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TP Particulars: Vch No: FRA) 290	INIC (	100	C;	,
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The state of the s		Date&Time Completed	Done	by
Apply for Transport Allowance ( ) / Courtesy Car     QC Check / Post Repair Inspection	r( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]	<u> </u>			
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Driver/Owner:	2) DA : Damage : 3) TF : Towing P	Assessment (\$100); INC (\$80) ee \$40/\$4	5	
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	Investes dated	Fee Charged	- Mekar	

#### 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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/10/2018 16:23
Date Of Accident	12/10/2018 20:00
Exact Location Of Accident	WOODLANDS IND PK E5 OUTSIDE WOODLANDS BIZHUB
Country/State of Loss	SINGAPORE
(I) (II) N (II) S (III) S (III) D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC2037L
Insured/Policyholder	
Name Of Registered Owner	RITZ AUTO
Co Reg No	53227581X
Email Address	ROLERCUB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90294431
Alternative Phone No	OFFICE-62556118
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID-1.8 E G CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO .
	2 SEG SEUTEREN

5101459522

|--|

Policy Number

Driver

Name of Driver LOW GIN CHEAN (LIU JIANQUAN)

NRIC No S7507382H Date Of Birth 15/03/1975 Occupation OUTDOOR Date Of Driving Pass 06/11/2013

Driving Experience 4 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90294431

Fax Number

Contact Number OFFICE-62556118

EMail Address ROLERCUB@GMAIL.COM

BLK 277 LOR 8 TOA PAYOH Address

#14-134

Postcode 768162

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

OWNER

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions RAINING Road Surface WET

#### 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 NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. 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 ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181013/2165

#### 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 JRW7901

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE Name of Driver HO CHOON PING NRIC/Passport Number 941116-08-6665

Contact Number 81188231 (SUPERVISOR)

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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

e <del>2000HRS</del>

(If driver is not the policyholder) | Date & Time:

CANONICA INTERPORTED SEC

Name:

NRIC/FIN No.:

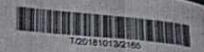
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Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999



2 of 3 Report No. T/20181013/2165

CONTINUATION OF REPORT

Name	Lowence	Ta Louis State of the local Stat		
A STATE OF THE PARTY OF THE PAR	LOW GIN CHEAN	STREET, STREET		THE RESIDENCE OF THE PARTY OF T
Related Vehicle	NIL	F 34 34	ID No	S7507382H
Hospital/Clinic	NIL		Contact No.	90294431
Date Treatment	NIL		Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
No. of Days gran	ited Medical Leave NIL	Date Disc	harge NIL	
Rider	neu Medical Leave NIL	Degree of	Injury NIL	
Name	Union	Maria Salara	THE PARTY OF THE P	Charles of the Control of the Contro
Now Market	HO CHOON PING	REPORT BASE	ID No.	DATALEODECCC
Related Vehicle				941116086665
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local autor			CONTROL 140	03042520
lospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
ate Treatment	NIL	Date Disc	harge NIL	I REMANDED TO SECURITION
	d Medical Leave NIL			

#### Brief Details.

On 12/10/2018 at around 2000hrs, I am traveling along woodlands industrial park E5 to look for my passenger as I am a part time grab driver. When I am trying to locate to pick up my passenger, I had a collision with a Malaysia motorbike (JRW7901) outside of Woodland Bizhub, I wish to state that I am travelling at a low speed as it is drizzling and I did not notice the rider as when I am looking at my rear mirror, all I can see was the high beam light from the other vehicle. After the collision, I talked with the rider and we exchange particulars as well as there is a written agreement between me and him regarding the accident. I wish to state that my right side of the vehicle was dent and also there are scratches on it. The rider also informed me that he is in pain however when I offered him a ride to the hospital, he told me that his colleague will be sending him to the hospital.

POLICE FORCE Mis Kas North N J. C. NA 1800-4849990 CONTRACTOR OF THE PERSONS Shetch Plan informant to not able to provide about to provi IMPORTANT Please attach a copy of your vehicle's insurance Certificate to this report it you don't have no certificate with you now. please fax a copy to 65474885 stating the report number as reference gratism Of Officer Recording The Report. Signature Of Information O KALXUN Date/Time: 13/10/2018 22:15 Clausification on Care

OH 12th oct 2018 Money DOODLANDS INDUSTRIAL PREC ES OUTSIDE OF DOODLANDS BIZHUS 1. HO CHOOM PING MET WITH A ACCIDENT WITH VEHICLE THERE ARE SOME DAMAGES TO ZOTH VEHICLES DRIVER OF SMC2057L (LOW GIM CHEAM) DO A PRIVATE SETTLEMENT A HUMP EUM OF CHD HIGOOF AUD FORWARD IN any case shows there be any Excess, THE BALANCE & DIL BE . CETHENED . At the same that it the expans are to be more THAN THE AGREED PEICE, THE BALMICE SHOULD BE Some By we (no choon pinds)

8750 7382 H.

4000H PING G2270654W.

# RITZ LEASING

Company Registration No.: 53365663W

7 Yishun Industrial Street 1 #01-31 Northspring Bizhub Singapore 768162

lel: 6255 6118 Fax : 6255 0118

VRA No.

:RL-086

Date

:8/7/2018

Renter Name

: LOW GIN CHEAN

NRIC No.

: 57507382H

Address

: BLK 227 LORONG 8 TOA PAYOH#14-134 SINGAPORE 310227

RE: Rental Of

SMC2037L

As per discussed, we are pleased to confirm the following:-

Make & Model : TOYOTA C-HR HYBRID 1.8G CVT

Charges

Relief Driver (if any)

Name

NRIC No

The above package is inclusive of:-

Unlimited Mileage for Singapore and Malaysia usage L

11.

Maintenance for NORMAL WEAR AND TEAR III.

Insurance coverage with an excess of \$3000.00 (For Singapore Usage) and \$6000.00 (For Malaysia Usage) for each and IV every damage and/or accident during the period of rent. Excess shall be doubled for any driver's age less than 26 years old, and/or driving license not more than 2 years. The vehicle shall not be permitted to be driven by any person with V.

Radio / DVD Player

#### But exclude:-

1 Petrol

11. ERP and parking charges

111. Traffic offences fines and summons

Damage due to negligence of any form IV.

V. Hybrid Battery, Hirer shall be responsible for the replacement of the Hybrid Battery at his own cost, should it be

Based on the contract, upon confirmation of the agreement, there will be:-

DAY JOSH

- Restricted driver is applied for this rental. Hirer will be required to furnish Named Driver's NRIC/Passport, Employment pass and valid Driving License, for every change of drivers.
- Cash or bank transfer is acceptable for all payments. (Banking Acc.: DBS Current Acc 003-949756-3)
- 3. Deposit will be refunded four (4) weeks after return of vehicle, subject to clearance of summons and traffic offences.
- 4. For termination of contract which would hanve to be incurred by the said Hirer at any point during the rental period, a penalty clause of the full rental premium of the remaining period will be chargeable to the Hirer. All penalties mentioned does not include the deposit.

We trust the above terms and conditions have meet your kind approval and we look forward to be of service of you.

Agreed By:

RITZ LEASING

Accepted By:

Name : LOW GIN CHEAN

NRIC No.: \$7507382H

Accident MT/1012779					
Secretary of	CONTRACTOR:	DATE NAME OF THE PARTY OF THE P	22.000.00.00		
Pullcy hip.	5101499522	Vehicle No.	SMC2037L	GST Registration No.	
Certificate No.					
Policyholder Name	RITZ AUTO			Policynoider lykisc.	83227881X
Product Code	PRIVATE CAR INSURANCE	Court Type	finye CLASSIC	Looding	.8
Contact No.(Mobile)	90294431	Curract No.(Office)	POLICE REPORT	Contact No.(Home)	
Émail Address		Special Remark		#Code	tio *
KFK	+ No Yes	YCA.	- No. Yes	eCode Resson	
NCD Protection	7940	WCD Entitlement(%)	ů.	Private Hire	NE
Report Date	15/10/2018 19:39	Account Report Wern 24 hrs	Tes	Accident Type	Side Swipe
Date of Accident	12/19/2018	Time of Acadent hh:mm	20:00	Country of Accident	Singapore
Reporting Centre		Grange Force		ICM No.	W-MD-ROOT I
Accident Location	WOODSANDS IND PK ES OUTSIDE WOODSAN	NDS BIZHUN		MEGNIN	
₩ Excess					
Own damage Excess	1,500.00	Additional Evens	e	Windstreen Excess	100.00
Unnamed Driver Excess		Chitaide Simpapore OD Excess.	1,500.00		Barriera .
Thirst Party Encess	1,500.00	Outside Singapore TP Excess	1,500.00		
♥ Benefita	15TOPUT		1/200,00		
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Had Fication History			dol Status served	Péro	
→ Policyholder Mailing Add	THE CONTRACTOR OF THE CONTRACT				
Address 1	7 YISHUN INDUSTRIAL STREET	Address 2	#01-XL NORTH SPRING BIZHUE	Address 3	SENSAPORE 768162
Address 4		Address Type	Singapore appress	Post Code	266162
Unit No.	01-31	Related Hulley Number	5069348479-04		
♥ OI Briver Info					
Driver hame	Unnamed Driver	Driver Type	Unnamed Driver		
Dinamed driver Name	FOW GIN SHEAR	Driver NAUC	529073824	Driver DDB	15/03/1975
Register Data of Dinier License	R6/11/2013	Driver Age	43	Driving Experience	4
Contact No. (Mobile)	90294431	Cornact No.(Office)	POLICE REPORT	Contact No.(Home)	
Address 1	BLK 227 #14-134	Address 2	ASSESSED TO FATOH	Address 3	TOA PRYON EXCHT
Address 4	SINGAPORE 318222	Address Type	Foreign address	Post Cape	310227
ant Ne.	14-134				
Dives he own a Singapore Registered car?	Yes, it No	Driver Vehicle file.	SHC2037L	Driver Insurer Company	NTUC
Declaration					
Books Barbara and Company of March	211914.1				
Breathayver or Blood Test Reading?	0 mg	Any Injury?	Yes + No		
Reading?	0 mg	Any injury?	Yes + No	Icoures Autz Auto     Name	Instic 5322
Madding?  **Claim 001 Naw  Claim Type *	0 mg	Any injury?	ОО-мк	Compet	Insured 5322
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Modification restury  Claim 001 New  Claim Type *  Carract Na. (Mussle)	0 mg	Any injury?	OD-MX 57111211	Contact No. Intone: Otto Venue: SMC2037L	TOPICS  Comission  No. (Office) =  Ty Vehicle Number  Name of Preferred
Modification restory  Claim 001 New  Claim Type *  Carract No. (Mussle)  Lead Address  Claim Discription	Chrantel Mahility	0-3029500-03	OD-MX 57111211	Compet   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	TORIC DAGE  Correct No. (Office)  TF Venicle (Hinr) Number Name of
Claim Type *  Cantact No. (Muste)  Email Address  Claim Description	Descried Liability   Not at Fau	■ ▼ GIA	OD-MX 57113211 SHC2037L//	Compet   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	TOPICS  Comission  No. (Office) =  Ty Vehicle Number  Name of Preferred
Claim Type *  Carnact No. [Mustle]  Email Address  Claim Description  Preferred  Wurkshop  Earner No. [Vieb	Chrantel Mahility	* **	OD-MX 57113211 EHC2037L//	Compet No.   Home!   CI   Secure   SMC2637L   RW7901 ON 12 Oct 3018	No. Contact No. (Office)  Ty Vehicle Number Name of Fretwind Workshop
Claim 001 Naw  Claim 700 Naw  Claim 700 Naw  Carract No. (Musile)  Leval Address  Claim Description  Preferred Workshop  Carrier No. Ves  Contact No. Ves  Contact Hagistered	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	OD-MX 57113211 SHC2037L//	Compet No.   Home!   CI   Secure   SMC2637L   RW7901 ON 12 Oct 3018	TOTAL DATE OF THE PROPERTY OF
Claim 001 Naw  Claim 700 Naw  Claim 700 Naw  Carract No. (Musile)  Leval Address  Claim Description  Preferred Workshop  Carrier No. Ves  Contact No. Ves  Contact Hagistered	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	OD-MX 57113211 EHC2037L//	Compet No.	Contact
Claim 001 Naw  Claim 701 Naw  Claim 701 Naw  Claim 700 Naw  Carract No. (Mussle)  Email Address  Claim Description  Preferred Workshop  Estatues No. Yes  Conte Registered  Export Taken By	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	ОО-МК 57113211 БИС20371//	Compet No.	Contact
Claim 001 New  Claim 1001 New  Claim Type *  Contact No. (Music)  Email Address  Claim Discriptus  Perfored  Workshop  Causes No. (Yes)  Oute Registered	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	ОО-МК 57113211 БИС20371//	Compet No.	Contact
Claim 001 New  Claim 1001 New  Claim Type *  Contact No. (Musile)  Email Address  Claim Description  Preferred Workshop  Extent No. Yes  Cots Registered  Report Teven By	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	OD-MX 57113211 SHC20371//	Compet No.	Contact
Claim 001 Nave  Claim 101 Nave  Claim Type *  Cantact Na. (Mustle)  Email Address  Claim Description  Claim Description  Cantact Na. (Mustle)  Email Address  Claim Description  Claim Description  Claim Description  Expert Teven By  ** Frint AK attac	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	ОО-МК 57113211 БИС20371//	Compet No.	Contact
Claim 001 New  Claim 1001 New  Claim Type *  Contact No. (Musile)  Email Address  Claim Description  Preferred Workshop  Extent No. Yes  Cots Registered  Report Teven By	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	OD-MX 57113211 SHC20371//	Compet No.	Contact
Claim 001 Nave  Claim 1001 Nave  Claim Type *  Cantact No. [Mustle]  Email Address  Claim Description  Preferred  Email Address  Claim Description  Preferred  Expert Teven By  ** Frint AK attace	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	OD-MX 57113211 SHC20371//	Compet No.	Contact
Claim 001 New  Claim 001 New  Claim Type *  Cantact No. [Mustle]  [mail Address  Claim Description  Professed  Workships  Cattle Agustered  Report Token By  # Frint AK sitter	Jegured Liability Not at Fau  Facinal Provinces Warkshoo, 1	■ ▼ GIA	OD-MX b7111211 SHC20371/3  ** IN10/2018 I RDSL1 WANAI	Compet No.	Contact
Claim 001 New  Claim 001 New  Claim Type *  Connect No. [Humle]  Email Address  Claim Description  Preferred Workshop Statuces No. Ves  Town Highered  Report Taken By  # Print AK attac	Insured Liability   Not at Fau   Firster and   Profession Warkshoo, 1	Machine antinown *   GIA   Machine	OD-MX 57113211 SHC20371//	RW7901 GN 12 Ott 2018  Gloring  Gloring  Wedge  BMC2537L  RW7901 GN 12 Ott 2018  Claim  Gode  Back  Gode  Gode  Back  Gode  Go	Contact
Claim 001 New  Claim 1001 New  Claim Type *  Connect No. (Munic)  Claim Description  Preferred  Vorshitup  Altachment	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX  57113211  SHC2037L/J  **  IN/IO/2018 1  RDSLI WAHAI  001  13/10/2018 19:	Compet   100   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110   110	Test   February   Fe
Claim 001 New  Claim 1001 New  Claim Type *  Contract No. (Humle)  Claim Description  Preferred  Variability  Preferred  Authority  From AK attac  Attachment  Wooders, No.  and Dec. Receives	Freite end  Freite end  Freite end  Freite end  Freite end  Warkshoo, 1  Option	E GIA Received Propert Received	OD-MX 57113211 SHC20371// *  IN/10/2018 1 RD\$L1 WAHAI  COL 13/10/2018 19:	Compet   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	ISAC   DATE   CONTINUE
Claim 001 New  Claim 001 New  Claim 1001 New  Claim Type *  Cantact No. (Humle)  Email Address  Claim Description  Preferred Variability Variability Variability  Frint AK attact  Altachment  Preferred Lact Doc. Received  Choose File No file chosen	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211  SHC20371//  TS/10/2018 1  RD\$L1 WANAI  Col. 13/10/2018 19:  Cut- Cut- Please Tielect	Contact   No.     Home!     Oil     Venuce     Number     RW79iol ON 12 OH 2018     9:42   Close     Out     O	ISAC   Contact
Claim 001 Nave  Claim 001 Nave  Claim 1001 Nave  Claim Type *  Cantact Na. (Mustle)  Limal Address  Claim Description  Preferred Workship of the State  Attachment  Frint AK attac  Attachment  Choose File No file chosen  Choose File No file chosen	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211 SHC20371// SHC20371//  TS/10/2018 1 RD\$L1 WANAI  OOI 13/10/2018 19/ Cate One Please Select One Please Select	Compet   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100	ISAC   Contact
Claim 001 New  Claim 001 New  Claim 001 New  Claim 1001 New  Claim Type *  Carriart Nn. [Humle]  Email Address  Claim Discription  Preferred  Variables  Claim Discription  Ves  Claim Discription  Claim Discription  Choose File No file chosen  Choose File No file chosen  Choose File No file chosen	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211  SHC20371//  TS/10/2018 1  RD\$L1 WANAI  Col. 13/10/2018 19:  Cut- Cut- Please Tielect	Contact   No.     Home!     Oil     Venuce     Number     RW79iol ON 12 OH 2018     9:42   Close     Out     O	ISAC   Contact   Formation
Claim 001 New  Claim 001 New  Claim 001 New  Claim Type *  Cantact No. [Humle]  Email Address  Claim Description  Preferred Variability States No. 148  Export Taken By  ** Frim AK attac  Altachment  **  **  **  **  **  **  **  **  **	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211 SHC20371// SHC20371//  TS/10/2018 1 RD\$L1 WANAI  OOI 13/10/2018 19/ Cafe One Please Select One Please Select	Contact   No.     Home!     Oil     Venuce     Number     SMC2637L     Number     SMC2637L     S	ISAC   Contact   Formation
Claim 001 New  Claim 001 New  Claim 1001 New  Claim Type *  Contract Nn. (Humle)  Claim Description  Preferred Workshop  Export Taken By  # Frim AK letter  Attachment  ##  Accident No.  and Doc. Received  Choose File No file chosen	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211 SHC20371// SHC20371//  TS/10/2018 1 RD\$L1 WANAI  Col. 13/10/2018 19: Cut- Cut- Peace Select Dear Peace Select Dear Peace Select	Contact   No.     Home!     Oil     Venuce     Number     SMC2037L     Number     Pivil     SMC2037L     SMC2	ISAC   DATE
Claim 001 New  Claim 001 New  Claim 001 New  Claim Type *  Cantact No. [Humle]  Email Address  Claim Description  Preferred Variability States No. 148  Export Taken By  ** Frim AK attac  Altachment  **  **  **  **  **  **  **  **  **	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211 SHC20371// SHC20371// SHC20371//  TS/10/2018 19  RD\$L1 WANAI  OGI 13/10/2018 19  Cut Out Please Select	Contact   No.     Home!     Oil     Venuce     Number     SMC2637L     Number     SMC2637L     S	ISAC DASAC CONTENT OF THE PROPERTY OF THE PROP
Claim 001 New  Claim 001 New  Claim 1001 New  Claim Type *  Contract Nn. (Humle)  Claim Description  Preferred Workshop  Export Taken By  # Frim AK letter  Attachment  ##  Accident No.  and Doc. Received  Choose File No file chosen	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211 SHC20371// SHC20371// SHC20371//  IN/IO/2018 1 RDSLI WANAI  Col. 13/10/2018 19: Cut- Cut- Cut- Pease Select Cut- Cut- Pease Select Cut- Cut- Cut- Pease Select Cut- Cut- Pease Select Cut- Cut- Cut- Pease Select Cut- Cut- Cut- Cut- Cut- Cut- Cut- Cut	Contact No. Home! Oil Veluce Number  RW79iol ON 12 OH 2018  Claim Oale  9:42 Close Oale  8  Chord oale  No. No. No. No. No. No. No. No. No. No	INFICE DATE Contact No. (Office) TF Vehicle Date Name of Freterred Workshop  Date Received 15/11
Claim 001 New  Claim 001 New  Claim 7/pe *  Commart Nn. (Humle)  Claim Description  Performed  Workshop  Claim Description  Performed  Workshop  Claim Description  Performed  Workshop  Claim Description  Vee  Claim Description  Vee  Claim Description  Vee  Claim Description  Vee  Claim AK letter  Attachment  Choose File No file chosen	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211 SHC20371// SHC20371// SHC20371//  IN/IO/2018 1 RDSLI WANAI  Col. 13/10/2018 19: Cut- Cut- Cut- Pease Select Cut- Cut- Pease Select Cut- Cut- Cut- Pease Select Cut- Cut- Pease Select Cut- Cut- Cut- Pease Select Cut- Cut- Cut- Cut- Cut- Cut- Cut- Cut	Contact No. Home! Oil Veluce Number  RW79iol ON 12 OH 2018  Claim Oale  9:42 Close Oale  8  Chord oale  No. No. No. No. No. No. No. No. No. No	INFICE DATE Contact No. (Office) TF Vehicle Date Name of Freterred Workshop  Date Received 15/11
Claim 001 Nate  Claim 001 Nate  Claim 1001 Nate  Claim 1001 Nate  Claim 1001 Nate  Claim 1001 Nate  Claim 1002 (Claim 1002 Nate)  Claim 1002 (Claim 1002 Nat	Fresh and Destroyal Warkshoo, 1  Fresh and Prophers Warkshoo, 1  Option  MILIDIFFER  W YES © 100	E GIA Received Propert Received	OD-MX 57113211 SHC20371// SHC20371// SHC20371//  IN/IO/2018 1 RDSLI WANAI  Col. 13/10/2018 19: Cut- Cut- Cut- Pease Select Cut- Cut- Pease Select Cut- Cut- Cut- Pease Select Cut- Cut- Pease Select Cut- Cut- Cut- Pease Select Cut- Cut- Cut- Cut- Cut- Cut- Cut- Cut	Contact No. Home! Oil Veluce Number  RW79iol ON 12 OH 2018  Claim Oale  9:42 Close Oale  8  Chord oale  No. No. No. No. No. No. No. No. No. No	INFICE DATE Contact No. (Office) TF Vehicle Date Name of Freterred Workshop  Date Received 15/11

	Upluaded By/Date	Falder Date	file	Nome	? Source	
₩ Video List		IDMAL ASSESSMENT CENTRE SERVICE OH 15 Dct 2018 19:42	SAS	Normal	SA5 3018-16-15	
	5 (BUKIT MEKAHI)	IONAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 19:42	NRIC/ Orlving Litterse	Normal	NRIC/ Driving Userwe 2018-10-15	
4		IONAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 19:42	Photos	Normal	Photos 2018-10-19	
4		IONAL ASSESSMENT CENTRE SERVICE on 15 Oct 2016 39:42	Phonos	Normal	Prioriss 2018-10-13	
		IONAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 19:42	Photos	Normal	Process 2028-10-15	
100		IONAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 10:42	Photos	Normal	Photos 2018-10-15	
V.D.		ONAL ASSESSMENT CENTRE SERVICE ON 15 Oct 2018 15:43	Photos	Normal	Protos 2018-10-15	
		IDNAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 19:43	Photos	Normal	Process 2018-10-15	
		IDNAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 18:43	Photoe	Normal	Philips 2018-10-15	
21	NAC_BURIT_MERAH_800674( NAT S (BURIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 19:43	Photos	Namel	Photos 2016-10-15	
	NAC_BUKIT_MERAH_BODGTS/ NAT S (BUKIT MERAH))	IDNAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 19:43	Photos	Normal	Phartos 2018-10-15	
	NAC_BURIT_MERAH_MODE/S/ NAT 8 (BURIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 13 Oct 2018 18 43	France	Narmal	Photos 2018-10-15	
		IONAL ASSESSMENT CENTRE SERVICE on 13 Oct 2018 19:43	Photos	Normal	Phones 2018-10-15	
		IDNAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 19:43	Photos	Normal	Pootas 2018-10-15	
-		IDBAL ASSESSMENT CENTRE SERVICE on 15 Oct 2018 19:43	Photos	Normal	Photos 2015-10-15	
M.C					(8	
Albert Committee and Albert Co			Mark Co. A. Land Land III LPS Free Profession.	entroporting ordin roa	73	

Display in New Window | Scan and uploading

## **ACCIDENT STATEMENT**

ACCIE	DENT DATE: 12 / 10 /	2018 )(DD/MM/	YYYY), TIME:( 2	MM:HH)(_00_: 0	al .
LOCAT	TION: WOODLANDS	THOUSTRIAL	PARK 55	ONTROE OF	WOODLANDS
	A CONTRACTOR OF THE PARTY OF TH			BSZHNB	
1.	DETAILS OF VEHICLE				35
	a) VEHICLE NUMBER:_	5Mc2037L		2 8	
	b)INSURANCE COMPA	MY: NTUC I	ICOME		
	CIPOLICY NUMBER:	51014595	1-7_		
	d)POLICY TYPE: (COM			ARTY FIRE &THEFT)	
	e)MAKE & MODEL:	CHOTA I CHR +	MBRED.	PERSONAL PROPERTY OF THE SERVICE CONTROL OF THE SERVICE OF THE SER	
	f)TYPE:(SALOON / GOL	IRE / MPV /VAN / I		CYCLE / OTHERS)	
	g VEHICLE CATEGORY				
	h)PURPOSE OF USING			AB.	
	I) ARE YOU CLAIMING I			5/NO)	
	IF NO, PLEASE STATE (				.06
2	INSURED / POLICY HOL			12-12-13A	1175
		LEASING	U	MALE / FEMALELO	
	b)NRIC/FIN/PASSPORT		X CONTAC	T: 6295 6118	<u> </u>
		HUN THOUSTRYA		# 01-31	8 -
	A DESCRIPTION OF THE PROPERTY	SPRING BIZHI		768/62	
	· CONTINUE TO 3.d IF D	RIVER ALSO POLIC	Y HOLDER		
*Ho of passong&	DRIVER	4.7			
Canal de la N	a) NAME: LOW (IT	H CHEAH		MALE / FEMALE	
	b)NRIC/EIN/PASSPORT:		CONTAC	T: 90'24443)	The last
()	CIADDRESS: 51K 7		DA PAYOH .	#14-134 111	KE
		277			4
	*d)DATE OF BIRTH: (		DD/MM/YYYY)	0	
	e)OCCUPATION; (INDO	OOR / OUTDOOR)	100 ZO13	E. 50	
	FIDATE OF DRIVING	PASS	Otto HE		2
4.	WAS DRIVER AN EMP	LOYEE OF THE IN	SURED'S COMP	ANY? (YES-/ NO)	
1125	IF NO, RELATIONSHIP	OF THE DRIVER	WITH INSUREL	PASHING	
	a) WEATHER CONDITION		G / OTHERS	MAN MAN	
	b)road surface: (DR Was anybody injurei				-10
	a)REPORTED TO POLICE	= .V/D0:c11			
Mr. S			ION:		7
8. 1	IF YES, PLEASE STATE VI	JEW TOUCH	1014		
474 of Patemain	a) VEHICLE NUMBER:	7901.	MODEL:	-	
	b) DRIVER'S NAME:_	HO CHOON P	H Gr		•: 26
a perturbation over the a	c) NRIC/FIN/PASSPOR		-6665 CONTAC	T: 8(18823)	BIKEP'S SVIPERE
9, 1	HIRÔ PARTY VEHICLE				COLITACT HP
	d) VEHICLE NUMBER:_		MODEL:		EGE
A No. of Buttandie	e) DRIVER'S NAME:			The state of the state of	*
with a story difference	f) NRIC/FIN/PASSPOR	П:	CONTAC	CT:	2,
1	MI COURT COMMON CONTRACTOR	4			
Name of the last				8	

email = rolercub @ gmail com.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7507382H



LOW GIN CHEAN (LIU JIANQUAN)

刘 健

CHINESE

15-03-1975

SINGAPORE



S7507382H



LOW GIN CHEAN (LIU JIANQUAN)

15 Mar 1975 - tue 10 Dec 2014







VOCATIONAL LICENCE

Licence No : \$7507382H. Name LOW GIN CHEAN (LIU JIANQUAN)

Please visit www.lta.gov.sg to check the status of this vocational licence



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

EFFECTIVE DATE

Motor Cars=< 3000kg with =</li>
1, passangers, exclusive 96 Nov 6013 of the driver; and office motor vehicles =< 200kg</li>

Licence No: 57507382H

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request, If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL 03/08/2018





#### 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 Number: \$101459522	Cover :	drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SMC2037L Chassis Number : ZYX102021326

2. Name of Policyholder : RITZ AUTO 3. Effective Date of Insurance : 27 Jun 2018 4. Expiry Date of Insurance : 26 Jun 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

#### This Policy does not cover

EXCESS (SECTION 1)

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

\$\$1,500

EXCESS (SECTION 2) 5\$1,500 WINDSCREEN EXCESS 55100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY - PROSPEED PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : ANG KOK CHIN (00000587457) Date of issue

: 22 Jun 2018 18:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

### **Enquire Vehicle Information**

.. Vehicle No.

Vehicle No.:

SMC20371

Vehicle Details

Vehicle Type:

Private Hire (Chauffeur) Motor Car

Vehicle Attachment 1:

No Attachment

Make / Model:

TOYOTA / C-HR HYBRID 1.8G CVT

Primary Colour:

Black 2017

Year of Manufacture : Maximum Laden Weight :

1715 kg

Unladen Weight:

1440 kg

No. Of Axles:

2

Engine No.: Chassis No.:

2ZR8058826 ZYX102021326

Motor No.:

20A317217536

Engine Capacity : Power Rating :

1797 cc 53.0 kW

Maximum Power Output :

90.0 kW (120 bhp)

IU Label No.:

1127855146

Propellant:

Petrol-Electric

Passenger Capacity:

24.1

Original Registration Date :

27 Jun 2018

First Registration Date:

27 Jun 2018

Open Market Value:

\$32,176.00

Additional Registration Fee Rate:

First \$20,000.00 (100%), next \$12,176.00 (140%)

Actual ARF Paid:

\$27,047.00

PARF Eligibility:

Yes

Minimum PARF Benefit:

\$13,523,00

PARF Eligibility Expiry Date: COE No.:

26 Jun 2028 2018070107000527Z

COE Category:

E - Open - all except motorcycle

COE Expiry Date:

26 Jun 2028

Quota Premium (QP):

\$34,400.00

QP Paid:

\$34,400.00

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$34,400.00

CO2 Emission:

88.00 (g/km)

CEV/VES Rebate Utilised

\$10,000.00

Amount:

CO Emission:

0.072000 (g/km)

HC Emission:

0.023000 (g/km)

NOx Emission:

0.003000 (g/km)

PM Emission:

1.200000 (mg/km)

Previous

OK