

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA/9071176

Date In: 31/05/2009 16:21	Job description	Date & Time Completed	Done by
Ref No: N/A/INC/900968714	SAS e-filing		
Veh No: GRC 6605B	E-mail (John 8hrs, AIC 2hrs)		
D.O.A: 30/05/2009 09:30	I-Motor Claim Form	MT/1047092001	31/05/2009 16:57
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Vksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: YN 36567	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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Completed 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:

NA/904012	
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NG: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$5
	TP (N11): TP (N-in INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated
	Fee Charged
	Invoice dated
	Fee Charged

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	31/05/2019 16:21
Date Of Accident	30/05/2019 09:30
Exact Location Of Accident	ALONG ADAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC6605B
Insured/Policyholder	
Name Of Registered Owner	YIN CHU TRADING
Co Reg No	53139166C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96723580
Alternative Phone No	OFFICE-96723580
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 PANEL VAN 5DR 2.5 5AT
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107619782
Cover Note Number	

Driver

Name of Driver	CHANG YIN KEONG
NRIC No	S2691090J
Date Of Birth	17/02/1960
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1983
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96723580
Fax Number	
Contact Number	OTHERS-96723580
Email Address	NOEMAIL

Address	BLK 6 JALAN BATU #09-173
Postcode	431006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN3656T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LI WEIMING
NRIC/Passport Number	G2270793R
Contact Number	85358864
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHANG YIN KEONG
------	-----------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBC6605B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

31/05/2019

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

SKETCH PLAN


Adam Rd

A

B


A) 6BC6605B

B) YN 3656T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30-05-2019 at about 0950hrs, I was travelling along Adam Road. Ahead of me, there's a vehicle slow down & stop, I follow suit. While on stationary, all of a sudden I felt an hard impact from the rear. Then I realised a lorry YN 3656T had collided onto my rear. That's all.



DECLARATION

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



Policyholder's Signature
Date & Time:

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

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

Claim Handling

Accident MT/1047092

Policy No.	5107619782	Vehicle No.	GBC6605B	GST Registration No.	
Certificate No.					
Policyholder Name	YIN CHU TRADING			Policyholder NRIC	53139166C
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96723580	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	Yes No	TCA	Yes No	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	31/05/2019 16:25	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	30/05/2019	Time of Accident (hh:mm)	09:30	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	ALONG ADAM ROAD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	800.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	800.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History	31/05/2019 16:41:49 System changed GST Status Verified from No to Yes				

Policyholder Mailing Address

Address 1	BLK 6 #09-173	Address 2	JALAN BATU	Address 3	SINGAPORE 431006
Address 4		Address Type	Singapore address	Post Code	431006
Unit No.	09-173	Related Policy Number	5107619782		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	17/02/1960
Unnamed driver Name	CHANG YIN KEONG	Driver NRIC	S26910903	Driving Experience	36
Register Date of Driver License	03/01/1983	Driver Age	59	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	DI TANJONG RHU
Address 1	BLK 6 #09-173	Address 2	JALAN BATU	Post Code	431006
Address 4	SINGAPORE 431006	Address Type	Foreign address		
Unit No.	09-173				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBC6605B	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	GD-MX	Insured Name	YIN CHU TRADING	Insured NRIC	53139166C
Contact No.(Mobile)	96723580	Contact No.(Home)		Contact No.(Office)	63649837
Email Address		Vehicle Number	GBC6605B	Vehicle Number	YN3656T
Claim Description	GBC6605B / YN3656T ON 30 May 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Finalisation	Yes	Preferred Workshop, Name unknown		GIA report	Received
Date Registered	31/05/2019 16:47	Claim Close Date		Date Received	31/05/2019 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1047092	Claim No.	001
Last Doc. Received	Yes No	Upload Date	31/05/2019 16:47
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen	Description *	
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_800576(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47		Photos	Normal
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47		Photos	Normal



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47	Photos	Normal	Photos 2019-5-31
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47	Photos	Normal	Photos 2019-5-31
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47	Photos	Normal	Photos 2019-5-31
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47	Photos	Normal	Photos 2019-5-31
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47	Photos	Normal	Photos 2019-5-31
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47	SAS	Normal	SAS 2019-5-31
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 May 2019 16:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-31

Video List

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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	30.05.2019	TIME:	0930hrs	(hh:mm) 24 hrs Format
LOCATION	Adam Road			
VEHICLE NUMBER	6BC 6605B			
INSURED NAME	YIN CHU TRADING			
NRIC / FIN	53139166C	CONTACT:		
MAKE	Nissan	MODEL	NV350 Panel Van 5DR 2.5 5AT	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	NTUC			
TYPE OF POLICY ()	COMPREHENSIVE ()	THIRD PARTY ()	TPFT	
POLICY NUMBER :				
NAME DRIVER :	Chang Yen Keong	() SAME AS INSURED		
NRIC / FIN	S2691090J	CONTACT:	9672 3580	
DATE OF BIRTH:	17.02.1960			
DRIVING PASS DATE :	03.01.1993			
OCCUPATION :	() INDOOR (<input checked="" type="checkbox"/>) OUTDOOR			
GENDER :	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	() NO EMAIL			
ADDRESS OF DRIVER:	6 Jalan Batu 809-173 Di Tanjong Pagar (431006)			
Number Of Passenger Include Driver:	Driver only			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)	Contact	
Veh B	YN 36567 Li Weiming	() / Not Sure ()	9535 8864	
Veh C	62270793R	() / Not Sure ()		
Veh D		() / Not Sure ()		
Veh E		() / Not Sure ()		
Veh F		() / Not Sure ()		
Veh G		() / Not Sure ()		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2691090J



Name

CHANG YIN KEONG

郑 仁 强

Race

CHINESE

Date of birth

17-02-1960

Sex

M

S2691090J

Country/Place of birth

MALAYSIA



For LKK/NAC Use Only

5626207



NRIC No. S2691090J



Date of issue

22-07-2016

Address

APT BLK 6 JALAN BATU
#09-173
SINGAPORE 431006

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2691090J**
Name: **CHANG YIN KEONG**

Birth Date: **17 Feb 1960**
Issue Date: **29 May 2003**



 000524979B

For LKK/NAC Use Only

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Jan 1983

NP 428A

Licence No: S2691090J



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 : 5107619782

Cover : Comprehensive

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : To Be Advised |
| Chassis Number | : JN1MC2E26Z0030942 |
| 2. Name of Policyholder | : YIN CHU TRADING |
| 3. Effective Date of Insurance | : 28 Feb 2019 |
| 4. Expiry Date of Insurance | : 27 Feb 2020 |
| 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 business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TAN CHONG CREDIT 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 : KINETIC INSURANCE AGENCY (00000573090)
Date of Issue : 21 Feb 2019 17:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	GBC6605B		
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	NISSAN	Vehicle Model:	NV350 PANEL VAN 5DR 2.5 5AT
Chassis No.:	JN1MC2E26Z0030942	Engine No.:	YD25045007B
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	2
Engine Capacity:	2488 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	1780 kg	Maximum Laden Weight:	3300 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	28 Feb 2019	Original Registration Date:	28 Feb 2019
Manufacturing Year:	2018	Open Market Value:	\$26,390.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$1,320.00		

Owner Particulars

Owner Name:	YIN CHU TRADING
Owner ID Type:	Business
Owner ID:	53139166C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	6
Registered Street Name:	JALAN BATU
Registered Unit No.:	# 09 - 173
Registered Building Name:	DI TANJONG RHU
Registered Postal Code:	431006
COE No. / Expiry Date:	2019030105000067M / 27 Feb 2029
COE Bid Category:	C - Goods Vehicle & Bus
QP Paid:	\$26,378.00

Transaction Details

Business Transaction Ref. No.:	20190228111015058325
Business Transaction Date:	28 Feb 2019
Business Transaction Time:	11:10:15

Message

The above vehicle has been successfully registered.

Please note that \$18,003.00 will be deducted from your GIRO account.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.

OK

Save as PDF