SULTIPUTO : GU From (Person): 7	vanne yorg of	ASSIGNMENT (Office) FCI	Date/Time: 6(8)18 6 9.3
Estimated Cost:	10)	Bill to:	
OD (TP)WS+TP To Inspect Vehicle		1NV/MV/CS 9473 E	Insured: SHA 4157E
at Workshop m/s of 176 Si	Falcon Ming Drive	- Air Auto	Tel. 645 20880
Policy No:	5 0	Claim No:	D8005873MFSH
Sum Insured:		Excess:	
Sum msured.		EACOS.	
Make of Veh: (Client's Record)		EACUSS.	D.O.A. 09/07/2018
Make of Veh: (Client's Record) CA / REV / RE)	r. / REV 24 HRS Cup me 6/8/18 Perso)	H.O.D. Endorsement
Make of Veh: (Client's Record) CA / REV / RE) Date/Time: 0.03	me 6/8/18 Perso) n Contacted: Floren	H.O.D. Endorsement
Make of Veh: (Client's Record) CA / REV / RE) Date/Time: 0.03	on/Instruction (×)	n Contacted. Floren	H.O.D. Endorsement: Vehicle IN OUT
Make of Veh: (Client's Record) CA / REV / RE) Date/Time: 0.03 Date/Time Act	on/Instruction (×)	n Contacted: Floren Estimate IMC18012682/Rss	H.O.D. Endorsement: Vehicle IN OUT

(08/11/13) Wel REF: FCI	B 8760M	/
PRS AS	SSIGNMENT (-7	2028
From: Date: 6/8/2018	Veh No: SIB9473E Yr Regn: 29 Jan 1	200
Estimated Cost:	Type: MCa / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	000
OD (TP)WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or	
To Inspect Vehicle No: SIR 9473E	Make: KIA Picauto 1.1 c.c 1086	
at Workshop m/s Falcon - Air Auto	Colour Black A/C: Insured/Std/NI/N	
176 8/ Ming Drive #01-06	Sp.Reading T/Radio: Insured / Std / NI / N	
Insured:	Eng/No:	10
Policy No.	C/No: KNABA24338.T55467	2
Claims No.	Gen. Cond: Qodd / Fair / Poor / Burnt	7
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil / S/Rim / STO A/Rim or,	
	Tyre Size: F: (15/65 R/4	
(Policy Condition)	R: 61	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO OF FALK EN	
Bal. or Market Value: \$ 44 K.	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, 6 mm R/Bal. 6 mi	m
GIA / PR Seen: Consistent?: Yes or No	L/Bal, 6 mm L/Bal, 6 mi	m
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 06-08-18	3
Lum Sum: % 3 Val.: Yes or No	Survey held at WS 2P	n
CA / REV / REP. / 24 HRS Cup) Vehicle: IN / OU	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collisio	n.
Date / Time Action / Instruction 3000	•	
7/8/18 dilmin 1/81 report		
_		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
1) : Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
Add Fe		
Report Format :	: Interview (\$) Photos	
Lump Sum / I.B.I: (\$: Tech. Invs (\$) Others	
)	: Weekend (\$	_
	TOTAL	



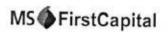
LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

		Affiliated to Federation Internation	onale Des Experts En Autor	nobile			
AIG	ASIA PACIFIC IN	SURANCE PTE LTD	Ref : CS3/AIG18014	4224/Gz4d3			
CHA	SHENTON WAY #0 ARTIS BUILDING GAPORE 079120	08-16	Date : 06-08-2018				
			Code: AIG				
			:- (THIRD PARTY CLA	IM)			
	Insured Veh.	SLT 9635L	Veh. Inspected	SLR 9377S			
	Policy No.	1700085955	Coverage (\$)	0.00			
	Claim No.	0898909301SG	Excess (\$)	0.00			
	Assign From	MERIMEN (KESAVAL, JACLYN)	Assign Date	06/08/2018			
		Vehicle Parti	culars & Condition				
	Make & Model		c.c	0			
	Engine No. HIDDEN		Year of Reg.				
	Chassis No.		Colour				
	Odometer	(4)	Steering				
	Brakes		Modification				
	General						
		Conditi	ons of Tyres				
		Size	Make	Balance			
	R/H Front Tyre			mm			
	L/H Front Tyre			mm			
	R/H Rear Tyre			mm			
	L/H Rear Tyre			mm			
		Description	on of Damages				
ģilli.	Lance de November	Genera	Information				
	Accident Date		Inspection Date	06/08/2018			
	Survey held at	N-51 AUTOMOTIVE PL	Parameter Committee	: 0,000,00,000,000 to 10 to			
		2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921					
а.		Re	marks	Design of the Co.			
	THE REPAIRER W	ON WAS CONDUCTED ON A "WIT STIMATE WAS NOT PRESENTED 'AS TOLD TO PREPARE THE EST EASE FIND DAMAGED VEHICLE	AT THE TIME OF INSPE	SIS. CTION.			



MS First Capital Insurance Limited Co Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date

03-08-2018

Our Ref No. D18005873MFSH

Accident Date

09-07-2018

Claim Type. Third Party

Insured Vehicle

SHA4157E

Third Party Vehicle. SJB9473E

Survey Location

176 SIN MING DRIVE #01-06 SIN MING AUTOCARE

Contact Person.

MS FLORENCE LOH

Contact No.

64520880/0

Fax No. 0

Survey Type

WITHOUT PREJUDICE: NO EST. COR

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Contact Number.

NA

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc: Workshop

FALCON-AIR AUTO

SERVICES PTE LTD

Attention, NIL

Cc : TP Solicitor

RAY LOUIS LAW

CORPORATION

TP Solicitor Fax No. 65320023

Officer Incharge

JOANNEY

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Joh Sheet (/	ClaimWS/Suprovo-/1-bsb	(242007)			1	117-11
JOD SHEEL ()	ClaimWS/Surveyor/JobSheet	/24299/) P	RI Documents 😃	Close 🗶		
	T.	59	PRI Header D	etails		
Claim No	D18005873MFSH	Policy No	D-18088936MFS	Н	Claimant S.No & Name	1 & RAY LOU
Workshop Name	FALCON-AIR AUTO SERVICES PTE LTD (Contact Person : MS FLORENCE LOH)	Survey Location & Contact Details	176 SIN MING DI Mobile: 0 , Phor EmailId: ADMIN	ne: 645208	880 , Fax: 0	AUTOCARE
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUI	DICE: NO	EST, COR	
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHA4157E		TP Vehicle No	SJB9473E
PRI Recieved Date	03-08-2018 03:16:31 PM	Surveyor Appointed Date	06-08-2018 09:3	6:15 AM	Surveyor Accept Date	06-08-2018 1
		1340	Survey Report l	Jpload		
Surveyor Inspection Date *:	agu.	Surveyor Report Date	06-08-2018		Upload Survey Report *:	Choose File
			Vehicle Partice	ulars	0=-00-10-10-10-10-10-10-10-10-10-10-10-10-	
Make	Please Select Make ▼	Model	Please Select Mod	del ▼	Year	Select Year
Chasis No		Engine No			Mileage	
Color		Cubic Capacity				
Multiple Do	cuments Upload					
		Upload Multiple	Documents			1
File Name	e				Action	
Surveyor Jo	ob Remarks					
	1					9

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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
10/07/2018 13:10
09/07/2018 00:35
X-JUNC OF BUANGKOK GREEN AND YIO CHU KANG RD
SINGAPORE
DETAILS OF OWN VEHICLE
SJB9473E
POMPIPI

Name Of Registered Owner POMPIPI
Co Reg No 53348760M

Email Address BEN@POMPIPI.CO

Mobile Phone No

Alternative Phone No OFFICE-90692811

Vehicle Particulars

Manufacturer KIA

Model PICANTO-1.1 (A)

Exact Purpose for which vehicle was being used at

time of accident

GRAB

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5097430311

Cover Note Number

Driver

Name of Driver LOOI YEW CHOW, BEN

 NRIC No
 S7420024I

 Date Of Birth
 01/07/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/10/1994

Driving Experience 23 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90692811

Fax Number

Contact Number

EMail Address BEN@POMPIPI.CO

Address

BLK 622 ANG MO KIO AVE 9 #07-40

Postcode

560622

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - SOLE-PROPRIETOR

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CROSS JUNCTION

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

YES

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ZHI WEI

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

KEBUN BARU NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 111 ANG MO KIO AVENUE 4, POSTCODE: 560111,

COUNTRY: SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

TEL NO: 1800-4589999 - FAX NO: 64574454

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?

NO

Was there any audio recorded?

NO

Details of Witness 1

Name

ZHI WEI

Phone Number

97442984

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

Page 2 of 20

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LOOI YEW CHOW, BEN

Approximate Age

DISLOCATED LEFT INDEX FINGER, ABRASION ON BOTH KNEE, Injuries Sustain

CONTUSION OF CHEST WALL

Injured person in which vehicle?

SJB9473E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

ZHI WEI

Approximate Age Injuries Sustain

Injured person in which vehicle?

SJB9473E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

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.
- 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.
- 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.
- 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.
- 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:
 - 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

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 Pg. 2

5. 5

eh A: 536 9473 6'	Veh B: No of pax: Z Weather: Clear/dry Rain/Wet Warn
ETCH PLAN	
	4 /
	4 businghole liverer
	The Chy keng 20
	[e])
-	
	1 1
SCRIBE CIRCUMSTANC	LES OF THE ACCIDENT
Ruley to no	olice report
11040	10/10/1
/	
	alcon-Air Claim OD/TP at other workshop Reporting Only
Claim OD/13 at Fa	
	and a copy of my effile accident report to:
Remarks : Please forwa	ard a copy of my efile accident report to:
Remarks : Please forwa My workshop :	ard a copy of my efile accident report to:
Remarks: Please forwa My workshop : Email address :	ard a copy of my efile accident report to :
Remarks: Please forwa My workshop: Email address: & myself:	ard a copy of my effie accident report to :
Remarks: Please forwa My workshop: Email address: & myself: Email address:	
Remarks: Please forwa My workshop: Email address: & myself: Email address: Note: Please take note	e that your insurer have 14 days timeframe for you to submit own damage claim under
Remarks: Please forwa My workshop: Email address: & myself: Email address: Note: Please take note	
Remarks: Please forwa My workshop: Email address: & myself: Email address: Note: Please take note you own policy. Kindly	e that your insurer have 14 days timeframe for you to submit own damage claim under
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Remarks: Please forwa My workshop: Email address: & myself: Email address: Note: Please take note you own policy. Kindly	that your insurer have 14 days timeframe for you to submit own damage claim under check with your own insurer for more information.
Remarks: Please forwa My workshop: Email address: & myself: Email address: Note: Please take note you own policy. Kindly	that your insurer have 14 days timeframe for you to submit own damage claim under the check with your own insurer for more information.
Remarks: Please forwa My workshop: Email address: & myself: Email address: Note: Please take note you own policy. Kindly	that your insurer have 14 days timeframe for you to submit own damage claim under check with your own insurer for more information.
Remarks: Please forwards was expensed to the control of the contro	that your insurer have 14 days timeframe for you to submit own damage claim under check with your own insurer for more information. articulars are true in every respect. Briver's Signature Reporting Centre Personnel Signature
demarks: Please forwards workshop: mail address: myself: mail address: lote: Please take note ou own policy. Kindly CLARATION e declaration to regoing pa	that your insurer have 14 days timeframe for you to submit own damage claim under the check with your own insurer for more information.

Police Report Pg. 1





Police Station Of Orlgin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

1 of 3 Report No. T/20180709/2123

Tel No: 1800-4589999

REPORT	OF	A TR	AFFIC	ACCIDENT

Date/Time Report Made: 09/07/2018 16:34			Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	f Informant: EW CHOW		Address: APT BLK 622 ANG MO KIO / 560622	AVENUE 9 #07-40 SINGAPORE	
ID Type / ID No.: NRIC NO / S7420024I		241	Contact No.: Home/Office: Mobile: 90692811		
National SINGAF	lity: PORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 44 01/07/1974			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	nce Drink No	Date/Time of Accident: 09/07/2018 00:3	Type of Location X-Junction
Location: Junction of R YIO CHU KAI BUANGKOK Weather:	GREEN	Road Surface:		I David Community of the Community of th
Clear		Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To Side	2		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJB9473E	Car				Seriously Damaged	

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

Police Report Pg. 2





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 2 of 3 Report No. T/20180709/2123

Tel No: 1800-4589999

CONTINUATION OF REPORT

Driver	AND RESIDENCE OF THE PARTY OF T		CENTRAL VOICE		STATE OF STATE	A STANDARD BARBON CONTRACTOR
Name	LOOI YEW CHOW, BEN			ID No		\$74200241
Related Vehicle	SJB9473E (Car)			Conta	ct No.	90692811
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licend Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	09/07/2018 Da			charge	NIL	
No. of Days gran	ted Medical Leave	07	Degree o	f Injury	Serio	us

Brief Details.

On 09/07/2018, at around 0035hrs, I was driving along Buangkok Green towards Ang Mo Kio Avenue 5. When I was passing the junction of Buangkok Green and Yio Chu Kang Road, a taxi, driving along Yio Chu Kang Road towards Upper Serangoon Road, drove up and hit my vehicle, at around the right headlight area of my vehicle. I spun to the left, and ended up on Yio Chu Kang road. I was shocked and in a daze due to the impact. Around five to ten minutes later, the Police and ambulance arrived. The Police talked to me and my passenger briefly, and then we were checked and conveyed to Tan Tock Seng Hospital by the paramedics.

I suffered a dislocated left index finger, abrasion on both knees, and contusion of chest wall, and was given 7 days MC.

TPIO called me, and advised me to make a Police report. The TPIO's phone number is 65476202.

I wish to inform that my passenger is by the name of Zhi Wei, with contact number 97442984.

Police Report Pg. 3





3 of 3

Report No. T/20180709/2123

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE

560111 Tel No: 1800-4589999 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: F / Sgt 2 KOH JIA JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2018 16:34
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars					
Owner ID Type:	Business				
Owner ID:	8760M				
Vehicle Details					
Vehicle No.:	SJB9473E				
Vehicle to be Exported:	No				
Intended De-registration Date:	07 Aug 2018				
Vehicle Make:	KIA				
Vehicle Model:	PICANTO 1.1(A)				
Primary Colour:	Black				
Manufacturing Year:	2007				
Engine No.:	G4HG7365401				
Chassis No.:	KNABA24338T554673				
Maximum Power Output:	47.1 kW (63 bhp)				
Open Market Value:	\$8,213.00				
Original Registration Date:	29 Jan 2008				
First Registration Date:	29 Jan 2008				
Transfer Count:	2				
Actual ARF Paid:	\$7,165.00				
ntended PARF Rebate Details	1965年(1964年)(1964年)(1965年)(1964年)(1964年)(1964年)(1964年)				
PARF Eligibility:	Forfeited				
PARF Eligibility Expiry Date:	Service and the service and th				
PARF Rebate Amount:	\$0.00				
ntended COE Rebate Details					
COE Expiry Date:	28 Jan 2028				
COE Category:	A - Car (1600cc & below)				
COE Period(Years):	10				
QP Paid:	\$42,970.00				
COE Rebate Amount:	\$40,705.00				
otal Rebate Amount:	\$40,705.00				

The information contained herein is correct as at 07 Aug 2018

OK



Picanto Used Vehicle List (7 vehicles)

Car Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	10.49	
Kia Picanto 1.1A (COE till 04/2028)	*** ***	44 744 /		Ling Cap	mileage	Company	Availabi
	\$45,600		21-Apr-2008	1,086 cc			Availat

Why Wait? Ideal For Starters Or Small Family Easy To Park With Rear View Camera And Easy To Manoeuvre Good Boot Space. Wear And Tear Parts Char

Office No. - -

David - 81092630

Kia Picanto 1.1A (New 5-yr \$26,800 \$5,360 /yr COE) 27-Aug-2008 1.086 cc 11,000 km Esprit Motor Trading Availab

Office No. - 64568623 Francis Goh - 96608623

Kia Picanto 1.1A (New 5-yr \$25,800 \$5,160 /yr COE) 24-Sep-2008 1,086 cc Cosmo Automobiles Availat

1 Year Comprehensive Warranty Inclusive! \$3K Down Payment! Accident Free Quality Pre-Owned With Low Mileage Done For Peace Of Mind. 100% Loan Approval With Our Flexible In House Financing Options. Vie... Office No. - 64651090

Dennis - 92234854 | Winfield - 98227717 | Andy - 98502116 | Leonard - 83337808

Kia Picanto 1.1A (OPC) (New 5- \$25,800 \$5,160 /yr 30-Sep-2008 yr COE) 1,086 cc Banyan Auto Availab

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