

NATIONAL Assessment Centre Services

[Ref: 201701]

Date In: 27/06/19	Job description	Date & Time Completed	Done by
Ref No: NA/1619011435/13	SAS e-filing		
Veh No: SLN1999X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/06/19 1730	i-Motor Claim Form		
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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (TORQUE 5)	Tel:	Fax:
TP Particulars:	Veh No: SGJ2914P	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%; F: 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:- (INC hotline: 6788 6616)	Date & Time Completed	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

NA1904787

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) RT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*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) N12: Idac Mobile 30		
	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 27/06/2019 15:20
 Date Of Accident 26/06/2019 17:30
 Exact Location Of Accident AIRPORT RD TWDS KPE(ECP)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN1999X
Insured/Policyholder
 Name Of Registered Owner BKW RENT A CAR PTE LTD
 Co Reg No 200106276D
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-99999999

Vehicle Particulars

Manufacturer HYUNDAI
 Model ELANTRA
 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 THIRD PARTY
 Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 999994355/100806847-00000
 Cover Note Number

Driver

Name of Driver YANG TEO TECK TONY
 NRIC No S1647584Z
 Date Of Birth 17/08/1964
 Occupation INDOOR
 Date Of Driving Pass 02/04/1985
 Driving Experience 34 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98254086
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	BLK 411 PASIR RIS DR 6
	#05-393
Postcode	510411
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	
	NAME: : HANNAH BARNABAS YANG
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190627/7003

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	SGJ2914P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

YANG TEO TECK TONY

NECK,BACK & SHOULDER
SLN1999X
YES
NO

DETAILS OF INJURED PERSON 2

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

HANNAH BARNABAS YANG

SLIGHT
SLN1999X
YES
NO

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.
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.



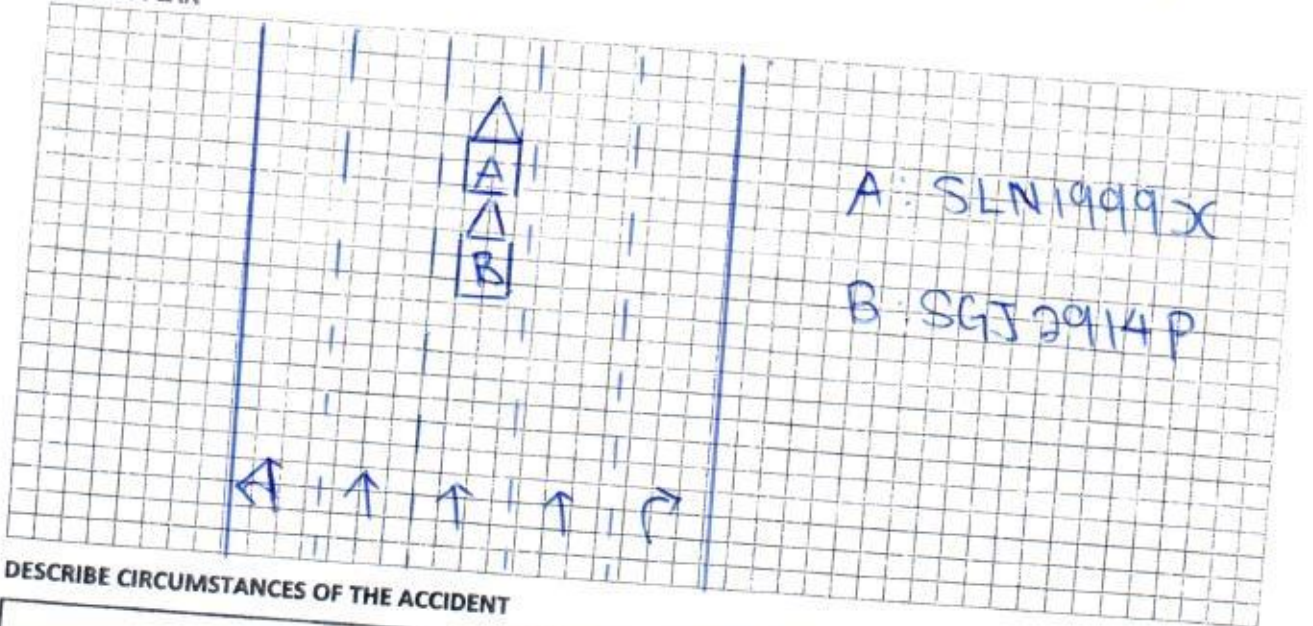
Policyholder's Signature
Date & Time:

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

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

AIRPORT RD TWDS KPE (ECP)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time & date, I was driving my vehicle 'A' on the said location. When the traffic light turn amber, I slowed down & stop. Suddenly, I felt a huge impact from the rear. It was vehicle 'B' that collided onto my rear portion, causing damages to my vehicle 'A'.

A: SLN 1999 X

B: SGJ 2914 P

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.:



**SINGAPORE
POLICE FORCE**



T/20190627/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20190627/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/06/2019 11:03	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YANG TEO TECK TONY		Address: APT BLK 411 PASIR RIS DRIVE 6 #05-393 SINGAPORE 510411	
ID Type / ID No.: NRIC NO / S1647584Z		Contact No.: Home/Office:	Mobile: 98254086
Nationality: SINGAPORE CITIZEN		Email: karenetony@gmail.com	
Sex: Male	Age: 54	Date of Birth: 17/08/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2019 17:30	Type of Location: X-Junction
Location: AIRPORT ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ2914P	Car	MITSUBISHI	LANCER		Seriously Damaged	0
SLN1999X	Car	HYUNDAI		Grey	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190627/7003

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20190627/7003

CONTINUATION OF REPORT

Passenger			
Name	HANNAH BARNABAS YANG		ID No. T1330384Z
Related Vehicle	SLN1999X (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	27/06/2019		Date Discharge 27/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	YANG TEO TECK TONY		ID No. S1647584Z
Related Vehicle	SLN1999X (Car)		Contact No. 98254086
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	27/06/2019		Date Discharge 27/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED TIME, DATE AND LOCATION, I WAS DRIVING MY CAR BEARING THE REGISTRATION PLATE SLN1999X ON THE CENTRE LANE.

I WAS HEADING STRAIGHT TOWARDS MACPHERSON ROAD TO PICK UP MY WIFE.

AT THE TRAFFIC LIGHT OF UBI ROAD 2 AND AIRPORT ROAD, THE TRAFFIC LIGHT TURNED AMBER, HENCE I APPLIED MY BRAKES GRADUALLY AND CAME TO A COMPLETE STOP.

MOMENTS LATER, I FELT A HUGE IMPACT FROM THE REAR.

I MADE SURE IT WAS SAFE TO ALIGHT AND I ALIGHTED TO MAKE A CHECK.

IT WAS ANOTHER CAR BEARING THE REGISTRATION PLATE SGJ2914P THAT COLLIDED ONTO MY REAR PORTION OF MY VEHICLE, CAUSING DAMAGES TO MY VEHICLE.

FOLLOWING, I WENT TO MY WORKSHOP TO MAKE A ACCIDENT REPORT AND THEN CONTINUED MY JOURNEY HOME.

THE NEXT DAY, I FELT PAIN ON MY NECK, BACK AND SHOULDER AREA HENCE I WENT TO INTEMEDICAL 24 HOUR CLINIC AT ANG MO KIO TO CONSULT A DOCTOR.

BOTH ME AND MY GRANDDAUGHTER WAS GIVEN 5 DAYS OF MC FROM THE DOCTOR.

I WISH TO STATE THAT I WAS FETCHING MY GRANDDAUGHTER AT THE POINT OF TIME OF ACCIDENT.

I AM MAKING THIS REPORT FOR INSURANCE AND RECORD PURPOSES.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190627/7003

3 of 4

Report No. T/20190627/7003

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190627/7003

4 of 4

Report No. T/20190627/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KOH CHEE SENG, KEVIN
Contact No.: 65472073

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/06/2019 11:03

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 06 / 19 (DD/MM/YYYY), TIME: 17 : 30 (HH:MM)

LOCATION: Airport Rd twds KPE (ECP)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN1999X
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai Elantra
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: BKW Rent A Car Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200106276D CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yong Tee Teck Tony (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S16475842 CONTACT: 9825 4086
 c) ADDRESS: 411 Pasir Ris Dr 6 #05-393 S(510411)

* d) DATE OF BIRTH: 17 / 08 / 1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 34

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: SGJ2914P

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (Including driver)
(2)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

LRK
 100/101 Industrial Park 2
 100-25, 5106 Ave
 S(408933)

Email = REPORTING@
 TOPQUE5.com
 Fax = 6452 4584

REPUBLIC OF SINGAPORE DRIVING LICENCE

002691522H

YANG TEO TECK TONY

Birth Date: 17 Aug 1964
Issue Date: 08 Jun 2017

002691522H

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1647584Z

YANG TEO TECK TONY

Race: CHINESE
Date of Birth: 17-08-1964
Country of Birth: SINGAPORE

Sex: M

2317351

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

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE: 02 Apr 1985

NP 428A

Licence No: S1647584Z

For LKK/NAC Use Only

2317351

NRIC No: S1647584Z

Blood Group: O+
Date of issue: 27-08-1994

Address: APT BLK 411 PASTIR RIS DRIVE 6 #05-393
SINGAPORE 510411

NRIC No: S1647584Z
Date: 08-04-1997
No: 2218301



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. 999994355/100806847-00000

OWN DAMAGE EXCESS	S\$2,000.00 (1)
WINDSCREEN EXCESS <small>(for policies with effect from 1st November 2002)</small>	S\$100.00
SUM INSURED	S\$1.00
INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	SLN1999X
2) NAME OF INSURED	BKW RENT A CAR PTE LTD
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	16 Nov 2018
4) DATE OF EXPIRY OF INSURANCE	15 Nov 2019
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	

Any person who is driving on the Insured's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.
The Policy does not cover
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS):
3A Automobile Pte Ltd - 20 Jalan Kilang (Jln Bt Merah Main Rd) Tel : 6738 7777

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY MayBank

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).

Issued At Singapore 21 Nov 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

501983-013
BKW AUTOMOBILE PTE LTD
120 LOWER DELTA ROAD
#02-15
SINGAPORE 169208

Authorised Representative

ORIGINAL

SSPTKY

Text size + -

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200106276D
Owner ID Type: Company
Owner Name: B K W RENT A CAR PTE LTD
Registered Address: 120 LOWER DELTA ROAD #02-15 CENDEX CENTRE SINGAPORE 169208
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SLN1999X
Previous Vehicle No.: -
Effective Date of Ownership: 26 Apr 2017
Original Regn Date: 26 Apr 2017
Registration Date: 26 Apr 2017
Year of Manufacture: 2017
Vehicle Type: Private Hire (Self-Drive) Motor Car
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: ELANTRA AD 1.6 GLS AT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: KMHD841CMHU365317
Engine No.: G4FGGU041546
Engine Capacity/Power Rating: 1591 cc / -
Maximum Power Output: 93.8 kW (125 bhp)
Propellant: Petrol
Max Unladen Weight: 1345 kg
Maximum Laden Weight: 1800 kg
Open Market Value: \$13,771.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 25 Apr 2027
Minimum PARF Benefit: \$6,885.00
No. of Transfers: 0
IU Label No.: 1127387975
COE No.: 2017040101003993M
COE Expiry Date: 25 Apr 2027
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
\$51,765.00 / -