

NATIONAL Assessment Centre Services			
Date In: 17/07/2019 16:30	Job description	Date & Time Completed	Done by
Ref No: N/A/1901901364/17	SAS e-filing		
Veh No: GBE 76025	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 15/07/2019 15:35	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/Wkap		

Preferred Wkap / MNC Assign Wkap / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: YP 8788D	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: (\$ )	Landing: \$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: ( )
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Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Inc 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) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wof 10 Jan 2019)			
Cat. Li:	6) TR: Its-Inspection	\$75		
	7) N1: Idnu DA + SMRT Survey	\$160		
Cat. 2/3:	8) NTUC Additional Services:			
	9) N12: Idnu Mobile	\$30		
	10) N13: Idnu Mobile	\$30		
	11) N14: Idnu Mobile	\$30		
	12) N15: Idnu Mobile	\$30		
	13) N16: Idnu Mobile	\$30		
	14) N17: Idnu Mobile	\$30		
	15) N18: Idnu Mobile	\$30		
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	100) N103: Idnu Mobile	\$30		



## 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	17/07/2019 16:30
Date Of Accident	15/07/2019 15:35
Exact Location Of Accident	PASIR PANJANG WHOLESALE CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7602G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RADHIKA TRADING PTE LTD
Co Reg No	201109705K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97151666
Alternative Phone No	OFFICE-97151666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1763881801
Cover Note Number	

### Driver

Name of Driver	CHANDRABOSE RADHIKA
NRIC No	S7878663I
Date Of Birth	17/05/1978
Occupation	INDOOR
Date Of Driving Pass	15/06/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97151666
Fax Number	
Contact Number	OTHERS-97151666
Email Address	NOEMAIL

Address	BLK 407 SIM MING AVENUE #12-213
Postcode	570407
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

#### 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	YP8788D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHUANG HUIQING
NRIC/Passport Number	G2499762L
Contact Number	86552729
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.
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:

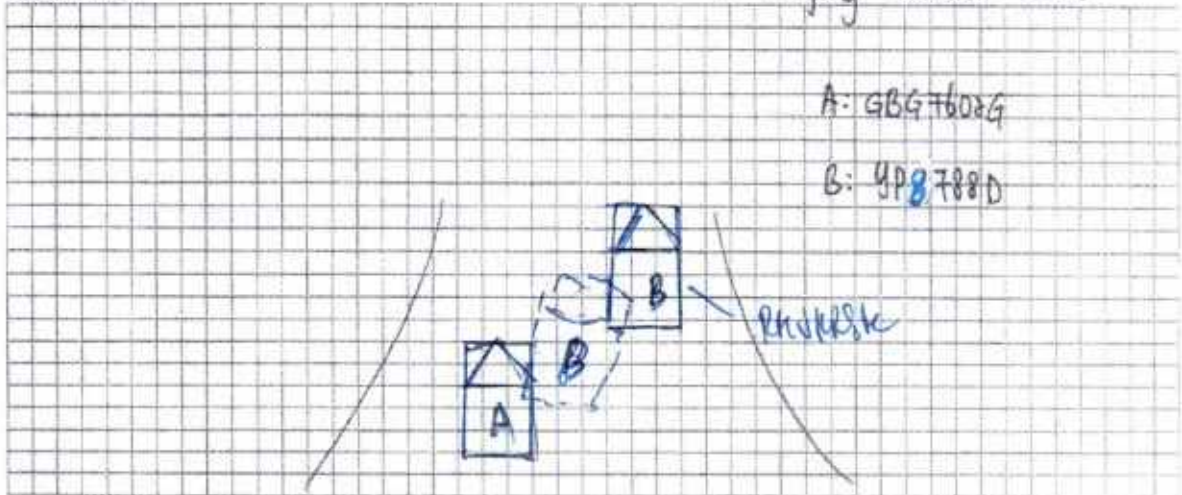
*CRL*

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

17/07/2018  
*Rosh*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

Pasar Panjangan Wholesale Centre



A: GBG7602G

B: YP8788D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/7/2019 around 1530hrs. my car was parked at Pasar Panjangan Wholesale Centre. That time I am not inside the Lorry. I bought vegetables after that people call me your Lorry hit by somebody after that come and look the Lorry damaged. That driver told me reverse that time when hit my Lorry I take that crash particulars.



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.:



FILE: T235

VEH REG NO: GB47602G

MOTOR ACCIDENT REPAIR BASIC INFORMATION					
DATE OF ACCIDENT	15 / 7 / 2015				
TIME OF ACCIDENT (24HR FORMAT)	1400 1500 1530				
EXACT LOCATION OF ACCIDENT	Rest Ranjeng Wholesale centre				
<b>OWN VEHICLE DETAILS</b>					
NAME OF REGISTERED OWNER	Kachika Trading Pte Ltd				
ID OF REGISTERED OWNER	201104705K				
OFFICE NUMBER					
EMAIL ADDRESS					
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>					
VEHICLE REG NUMBER	GB47602G				
VEHICLE MAKE / MODEL	Toyota Dyna				
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT					
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES		3RD PTY		REPORT ONLY
VEHICLE CATEGORY	PRIVATE CAR	COMM VEH	GOODS VEH	MOTOR TRADE GOVERNMENT	GOVERN VEH
<b>INSURANCE COMPANY (OWN VEHICLE)</b>					
INSURANCE COMPANY	China Taiping				
TYPE OF COVERAGE	comprehensive				
FLEET POLICY	NO				
POLICY NUMBER	DMVSH11263081801				
<b>DRIVER PARTICULARS</b>					
NAME OF DRIVER	Chandrabose Kachika				
ID OF DRIVER	S7878 6631				
DATE OF BIRTH	17 / 05 / 1978				
RELATIONSHIP WITH OWNER / OCCUPATION	owner		INDOOR / OUTDOOR		
DRIVING PASS DATE	15 / 06 / 2015				
GENDER		MALE		FEMALE	
MOBILE NUMBER	9715 1666				
OFFICE / HOME / OTHER NUMBER					
HOME ADDRESS					
EMAIL ADDRESS					
WAS THE DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY		YES		NO	
DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES, PLEASE INDICATE		YES		NO	
DRIVER'S OWN CAR VEHICLE NUMBER					

OWNER / DRIVER'S SIGNATURE: 

DATE / TIME: \_\_\_\_\_

GENERAL INFORMATION OF THE ACCIDENT				
TYPE OF ACCIDENT				
WEATHER CONDITIONS	<u>CLEAR</u>		RAINING	
IF OTHERS, PLS STATE THE CONDITION				
ROAD SURFACE	WET		<u>DRY</u>	
IF OTHERS, PLS STATE THE CONDITION				
WAS ANY FOREIGN VEHICLE INVOLVED IN THIS ACCIDENT		YES		<u>NO</u>
IF YES, PLS STATE THE VEHICLE REG NUMBER				
WAS ANY BODY INJURED IN THE ACCIDENT		YES		<u>NO</u>
WAS ANY OTHER MATERIAL OR PROPERTY DAMAGE? (INCLUDING WITNESS)		<u>YES</u>		NO
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE		YES		<u>NO</u>
NUMBER OF PASSENGERS (INC DRIVER)	0		FEMALE:	MALE:
WAS THE ACCIDENT REPORTED TO THE POLICE?		YES		<u>NO</u>
IF YES, PLS STATE WHICH STATION				
WAS NOTICE OF INTENDED PROSECUTION GIVEN?		YES		<u>NO</u>
IF YES, AGAINST WHOM?				
ARE ACCIDENT PHOTOS AVAILABLE FOR ATTACHMENT?		<u>YES</u>		NO
WAS THERE ANY VIDEO CAR CAMERA?		YES		<u>NO</u>
CIRCUMSTANCES OF ACCIDENT				
REFER TO ATTACHMENT				
THIRD PARTY VEHICLE DETAIL				
	1	2	3	
VEHICLE REG NUMBER	4p27880			
VEHICLE MAKE / MODEL / COLOUR				
DETAILS OF PROPERTY				
NAME OF DRIVER	Zhuang Huiling			
DRIVER NRIC / CO REG NUMBER	S349976 JZ			
CONTACT NUMBER	86 55 2939			
NAME OF INSURANCE COMPANY				
NATURE OF DAMAGE				
WITNESS PARTICULARS				
	1	2	3	4
DETAIL OF WITNESS - NAME				
DETAIL OF WITNESS - PHONE				
DETAIL OF WITNESS - EMAIL				
	VEH REG NUM	DETAILS OF	DRIVER NAME	CONTACT NUM
DAMAGES TO OTHER VEHICLES & PROPERTY				
DETAILS OF INJURED PERSON				
	1	2	3	4
NAME OF INJURED				
INJURY SUSTAINED				
INJURED PERSON IS ON WHICH VEHICLE NUMBER				
WERE SEAT BELTS WORN?				
WAS INJURED CONVEYED TO HOSPITAL BY AMBULANCE				

OWNER / DRIVER'S SIGNATURE: 

DATE / TIME: \_\_\_\_\_

REPUBLIC OF SINGAPORE

Identity Card No. **S78786631**

**CHANDRABOSE RADHIKA**

**For LKK/NAC Use Only**

Sex: **Female** Date of Birth: **17 May 1978**  
 Issue Date: **28 Mar 2019**

0021653279

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S78786631**

**CHANDRABOSE RADHIKA**

**For LKK/NAC Use Only**

Race: **INDIAN**  
 Date of Birth: **17-05-1978** Sex: **F**  
 Country of Birth: **INDIA**

YOU ARE ELIGIBLE TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

**Class 1** MOTOR CAR AND AUTOMOBILES THE WEIGHT OF WHICH DOES NOT EXCEED 3500KG (GROSS WEIGHT) AND MOTOR CARS AND AUTOMOBILES THE WEIGHT OF WHICH EXCEEDS 3500KG (GROSS WEIGHT)

**Class 2** MOTOR CARS AND AUTOMOBILES THE WEIGHT OF WHICH DOES NOT EXCEED 3500KG (GROSS WEIGHT) AND MOTOR CARS AND AUTOMOBILES THE WEIGHT OF WHICH EXCEEDS 3500KG (GROSS WEIGHT)

**For LKK/NAC Use Only**

NP 438A

NP / No. **8000220772**

License No: **S78786631**

**For LKK/NAC Use Only**

**INDIAN**

**APT 01K 407 SIN MING AVENUE #12-213**  
**SINGAPORE 670407**

NRIC No: **S78786631** Date: **28/01/2019**





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Cn. Reg. No. 200208364E

MZ300/C  
R SN  
AN0633A  
Cov. Type: C

MOTOR COMMERCIAL VEHICLE

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1990  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMCVSN1763881801

Engine No : 1KD2737822

Chassis No : 3TFAT33Y50K208706

1. Index Mark and Registration  
Number of Vehicle

GGG7602G

2. Name of Policy Holder

M/S RADHIKA TRADING PTE LTD

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

20 October 2018

Excess Sect I ..... S\$350.00

EX ON WINDSCREEN ..... S\$100.00

4. Date of Expiry of Insurance

19 October 2019

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder'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. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
  - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
  - (3) Use for social, domestic or pleasure purposes.
- The policy does not cover:
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
  - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : UNITED OVERSEAS BANK LIMITED AS HP OWNER

\* 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ..... SKYLARK INSURANCE AGENCY PTE LTD  
Authorised Officer

Authorised Signatory

> Back to OneMotoring

## Enquire Transfer Fee

### Vehicle Details

Vehicle No.:	GBG7602G
Vehicle Type:	B31 - Goods (Open) Lorry (Metal Body)/Pickup
Vehicle Attachment 1:	With Hood
Vehicle Scheme:	Normal
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Chassis No.:	JTFAT35Y50K208706
Propellant:	Diesel
Engine No.:	1KD2737822
Engine Capacity:	2982 cc
Maximum Power Output:	-
Maximum Laden Weight:	3500 kg
Unladen Weight:	1780 kg
Year Of Manufacture:	2017
Original Registration Date:	20 Oct 2017
Lifespan Expiry Date:	19 Oct 2037
COE Category:	C - Goods Vehicle & Bus
PQP Paid:	\$35,406.00
COE Expiry Date:	19 Oct 2027
Road Tax Expiry Date:	19 Oct 2019
Inspection Due Date:	19 Oct 2019
Intended Transfer Date:	16 Jul 2019
CO2 Emission:	255.00 (g/km)
CEV/VES Rebate Utilised Amount:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay-up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

### Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
<b>Total Amount Payable:</b>			<b>25.00</b>

### Message

This vehicle has a road tax Over Payment of \$70.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

You may print this page for reference.

OK

Print