.0 4DR 4AT ABS AIRBAG
Vehicle Attachment 2:	-	Engine No.:	ZD30212485K
Vehicle Make:	NISSAN	Trailer Chassis No.:	-
Chassis No.:	JN1TG4E25Z0784967	Passenger Capacity:	5
Motor No.:	-	Power Rating:	-
Propellant:	Diesel	Maximum Laden Weight:	3200 kg
Engine Capacity:	2953 cc	Secondary Colour:	-
Unladen Weight:	2200 kg	Original Registration Date:	16 Jul 2009
Primary Colour:	White	Open Market Value:	\$38,967.00
Registration Date:	16 Jul 2009	Minimum PARF Benefit:	\$0.00
Manufacturing Year:	2008		
PARF Eligibility:	No		
No. of Transfers:	0		

Owner Particulars

Owner Name:	CIVIC AMBULANCE SERVICES PTE LTD
Owner ID Type:	Company
Owner ID:	199201970G
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	106
Registered Street Name:	BRADDELL ROAD
Registered Unit No.:	-
Registered Building Name:	-
Registered Postal Code:	359912

Transaction Details

Business Transaction Ref. No.:	20090716153625753527
Business Transaction Date:	16 Jul 2009
Business Transaction Time:	15:36:25

Message

The above vehicle has been successfully registered.

Please note that \$167.00 will be deducted from your GIRO account.

The Vehicle No. Retention Fee of \$1,200.00 will be refunded to the vehicle owner.



Land Transport Authority

Please read through the Privacy Policy, Conditions of Use and Disclaimer.
Please do not use the **Back** or **Forward** buttons on your browser as this may alter the results of the transactions.
Best viewed with IE 5.5 SP2 and above. 800 X 600 resolution
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