

Date In: 13/1/2008 15:04	Job description	Date & Time Completed	Done by
Ref No: SBA/INC8020511/4	SAS e-filing		
Veh No: SLG 2228 J	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 20/10/2008 11:05	I-Motor Claim Form	M/1016281-002	13/1/2008
OID / TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:38
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SLG 2228 J INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

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

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

Repairs (Discontinued 0788 6616) Done by

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Actions

<p>NA1807389</p> <p>Claimant Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors Comments:</p> <p>Tab 1:</p> <p>2 / 3:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Invoice Description</th> <th>Amount</th> <th>Add'l Bill</th> </tr> </thead> <tbody> <tr><td>1) AR: Accident Reporting (\$30)</td><td></td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100)</td><td>INC (\$30)</td><td></td></tr> <tr><td>3) TP: Towing Fee</td><td>\$40/\$45</td><td></td></tr> <tr><td>4) FT: Follow-Through Survey</td><td>\$120</td><td></td></tr> <tr><td>5) FT: Follow-Through Survey (Resurvey)</td><td>\$30</td><td></td></tr> <tr><td colspan="3">For claiming against INC Only (ver 10 Jan 2005)</td></tr> <tr><td>6) TR: Re-inspection</td><td>\$75</td><td></td></tr> <tr><td>7) NI: Idau DA + SMRT Survey</td><td>\$160</td><td></td></tr> <tr><td>8) NTUC Additional Services:</td><td></td><td></td></tr> <tr><td> OD:</td><td></td><td></td></tr> <tr><td> *NS: Courtesy Car / Tpt Allowance</td><td>\$3</td><td></td></tr> <tr><td> *N6: Repair Co-ordination</td><td>\$10</td><td></td></tr> <tr><td> *N7: Post Repair Inspection</td><td>\$25</td><td></td></tr> <tr><td> *N8: DV / Collect Excess Coordination</td><td>\$5</td><td></td></tr> <tr><td> TP (N11): TP (Non INC) against INC</td><td>\$20</td><td></td></tr> <tr><td>9) NI2: Idau Mobile</td><td>\$0</td><td></td></tr> </tbody> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	Invoice Description	Amount	Add'l Bill	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100)	INC (\$30)		3) TP: Towing Fee	\$40/\$45		4) FT: Follow-Through Survey	\$120		5) FT: Follow-Through Survey (Resurvey)	\$30		For claiming against INC Only (ver 10 Jan 2005)			6) TR: Re-inspection	\$75		7) NI: Idau DA + SMRT Survey	\$160		8) NTUC Additional Services:			OD:			*NS: Courtesy Car / Tpt Allowance	\$3		*N6: Repair Co-ordination	\$10		*N7: Post Repair Inspection	\$25		*N8: DV / Collect Excess Coordination	\$5		TP (N11): TP (Non INC) against INC	\$20		9) NI2: Idau Mobile	\$0	
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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 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.
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	13/11/2018 15:04
Date Of Accident	20/10/2018 11:05
Exact Location Of Accident	PAYA LEBAR SQUARE CARPARK LEVEL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8638J
Insured/Policyholder	
Name Of Registered Owner	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Co Reg No	196100157E
Email Address	JAMES.CHUA@AVIS.COM.SG
Mobile Phone No	(LOCAL) +65-94871051
Alternative Phone No	OFFICE-94871051

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE NB-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059475530-05
Cover Note Number	

Driver

Name of Driver	NG THONG CHOW (WU DONGJIU)
NRIC No	S1817110D
Date Of Birth	31/01/1967
Occupation	INDOOR
Date Of Driving Pass	11/06/2010
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96780580
Fax Number	
Contact Number	OTHERS-94871051
EMail Address	ANDYNTC@HOTMAIL.COM

Address BLK 168 BISHAN STREET 13
 #05-01
 Postcode 570168
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - HIRER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 SLG2338J
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver YIOW CHIA LIANG
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

12/11/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

The premium on this policy has not been collected.

Accident MT/1016781

Policy No.	509475530-05	Vehicle No.	SLF8638J	GST Registration No.	M200035712
Certificate No.					
Policyholder Name	NATIONAL CAR RENTALS (PRIVATE) LIMITED			Policyholder NRIC	196180157E
Product Code	FLEET INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

▼ Accident Details

Report Date	23/10/2018 14:00	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	20/10/2018	Time of Accident hh:mm	11:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICH No:	
Accident Location	PAYA LEBAR SQUARE CARPARK LEVEL 2				

▼ Excess

Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess			0.00
Third Party Excess	100.00	Outside Singapore TP Excess			100.00

▼ Benefits

▼ GST Registered Information

GST Registered	Yes	GST Registration Date	31/04/1994
GST Registration No.	M200035712	GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	390A HAVELOCK ROAD	Address 2	#01-07 WATERFRONT PLAZA	Address 3	SINGAPORE 109664
Address 4		Address Type	Singapore address	Post Code	159664
Unit No.		Related Policy Number	509475530-05		

▼ OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	NATIONAL CAR RENTALS (PRIV	Insured NRIC	196180157E
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
Email Address		OT Vehicle Number	SLF8638J	TP Vehicle Number	SUG23
Claim Description	SLF8638J / SUG2338J ON 20 Oct 2018				
Preferred Workshop		Insured Liability	Fully at Fault		
Assess No.		Repair Option	Preferred Workshop, Name unknown	GIR report	Received
Date Registered	13/11/2018 15:03	Claim Close Date		Date Received	13/11/2018
Report Taken By	MOSLI WAHAB				

Print all letter

Attachment

Accident No.	MT/1016781	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	13/11/2018 15:33

Path *	Category *	Confidential	Urgency *	Desc
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
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<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="Clear"/> NO	<input type="button" value="Clear"/> Normal	
<input type="button" value="Message Read"/>				

▼ Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Nov 2018 15:33	SAS	Normal	SAS 2018-11-13
	NAC_BUKIT_MERAH_800676/ NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 13 Nov 2018 15:33	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-13



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2018 15:33	Photos	Normal	Photos 2018-11-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2018 15:33	Photos	Normal	Photos 2018-11-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2018 15:03	Photos	Normal	Photos 2018-11-13
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2018 15:03	Photos	Normal	Photos 2018-11-13
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 13 Nov 2018 15:03	Photos	Normal	Photos 2018-11-13

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in new Window Scan and uploading

ACCIDENT STATEMENT

Date of accident: 20 Oct 18 Time: 11:05 hrs
 Location of accident: Paya Lebar Square carpark 2 level

Details of Own Vehicle

Vehicle Number: SLF 8638J Make/Model: chev cruze
 Insurer: Nine Policy Type: C/ TPFT/ TPO

Policy No: _____
Policyholder
 Name: _____ NRIC/FIN no.: _____
 Email: _____ Contact no.: _____



Driver
 Name: Ng Theng Chow NRIC/FIN no.: S1817110D
 Email: _____ Contact no.: 96780580
 Occupation: Indoor / Outdoor D.O.B: 31 Jun 67

Address: B11C 168 Bishan ST 13 # 05-01 (570168)
 Driving pass date: 21 Jun 2010 Relationship with Policyholder: Partner

General Information

Weather conditions: Clear/ Raining Road surface: Dry/ Wet
 Police report: Yes/ No Video Footage: Yes/ No
 Prosecution Letter: Yes/ No If Yes against whom: _____

Passenger (incl. Driver): _____ Please provide **ALL** passengers details:-

	Passenger 1	Passenger 2
Name:	<u>Ng Theng Chow</u>	
Gender:	<u>Male / Female</u>	<u>Male / Female</u>

Witness: Yes/ No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes/ No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
		Yes/ No	Yes/ No
		Yes/ No	Yes/ No

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SLG 2338J</u>	
Driver name:	<u>Yiou Chia Liang</u>	
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: <small>(Make/Model, Passenger, property info & etc)</small>		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only Policyholder/ driver
 Workshop: _____ Signature: _____



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1817110D



Name
 NG THONG CHOW
 (WU DONGJIU)
 吴东就

Race
 CHINESE

Date of birth
 31-01-1967

Sex
 M

5347839



NRIC No. S1817110D



Date of issue
 03-09-2014

Address
 APT BLK 168 BISHAN STREET 13
 #03-01
 SINGAPORE 570168

REPUBLIC OF SINGAPORE - DRIVING LICENCE



License Number: S1817110D

Name
 NG THONG CHOW
 (WU DONGJIU)

Date of Issue: 11 Jun 2010

Class 3 - Motor Car (≤ 3500kg with ≤ 7 passengers, on chassis ≤ 2000kg)
 of the driver, and of other motor vehicles ≤ 2000kg

YOU ARE PERMITTED TO DRIVE IN THE FOLLOWING CLASSES!
 EFFECTIVE DATE



License No. S1817110D

NP 429A

andyntc@hotmail.com

96780580

Terms

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: 5059475530-05 **Cover :** Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **SLF8638J** ✓
Chassis Number : **KL1JA69E9GK338618** ✓

2. Name of Policyholder : **NATIONAL CAR RENTALS (PRIVATE) LIMITED**

3. Effective Date of Insurance : **01 Jan 2018**

4. Expiry Date of Insurance : **31 Dec 2018** *

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

- (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

✓ 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 : AON SINGAPORE PTE LTD (00000690339)
Date of Issue : 02 Jan 2018 10:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



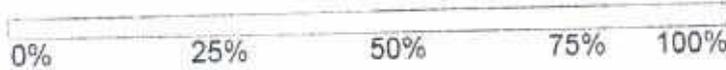
Countersigned By:

Authorised Officer



Chief Executive

Text size + -



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SLF8838J	Vehicle Scheme:	Normal
Vehicle Type:	R10 - Private Hire (Self-Drive) Motor Car		
Vehicle Attachment 1:	No Attachment	Vehicle Attachment 3:	-
Vehicle Attachment 2:	-	Vehicle Model:	CRUZE NB 1.6D SAT
Vehicle Make:	CHEVROLET	Engine No.:	F16D4160280361
Chassis No.:	KL1JA69E9GK338618	Trailer Chassis No.:	-
Motor No.:	-	Passenger Capacity:	4
Propellant:	Petrol	Power Rating:	-
Engine Capacity:	1598 cc	Maximum Laden Weight:	1856 kg
Maximum Power Output:	86.0 kW (115 bhp)	Secondary Colour:	-
Unladen Weight:	1413 kg	Original Registration Date:	14 Sep 2016
Primary Colour:	White	Open Market Value:	\$13,868.00
First Registration Date:	14 Sep 2016	Minimum PARF Benefit:	\$6,934.00
Manufacturing Year:	2016	Additional Registration Fee Rate:	First \$13,868.00 (100%)
PARF Eligibility:	Yes		
No. of Transfers:	0		
Actual ARF Paid:	\$13,868.00		

Owner Particulars

Owner Name:	NATIONAL CAR RENTALS (PRIVATE) LIMITED
Owner ID Type:	Company
Owner ID:	196100157E
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	390A
Registered Street Name:	HAVELOCK ROAD
Registered Unit No.:	# 01 - 07
Registered Building Name:	WATERFRONT PLAZA
Registered Postal Code:	169664
COE No. / Expiry Date:	2016100101000871C / 13 Sep 2026
COE Bid Category:	A - Car (up to 1600cc & 87kW (130bhp))
QP Paid:	\$51,506.00
Transaction Details	
Business Transaction Ref. No.:	20160914132336268101
Business Transaction Date:	14 Sep 2016
Business Transaction	13:23:36

23310

Group : 0
CN 03429

IN : 1126825869
(FADIL)

10 KM