

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 08/10/2019 17:29 | Job description | Date & Time Completed | Done by |
| Ref No: NA/AIG19017764/F | SAS e-filing | | |
| Est No: SLG2780 | E-mail (within 2hrs, AIG 2hrs) | | |
| Time: 07/10/2019 22:00 | I-Motor Claim Form | | |
| TP: (1) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insured: | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

TP Particulars: Vch No: SLA 1861C 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: (INC 10/11/19 07:06:16) 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: ()

()

()

()

NA1907448

Client's Particulars: 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$50) \$30

Driver/Owner: 3) TP: Towing Fee \$40/\$45

Contact No: 4) FT: Follow-Through Survey \$120

Damaged Portion: 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)

QC Checked by (Bugr-In-Charge): 6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services: ON*

*NS: Courtesy Car / Tpt Allowance \$5

*NG: Repair Co-ordination \$10

*NF: Post Repair Inspection \$25

*NB: DV / Collect Excess Coordination \$5

LE (N11): TP (Non 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 | 08/10/2019 17:29 |
| Date Of Accident | 07/10/2019 22:00 |
| Exact Location Of Accident | ALONG KJE EXIT TO BRICKLAND ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLQ2778U |
| Insured/Policyholder | |
| Name Of Registered Owner | TWINCAR LEASING PTE LTD |
| Co Reg No | 201533046R |
| Email Address | SALES@N51.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-83802233 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | CAMRY |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 999994387 |
| Cover Note Number | |

Driver

| | |
|----------------------|---|
| Name of Driver | CHUA HOK LAI RAYMOND(CAI FULAI RAYMOND) |
| NRIC No | S7425963D |
| Date Of Birth | 26/07/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/01/2008 |
| Driving Experience | 11 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91680228 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 609A BEDOK RESERVOIR ROAD #07-1700 SINGAPORE |
| Postcode | 471609 |
| 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 | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | WET |

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) | 3 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | EUNOS NPP |
| Police Station Address | ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT.

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 | SLA1861C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KOH JEK XIONG DESMOND |

NRIC/Passport Number

Contact Number

90038756

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHUA HOK LAI RAYMOND

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SLQ2778U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

| | | | |
|-----------------------------------|---|--------------------------------------|---|
| Vehicle No. | SLQ 2778 U | Model / Make | TOYOTA CAMRY |
| Date of Accident | 07/10/2019 | | |
| Time of Accident | 2200 | HRS | |
| Location of Accident | Along CTE Exit to Brickland Road | | |
| Exact purpose use during accident | WORK | | |
| Name of Owner | TWIN CAR LEASING PTE LTD | | |
| Telephone No. | H/P : 8380 2233 | Home : | Office : |
| NRIC | 201533046 E | | |
| Address | 2 KAKI BUKIT AVE 2 #01-17 AUTOHUB S(47921) | | |
| Claim type | OD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY | | |
| Insurance Company | A.I.G | | |
| Type of Coverage | <input checked="" type="checkbox"/> Comprehensive | <input type="checkbox"/> Third Party | <input type="checkbox"/> Third Party / Fire / Theft |
| Policy No. | 999994387 | | |
| Name of Driver | As Above If No, Chua Hok Lai Raymond | | |
| NRIC | S7425963D | Any Passengers : | 2 unknown |
| Date of birth | 26/7/1974 | | (Male) |
| Occupation | <input checked="" type="checkbox"/> Outdoor / | <input type="checkbox"/> Indoor | (Female) |
| Driving License Pass Date | 18/1/2008 | | |
| Gender | <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female | | |
| Contact No. | H/P : 91680228 | Home : | Office : |
| Address | BLK 609A Bedok Reservoir Rd #07-1700 S(471609) | | |
| Driver have any own vehicle | <input checked="" type="checkbox"/> No, <input type="checkbox"/> If yes, Reg No. | | |
| Relationship | Employee, <input type="checkbox"/> If no, state <i>hrer</i> | | |
| Weather condition | <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other | | |
| Road Surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Other | | |
| Any Injuries | No, <input type="checkbox"/> If Yes, Who? | | |
| Name And Contact No. | Chua Hok Lai Raymond 91680228 | | |
| Name And Contact No. | | | |
| Police Report | No, <input checked="" type="checkbox"/> If Yes, Where? <i>Eunos NPP</i> | | |
| Vehicle B No. | SLA 1861C | Any Passengers : | - |
| Name of Driver | Koh Jek Xiang Desmond Contact No. : 90038756 | | |
| Vehicle C No. | | Any Passengers : | |
| Vehicle D No. | | Any Passengers : | |
| Vehicle E no. | | Any Passengers : | |
| Vehicle F No. | | Any Passengers : | |
| Vehicle G No. | | Any Passengers : | |
| Witness Name | | Witness Contact : | |
| Accident Portion | Rear portion | | |
| Camera Recorder | <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No | | |
| Email Address | thehopefultree@gmail.com | | |
| PARTICULAR WORKSHOP | N-51 Automotive Pte Ltd | | |
| CONTACT NO. | 6842 0051 / 6744 0510 | | |
| CONTACT PERSON | Zi Ting | | |
| FAX NO | 6741 0510 | | |
| WORKSHOP EMAIL ADDRESS | sales@n51.com.sg | | |

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.

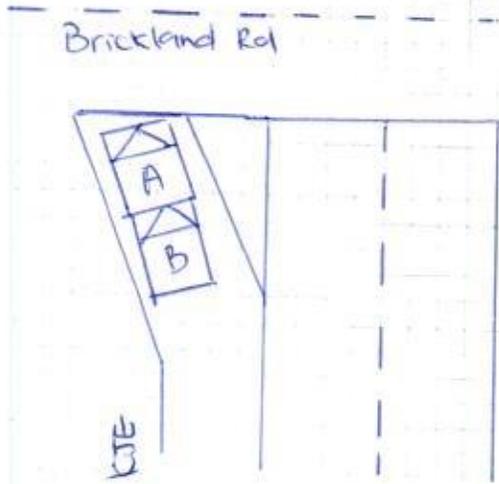


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



Vehicle A : SLQ 2778U
Vehicle B : SLA 1861C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report
report No: T/20191008/2099

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.:



Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|---|------------------|---|
| Name | KOH JEK XIONG DESMOND | | ID No. S8139100I |
| Related Vehicle | SLA1861C (Car) | | Contact No. 90038756 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | CHUA HOK LAI RAYMOND | | ID No. S7425963D |
| Related Vehicle | SLQ2778U (Car) | | Contact No. 91680228 |
| Hospital/Clinic | SHENTON FAMILY MEDICAL CLINIC (BEDOK RESERVOIR) | | Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL |
| Date Treatment | 08/10/2019 | Date Discharge | 08/10/2019 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | NIL |

Brief Details.

On the 7/10/2019 at around 10pm, I was driving my car bearing registration number SLQ2778U Toyota Camry Grey in colour along Kranji Expressway. I exited at Brickland Road and kept left for the filter lane. At the junction I filter to the left and stopped to give way to the traffic of the main road. Out of sudden I felt an impact from the rear of my car. I came out and discovered a car bearing registration number SLA1861C Honda Jazz blue in colour had collided to the rear of my car. Both car sustained damages however there was no life threatening injury. I have two elderly passengers with me at that time. I exchanged details with the other driver and left to avoid further obstruction to the traffic. On the 8/10/2019 I went to Shenton Family Medical clinic as I was feeling some pain at my neck and back and I was given a 7 day of medical certificate.



**SINGAPORE
POLICE FORCE**



T/20191008/2099

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

Report No. T/20191008/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sr Staff Sgt ANWAR BIN ZAINAL 

Signature Of Informant: 

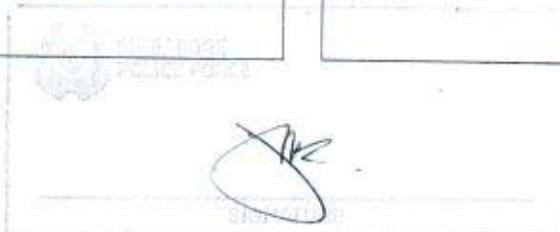
Signature Of Interpreter:
Not applicable

Date/Time:
08/10/2019 15:44

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168



Land Transport Authority **AUTO TRANSMISSION VEHICLE ONLY**



VOCATIONAL LICENCE
 Licence No : S7425963D
 Name : CHUA HOK LAI RAYMOND
 (CAI FULAI RAYMOND)

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

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7425963D



Name
 CHUA HOK LAI RAYMOND
 (CAI FULAI RAYMOND)
 蔡福來

Race
 CHINESE

Date of birth
 26-07-1974

Sex
 M

Country of birth
 SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: S7425963D
 Name:
 CHUA HOK LAI RAYMOND
 (CAI FULAI RAYMOND)

Birth Date: 26 Jul 1974
 Issue Date: 26 Sep 2016



002613940F

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 | 17/12/2018 |



3618490



NRIC No: S7425963D

Date of issue
 29-09-2004

APT BLK 609A BEDOK RESERVOIR ROAD #07-1700
 SINGAPORE 471609

NRIC No: S7425963D Date: 11/11/2018

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

| CLASS | DESCRIPTION | EFFECTIVE DATE |
|----------|---|----------------|
| Class 3A | Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg | 18 Jan 2008 |

NP 428A



Licence No: S7425963D



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 | (The below excess is subject to GST) | |
| CERTIFICATE NO. | SLQ2778U | POLICY EXCESS | \$S\$2000.00 (Sect I & II) |
| POLICY NO. | 999994387 | WINDSCREEN EXCESS | \$S\$100.00 |
| 1) VEHICLE REGISTRATION NO. | | SUM INSURED | YES |
| 2) NAME OF INSURED | | INSURING WITH COE/PARF | YES |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | | SLQ2778U | |
| 4) DATE OF EXPIRY OF INSURANCE | | Twincar Leasing Pte Ltd | |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE* | | 19 October 2018 | |
| | | 18 October 2019 | |

Any person who is driving on the Insured's order or with their permission.
 \$52,000.00 Section I & \$52,000.00 Section II Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore.
 Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).
 Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.
 An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.

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*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) 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 tuition, driving test, 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. 3) Use for any purpose in connection with the Motor Trade.

It is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.

| | |
|------------------------------|--------------|
| LOSS OF USE | Not Included |
| 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 in Singapore 17 Oct 2018

Swift Link Insurance Agency - 502117
61 Ubi Avenue 2
#08-04A Automobile Megamart
Singapore 408898

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC

Register New Vehicle (Acknowledgement)

Vehicle Particulars

| | | | |
|--------------------------|--|-----------------------------------|---|
| Vehicle No.: | SLQ2778U | | |
| Vehicle Type: | Z10 - Private Hire (Chauffeur) Motor Car Vehicle Scheme: | Normal | |
| Vehicle Attachment 1: | No Attachment | | |
| Vehicle Attachment 2: | - | Vehicle Attachment 3: | - |
| Vehicle Make: | TOYOTA | Vehicle Model: | CAMRY HYBRID 2.5G CVT |
| Chassis No.: | AVV501057738 | Engine No.: | 2AR1640456 |
| Motor No.: | 7YA17A00813 | Trailer Chassis No.: | - |
| Propellant: | Petrol-Electric | Passenger Capacity: | 4 |
| Engine Capacity: | 2493 cc | Power Rating: | 105.0 kW |
| Maximum Power Output: | 151.0 kW (202 bhp) | | |
| Unladen Weight: | 1540 kg | Maximum Laden Weight: | 1815 kg |
| Primary Colour: | Grey | Secondary Colour: | - |
| First Registration Date: | 03 Jul 2017 | Original Registration Date: | 03 Jul 2017 |
| Manufacturing Year: | 2017 | Open Market Value: | \$36,862.00 |
| PARF Eligibility: | Yes | Minimum PARF Benefit: | \$16,803.00 |
| No. of Transfers: | 0 | Additional Registration Fee Rate: | First \$20,000.00 (100%), next \$16,862.00 (140%) |
| Actual ARF Paid: | \$33,607.00 | | |

Owner Particulars

Owner Name: TWINCAR LEASING PTE LTD
 Owner ID Type: Company
 Owner ID: 201533046C
 Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes
 Registered Block/House No.: 2
 Registered Street Name: KAKI BUKIT AVENUE 2
 Registered Unit No.: # 01 - 17
 Registered Building Name: KAKI BUKIT AUTOHUB
 Registered Postal Code: 417921
 COE No. / Expiry Date: 2017060107000874R / 02 Jul 2027
 COE Bid Category: E - Open - all except motorcycle
 QP Paid: \$52,000.00

Transaction Details

Business Transaction Ref. No.: 20170703101449922879
 Business Transaction Date: 03 Jul 2017
 Business Transaction Time: 10:14:49

Message

The above vehicle has been successfully registered.
 Please note that \$76,643.00 will be deducted from your GIRO account.