

# NATIONAL Assessment Centre Services.

(wet 1 Jan 00)

NA1919/47221

Date In: 06/11/2019 17:27	Job description	Date & Time Completed	Done by
Ref No: N180/INC/9019675/4	SAS e-illing		
Veh No: PC5007	E-mail (Wjda shre, AIC shre)		
DOA: 05/11/2019 18:55	I-Motor Claim Form	ML1010276-001	06/11/2019 17:53
OID: TP Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLK 9726L	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 repair.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury:	
Date:	
Time:	
Location:	
Weather:	
Witness:	
Police:	
Insurance:	
Other:	

NA1908431	
Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Additional Comments:	
Ref 1:	
2 / 3	

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) FT: Follow-Through Survey (Resurvey) \$30	
For claimant against INC Only (over 10 Jan 200)	
6) TR: Re-inspection \$75	
7) NI: Idas DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpl Allowance \$3	
*N6: Repairs Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$3	
TP (N11) / TP (N11) against INC \$20	
*N12: Idas 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	06/11/2019 17:27
Date Of Accident	05/11/2019 18:55
Exact Location Of Accident	TELOK BLANGAH ROAD B/F WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC500T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EML TRANSPORT SERVICE PTE. LTD.
Co Reg No	201003462H
Email Address	EMLTPT06@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93842408
Alternative Phone No	OFFICE-93842408

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	211CDI/3665
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	REPORTING ONLY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111888615
Cover Note Number	

### Driver

Name of Driver	CLARENCE AIETH WONG QING QIANG
NRIC No	S9420055E
Date Of Birth	10/06/1994
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93842408
Fax Number	
Contact Number	OTHERS-93842408
Email Address	EMLTPT06@GMAIL.COM

Address	BLK 129 KIM TIAN ROAD #08-127
Postcode	160129
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?	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	SLE9726L
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH YONG JIE
NRIC/Passport Number	S8431780B
Contact Number	96343775
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1	NAME:	:
	GENDER:	:

## 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.



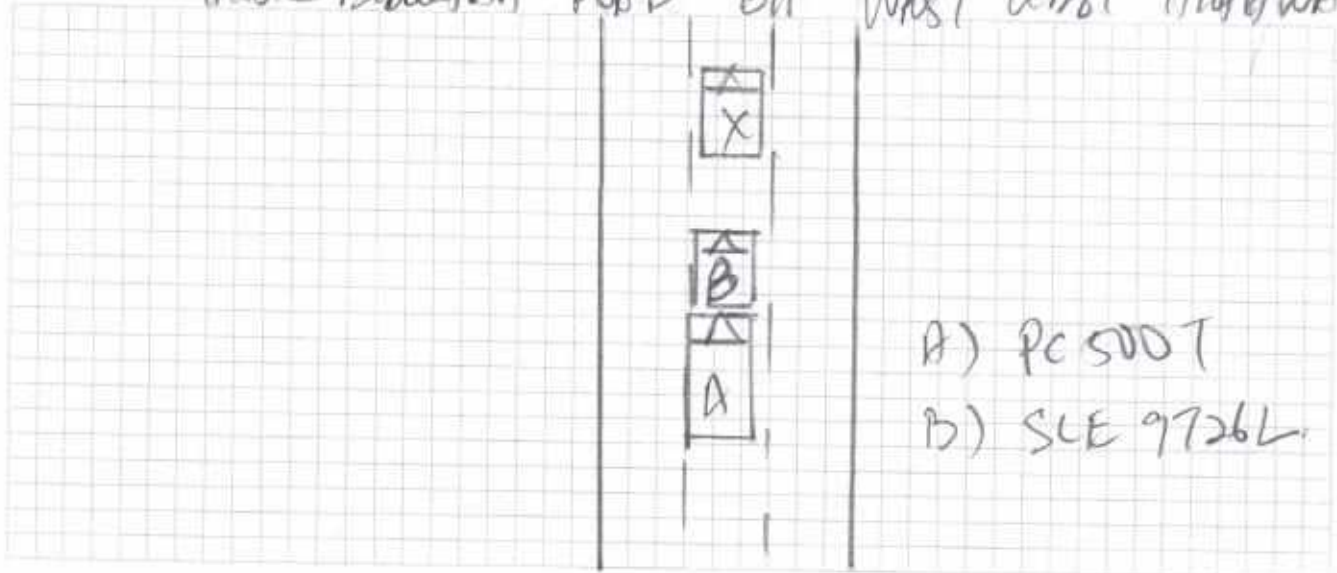
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

TRUCK BLANKET ROAD BLF WEST LEAST HIGHWAY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 05/11/2019 AT ABOUT 18:55 HRS I WAS AT TRUCK BLANKET ROAD TOWARDS CITY I WAS AT THE CRK LANE & A CAR SLE 9726L JAM THE BRAKE & I COULD NOT REACT ON TIME & HIT THE REAR OF THE SAID CAR THAT ALL.

DECLARATION

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



Policyholder's Signature  
Date & Time:

Driver's Signature 16:55  
(If driver is not the policyholder)  
Date & Time:

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

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 5 / 11 / 2019 ) (DD/MM/YYYY), TIME: ( 18 : 55 ) (HH:MM)

LOCATION: Telok Blangah Rd before going up West coast highway

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC500T  
 b) INSURANCE COMPANY: NTUC Income  
 c) POLICY NUMBER: 5111888615-000013  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: Mercedes Benz 211CDI / 3665  
 f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
 g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
 h) PURPOSE OF USING AT ACCIDENT TIME: Working  
 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: EmL transport Service Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- d) NAME: Clarence aiah Wong gng gng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 944200556 CONTACT: 93842008  
 c) ADDRESS: Blk 124 km tang Rd 408-127

\* d) DATE OF BIRTH: ( 10 / 06 / 1999 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )  
 f) DATE OF DRIVING PASS: 05.1.16

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: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLE 9726L MODEL: Honda fit  
 e) DRIVER'S NAME: Loh Yany Jie  
 f) NRIC/FIN/PASSPORT: 58431790B CONTACT: 9634 3775

No of passenger  
 (including driver)  
(1)

No of passenger  
 (including driver)  
( )

No of passenger  
 (including driver)  
(2)

Email = EmLtp06@gmail.com

VIDEO

## Claim Handling

Accident MT/1070276

Policy No.	5111888615	Vehicle No.	PC500T	GST Registrati
Certificate No.	5111888615-000013			
Policyholder Name	EML TRANSPORT SERVICE PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	93842408	Contact No.(Office)		Contact No.(Hi
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	06/11/2019 17:44	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/11/2019	Time of Accident hh:mm	18:55	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	TELOK BLANGAH ROAD B/F WEST COAST HIGHWAY			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00	
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver Is Cover
Additional Excess				
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	09/0
GST Registration No.	201003462H	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	141 MIDDLE ROAD	Address 2	#06-06 GSM BUILDING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5111886540	

## ▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	CLARENCE ALIETH WONG QING C	Driver NRIC	S9420055E	Driver DOB
Register Date of Driver License	05/01/2016	Driver Age	25	Driving Experie
Contact No.(Mobile)	93842408	Contact No.(Office)		Contact No.(Hi
Address 1	BLK 129 #06-127	Address 2	KTM TIAN ROAD	Address 3
Address 4	SINGAPORE 160129	Address Type	Foreign address	Post Code
Unit No.	08-127			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	PC500T	Driver Insurer

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	EM
Contact No.(Mobile)	92779277	Contact No. (Home)	
Email Address		O1 Vehicle Number	PC
Claim Description	PC500T / 5LE9726L ON 5 Nov 2019		
Preferred Workshop		Insured Liability	Fully at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	06/11/2019 17:51
			ROSLI WAHAB













Print AK letter

## Attachment

Accident No.	MT1070276	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	06/11/2019 17:53

Path *		Category *		Confider
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
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<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>
<input type="button" value="Message Read"/>				

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 17:53	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 17:53	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 17:53	Photos		Normal	Ph
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 17:52	Photos		Normal	Ph
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 17:52	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 17:52	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 17:52	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Nov 2019 17:52	SAS		Normal	S

▼ Video List

Uploaded By/Date	Folder Date	File Name	
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Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text" value="5111888615"/>	Date of Accident	<input type="text" value="05/11/2019 17:25"/>
Vehicle No. (For Motor)	<input type="text" value="PC500T"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5111888615	5111888615-000013	EML TRANSPORT SERVICE PTE. LTD.	201003462H	GFM	Comprehensive	PC500T	PC500T	13/08/2019	12/08/2020

## 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 : 5111888615-000013

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : PC500T  
Chassis Number : WDB90661325249322
  2. Name of Policyholder : EML TRANSPORT SERVICE PTE. LTD.
  3. Effective Date of Insurance : 13 Aug 2019
  4. Expiry Date of Insurance : 12 Aug 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 the carriage of passengers in connection with the Policyholder's business.  
(b) Limited to carry 14 passengers
- This Policy does not cover
- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE 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 : NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue : 13 Aug 2019 18:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.: 201003462H  
 Owner ID Type: Company  
 Owner Name: EML TRANSPORT SERVICE PTE. LTD.  
 Registered Address: 141 MIDDLE ROAD #06-06 GSM BUILDING SINGAPORE 188976  
 Mailing Address: -  
 Birth Date: -

### Vehicle Particulars

Vehicle No.: PC500T  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 08 Mar 2019  
 Original Regn Date: 17 Apr 2009  
 Registration Date: 17 Apr 2009  
 Year of Manufacture: 2007  
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus  
 Vehicle Scheme: Public Service Vehicle (Others)  
 Vehicle Attachment 1: Air-Conditioned  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: MERCEDES BENZ  
 Vehicle Model: 211CDI/3665  
 Primary Colour: White  
 Secondary Colour: -  
 Passenger Capacity: 14  
 Chassis No.: WDB9066132S249322  
 Engine No.: 64698551482993  
 Engine Capacity /Power Rating: 2148 cc / -  
 Maximum Power Output: -  
 Propellant: Diesel

Max Unladen Weight:	2400 kg
Maximum Laden Weight:	3350 kg
Open Market Value:	\$57,422.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	1
IU Label No.:	1550232466
COE No.:	2009050107000129W
COE Expiry Date:	16 Apr 2024
COE Category:	E - Open Category
COE Registration Category:	C - Goods Vehicle & Bus
Quota Premium (QP) / Prevailing Quota Premium:	\$7,326.00 / -
PQP Paid:	\$13,380.00
QP (Regn Cat):	\$7,302.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$7,326.00
Additional Registration Fee Rate:	5.00 %
Actual ARF Paid:	\$2,872.00
Vehicle Lifespan Expiry Date:	16 Apr 2029
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message:	This is a public service vehicle.