

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	07/07/2018 14:52
Date Of Accident	07/07/2018 12:40
Exact Location Of Accident	TPE TWDS SLE NEAR EXIT 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7759H
Insured/Policyholder	
Name Of Registered Owner	NG WEI TING
NRIC No	S8617120A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91009083
Alternative Phone No	HOME-91009083

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA111617
Cover Note Number	

Driver

Name of Driver	WEE XIANG KUN
NRIC No	S8540610H
Date Of Birth	27/11/1985
Occupation	INDOOR
Date Of Driving Pass	08/09/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91002066
Fax Number	
Contact Number	HOME-91002066
Email Address	NOEMAIL

Address	201 PETIR ROAD #06-685 SINGAPORE 670201
Postcode	
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	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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN/ POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK251S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ROSMAN BIN SALEH
NRIC/Passport Number	S1826973B
Contact Number	91507293
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ5786M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMED ILLYAS BIN A KADIR
NRIC/Passport Number	S8317981C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WEE XIANG KUN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKB7759H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



redefining / insurance

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number

04154

* 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)

Policy details

Policyholder name	NG WEI TING	Certificate number	GA111617 / 1
Cover	Comprehensive ✓	Chassis number	KMH0H41CMCU174390
Plan name	Private APW	Engine number	G4FGBU238240
NCD applicable	50%		
Vehicle registration number	SKB7759H		
Period of Insurance	from 28/06/2018 to 27/06/2019 (both dates inclusive)		
Finance loan company	STANDARD CHARTERED BANK (SINGAPORE) LIMITED		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any Named Driver as stated in the Policy:
1. CHONG LI SIAN
(c) 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.

Limitation as to use*

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

The policy does not cover - use for hire or reward, 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

EXCESS	Basic Own Damage Excess
	Windscreen Excess

SGD 0.00
SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

Sketch Plan Pg. 2



redefining / insurance

Date: 07/07/2018

To: Owner of Vehicle Number: SKB 7759 H

The following has been advised to you via your workshop, ETHOZ PROTECT through their staff, Heidi Dullah.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ Others _____

Signed and acknowledge by:

Jackie Wee Xiang Kun

Name and signature of policyholder/authorised driver

and signature of workshop personnel including company stamp

none ☐ Text

Signature of Participant / Date _____

Signature of Financial Planner / Date _____

5720855

Barcode

NRIC No. S8617120A

Date of Issue
28-03-2017

Address
APT BLK 201 PETIR ROAD
#06-685
SINGAPORE 670201

Alifude Alliance

use tick accordingly and you may tick more than one option)

By Telephone ☐ By Text Message ☐ By Fax ☐ By Email ☐

Signature of Participant / Date _____

Signature of Financial Planner / Date _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8617120A

Coat of Arms

Name
NG WEI TING
(HUANG WEITING)

Race
CHINESE
黄伟婷

Date of Birth
07-06-1986

Sex
F

Country/Place of birth
SINGAPORE

Alifude Alliance

<p>NRIC No / Colour S8540610H / PINK</p>		<p>0000050130435</p>	
<p>Face CHINESE</p>	<p>Blood Group A (+)</p>	<p>Sex M</p>	
<p>Date of Birth 27/11/1985</p>	<p>Country of Birth SINGAPORE</p>		
<p>Service Status REGULAR</p>	<p>Military Rank Status SPECIALIST</p>		
<p>Address BLK 201 PETIR ROAD #06-685 SINGAPORE 670201</p>			
			
<p>YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)</p>			
<p>Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg</p>		<p>EFFECTIVE DATE 08 Sep 2010</p>	
<p>NP 429A</p>			
<p>License No. S8540610H</p> 			

<p>REPUBLIC OF SINGAPORE DRIVING LICENCE</p>	
<p>License Number S 8540610H</p>	<p>Name WEE XIANG KUN</p>
<p>Birth Date 27 Nov 1985</p>	<p>Issue Date 04 Jul 2012</p>
	
	

<p>SINGAPORE ARMED FORCES IDENTITY CARD</p>	
<p>NRIC No S8540610H</p>	
<p>This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Warehouse Base or any Police Station.</p>	

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

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)**

(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.

Reporting Centre Personnel's Signature
Name: _____
NRIC/ID No: _____



**SINGAPORE
POLICE FORCE**



T/20180707/2110

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 4

Report No. T/20180707/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2018 20:46	Vide Report No.:	Station Diary No.: 182
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Informant's Particulars				
Name of Informant: WEE XIANG KUN		Address: 6 CHOA CHU KANG GROVE #06-14 SINGAPORE 688240		
ID Type / ID No.: NRIC NO / S8540610H		Contact No.: Home/Office: Mobile: 91002066		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 32	Date of Birth: 27/11/1985	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SAF REGULAR		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2018 12:40	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY TOWARDS SLE, NEAR EXIT 10				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKB7759H	Car					1
SLJ5786M	Car					1
SLK251S	Car					2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180707/2110

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20180707/2110

CONTINUATION OF REPORT

Driver			
Name	WEE XIANG KUN	ID No.	S8540610H
Related Vehicle	SKB7759H (Car)	Contact No.	91002066
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/07/2018	Date Discharge	07/07/2018
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	MUHAMMAD ILLYAS BIN AKADIR	ID No.	S8317981C
Related Vehicle	SLJ5786M (Car)	Contact No.	90025965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ROSMAN BIN SALEH	ID No.	S1826973B
Related Vehicle	SLK251S (Car)	Contact No.	91507293
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/08/2018 at around 1240hrs, I driving my car bearing SKB7759H along TPE towards SLE on lane 1 of a 4 lane expressway. There is a car bearing SLJ5786M driving in front of me and he suddenly jam his brakes. I managed to brake in time and did not hit onto the car. Another car bearing SLK251S hit onto my rear, causing me to surge forward and onto the car bearing SLJ5786M which was right in front of me. I exchanged particulars with both the driver and left to do insurance reporting. I have in car camera recordings of the accident. I felt pain on my neck and lower back area and I went to Ng Teng Fong Hospital to check. The doctor gave me 4 days of MC and referred me to a specialist



**SINGAPORE
POLICE FORCE**



T/20180707/2110

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20180707/2110

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180707/2110

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20180707/2110

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 3 CHOO HONG REN

Signature Of Informant:

Signature

Signature Of Interpreter:
Not applicable

Date/Time:
07/07/2018 20:46

Officer In Charge Of Case:
TP / AEIT /

Classification Of Case:

Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436 SN 117

Authentication Stamp

NP168

Signature:

Singapore Police Force

Sketch Plan Pg. 11

Ng Teng Fong General Hospital

A member of the NUHS



MEDICAL CERTIFICATE (Ref:43067179)

ORIGINAL

NAME: WEE XIANG KUN

NRIC: S8540610H

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**


The above named is unfit for duty from **8/7/2018** to **11/7/2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **07/07/2018 15:41** to **07/07/2018 17:30**.

07/07/2018
Date

Dr. Mohd Ikhwan Azmi MUSTAPA (19252Z)
Issued by


Signature

Location: NTFGH EMERGENCY

Ng Teng Fong General Hospital
Jurong Community Hospital
Jurong Medical Centre



Members of the NUHS

TAX INVOICE

TO:

MR. WEE XIANG KUN
BLK 201 #06-685
PETIR ROAD
SINGAPORE 670201

MRN/NRIC : S8540610H
BILL NO : 12629623A
BILL DATE : 07.07.2018
VISIT DATE : 07.07.2018
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : 200910555Z

PATIENT NAME: WEE XIANG KUN

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9218362066G Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	114.00
Orphenadrine 35MG/Paracetamol 450MG Tab	4.00
Diclofenac Sod 50MG Tablet	2.40
Total Charges	120.40
Less: Government Subsidy	6.40-
Add: 7% GST	7.98
Less: GST Absorbed	7.98-
Amount Payable	114.00

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	114.00				
WEE XIANG KUN	114.00	114.00-	0.00	0.00	

Amount to be paid: \$0.00

Receipt Information

07.07.2018 Receipt No: J000770854

\$114.00 (MASTER CARD)

Important Note

PAYER who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life OR the Medisave-approved Integrated Plan. (Please refer overleaf for information on payment to Medisave/MediShield Life/Medisave-approved Integrated Plan).

National University Health Services Group Pte Ltd (Reg no:200910555Z) 1 Jurong East Street 21, Singapore 609606 Tel 6716 2000 www.juronghealthcampus.com.sg

Transfer Fee Enquiry

Page 1 of 1

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	SKB7759H
Vehicle Type:	P10 - Passenger Motor Car
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Chassis No.:	KMHDH41CMCU174390
Propellant:	Petrol
Engine No.:	G4FGBU238240
Engine Capacity:	1591 cc
Maximum Power Output:	95.6 kW (128 bhp)
Maximum Laden Weight:	1680 kg
Unladen Weight:	1267 kg
Year Of Manufacture:	2011
Original Registration Date:	28 Jun 2011
Lifespan Expiry Date:	-
COE Category:	A - Car (1600cc & below)
Quota Premium:	\$46,989.00
COE Expiry Date:	27 Jun 2021
Road Tax Expiry Date:	27 Dec 2018
PARF Eligibility Expiry Date:	27 Jun 2021
Inspection Due Date:	27 Jun 2020
Intended Transfer Date:	20 Jul 2018
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



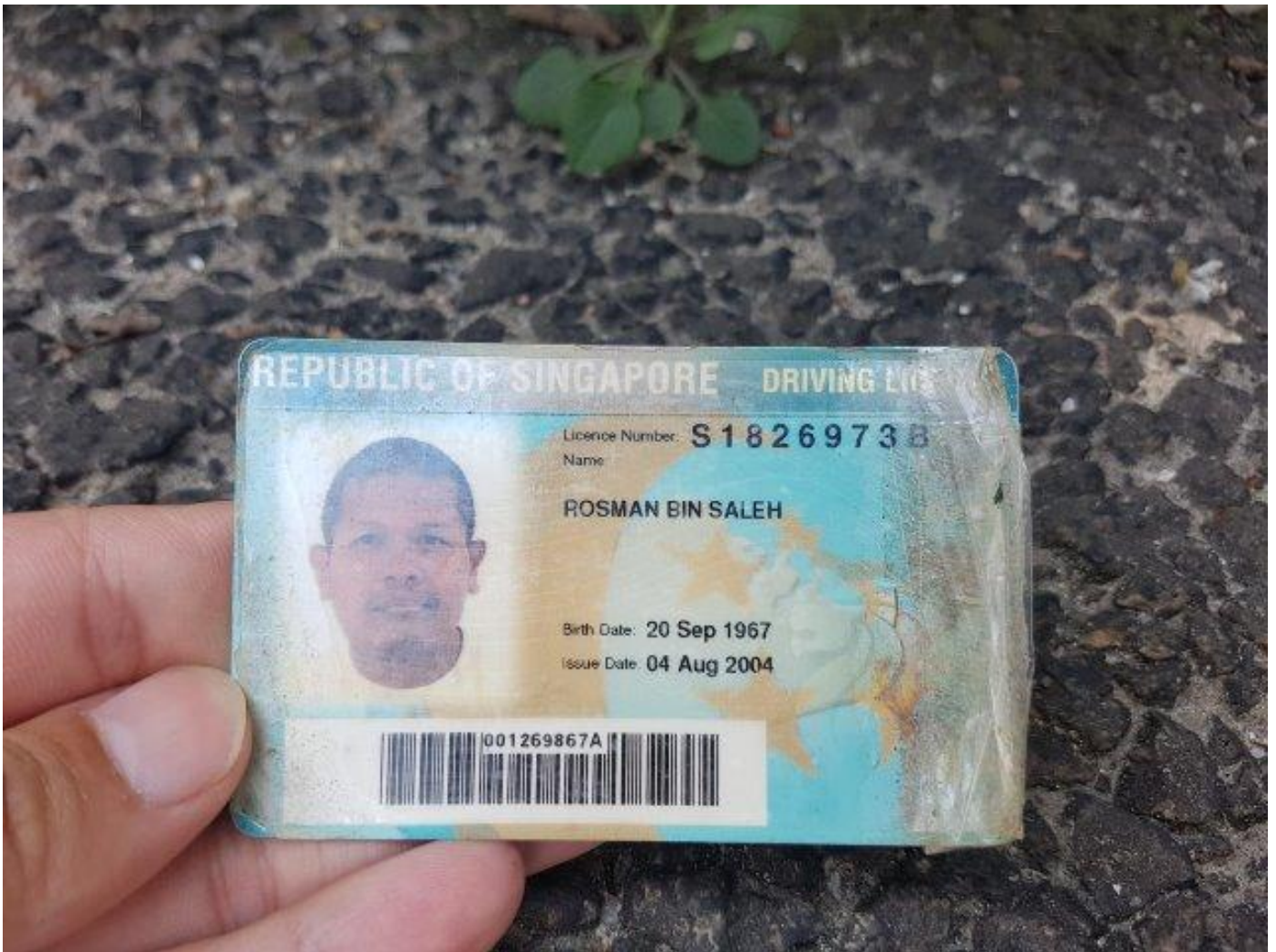
REPORTING MILEAGE



Driving License



Accident Photo



Accident Photo



Driving License



Accident Photo



Driving License



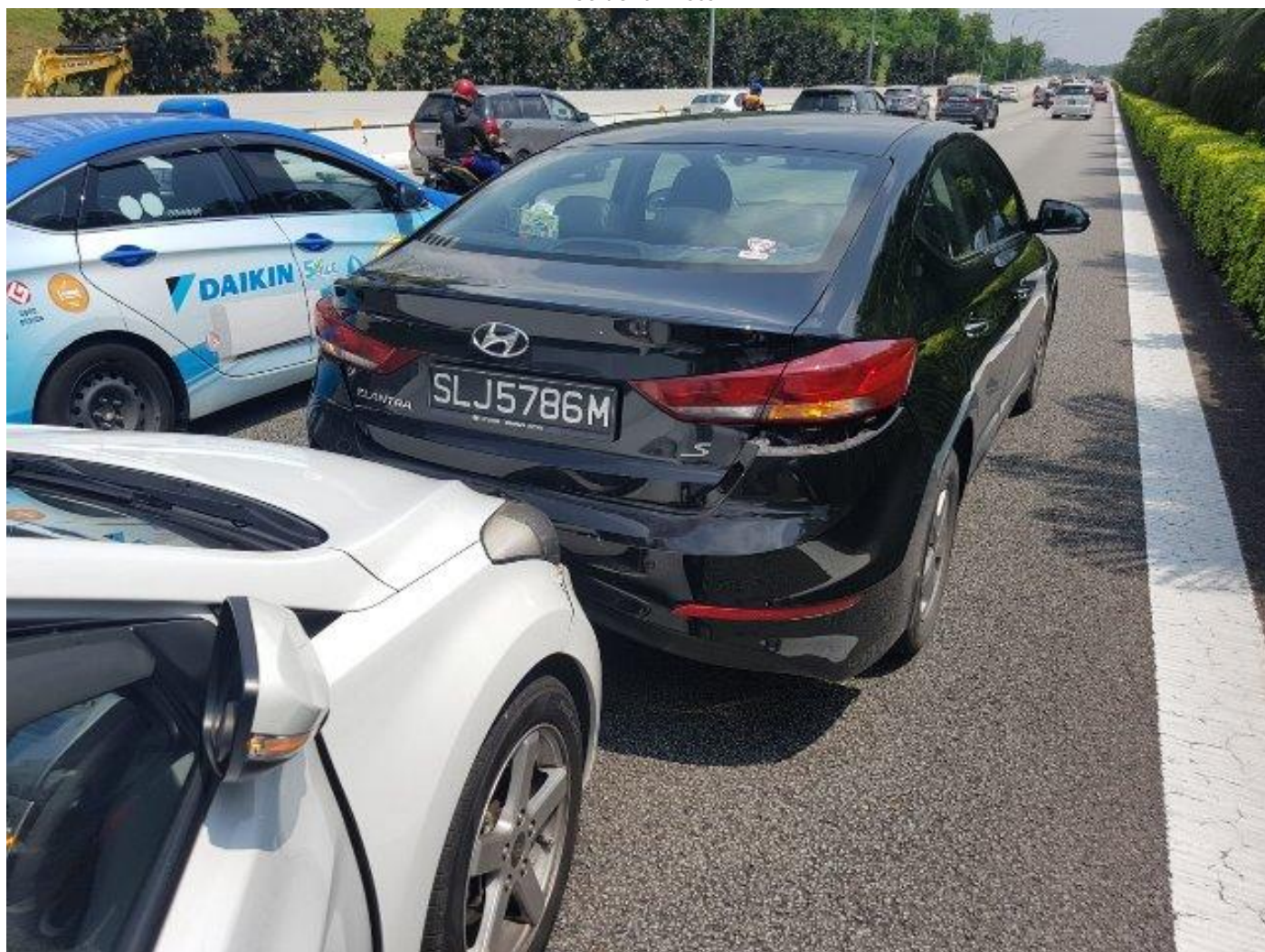
Accident Photo



Accident Photo



Accident Photo



Accident Photo

