

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

NA119/5793

Date In: 28/11/2019 13:29	Job description	Date & Time Completed	Done by
Ref No: NA / 2109020744/Y	SAS e-filing		
Veh No: SKG 25094	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 22/11/2019 15:15	I-Motor Claim Form	MT1070667-001	23/11/2019
OD: (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		15:26
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SKM 7328K

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:

1) Apply for Transport Allowance (

)

/ Courtesy Car (

)

2) QC Check / Post Repair Inspection (

)

3) Upload Resurvey Photo [Repair Cost > \$3000] (

)

Injury:

Date/Time:

Action:

NA1908771

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Architect's Comments:

Ref: 1:

2/3

Item	Description	Amount	Remarks
1) AR: Accident Reporting	(330)		
2) DA: Damage Assessment	(5100)	INC (510)	
3) TP: Towing Fee		\$40/\$45	
4) PT: Follow-Through Survey		\$120	
5) PT: Follow-Through Survey (Resurvey)		\$30	
6) TR: Re-inspection		\$75	
7) NI: Idas DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
ON:			
*N5: Courtesy Car / Tpt Allowance		\$3	
*N6: Repair Co-ordination		\$10	
*N7: Post Repair Inspection		\$25	
*N8: DV / Collect Excess Coordination		\$3	
TE (Nil): TP (Nil) against INC		\$20	
9) N12: Idas 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	23/11/2019 13:29
Date Of Accident	22/11/2019 15:15
Exact Location Of Accident	KAKI BUKIT AVENUE 2 (AUTOHUB EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG2509U
Insured/Policyholder	
Name Of Registered Owner	MEANIE ENTERPRISE
Co Reg No	53111950E
Email Address	FRANKLINWONG@ABWIN.COM.SG
Mobile Phone No	(LOCAL) +65-96227798
Alternative Phone No	OFFICE-96227798

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS300 AUTO-3.0 (A)
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	5092066062-02
Cover Note Number	

Driver

Name of Driver	WONG YEN CHIN FRANKLIN
NRIC No	S8002832F
Date Of Birth	10/01/1980
Occupation	INDOOR
Date Of Driving Pass	08/10/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96227798
Fax Number	
Contact Number	OTHERS-96227798
Email Address	FRANKLINWONG@ABWIN.COM.SG

Address	BLK 174B EDGEDALE PLAINS #11-165
Postcode	822174
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
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)	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	SKN7328K
Vehicle Make/Model/Colour	JAGUAR XF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEI SON
NRIC/Passport Number	G2475709P
Contact Number	84023385
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WONG YEN CHIN FRANKLIN
------	------------------------

Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	SKG2509U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

23/11/2019

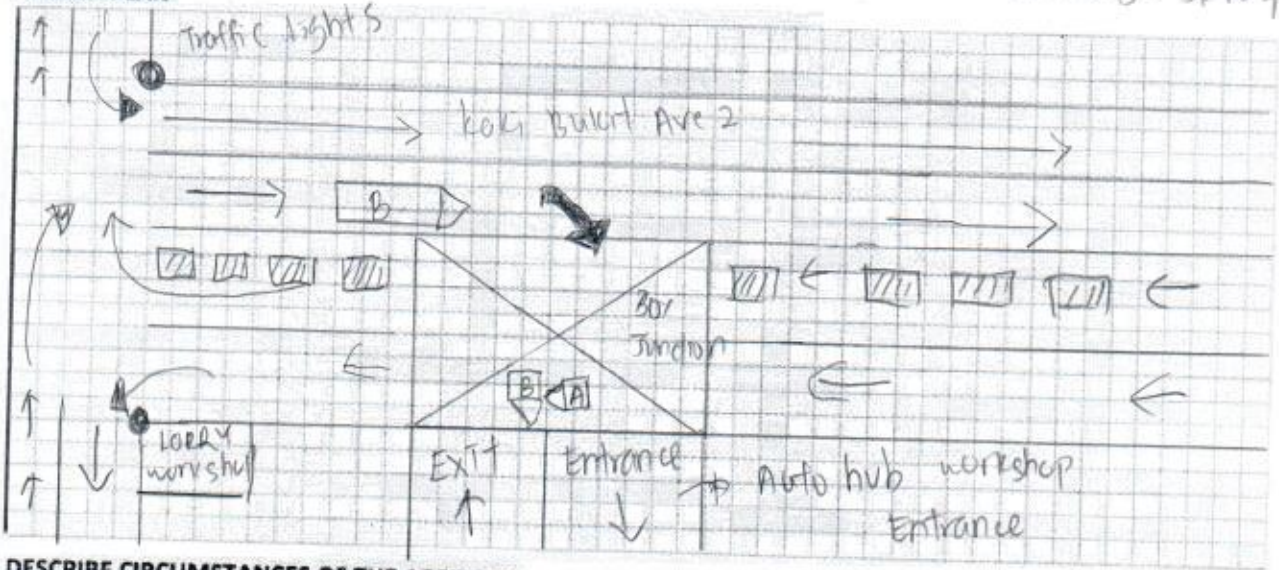
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

23/11/2019
Kos...
...

Vehicle A: SKG 25094
 Vehicle B: SKN 7328K

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Kaki Bukit Ave 2 on the left lane. Suddenly vehicle B, turning right to Auto hub hit onto my front. CAs my lane was clear ahead.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:
 23/11/2019



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

[Signature] 23/11/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: *[Signature]*

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 22/11/2019 Time 3:15 PM
 Exact Location Of Accident * Kaki Bukit Ave 2 (AutoHub Exit)

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SKG 2509 U

Insured / Policyholder

Name of Registered Owner * Meanie Enterprise
 NRIC/FIN/Passport Number * 5311950E

Vehicle Particulars

Manufacturer
 Model TOYOTA LEXUS GS300

Exact Purpose for which vehicle was being used at time of accident

* Private use ☐ Commercial use ☒ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

* Yes ☐ No ☒ Others

If No, please state action to be taken

* Third Party Claim ☒ Reporting Only ☐

Vehicle Category

* Private ☐ Commercial ☒ Motorcycle ☐

Insurance Company

Name of Insurance Company * NTUC INCOME

Type of Coverage * COMPREHENSIVE

Fleet Policy Yes ☐ No ☒

Policy Number * 5UR399324

Cover Note Number

Driver

Name of Driver * WONG YEN CHIN

NRIC/FIN/Passport Number * 88002832E

Date of Birth * 10/01/1980

Occupation * Car Butler

Date of Driving Pass * 8/10/1998

Gender * Male ☒ Female ☐

Mobile Number * 96227798

Address * 174B Edgedale Plains
 #11-165 S(822174)

Email Address * franklin.wong@abwin.com.sg

Was driver an employee of the Insured's Company?

* Yes ☒ No ☐

If no, Relationship of the Driver with the Insured

*

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
General Information of the Accident		
Type of Accident	* <u>Collision Head to side</u>	
Weather Conditions	* Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>	
Road Surface	* Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Others <input type="checkbox"/>	
Other Information		
Was any body injured in the Accident?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Was any other material or property damaged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Details of Injured Persons		
Name	* <u>WONG YEN CHIN</u>	
Address	<u>BLK 174B EDEDALE PLAINS #11-165</u>	
Approximate Age	* <u>39</u>	
Injuries Sustained	* <u>Chest pain</u>	
If vehicle Occupants, state in which vehicle?		
Were seat belts worn?	* Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Details of Police Action		
Was the Accident reported to the Police?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, please state which Police Station		
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If Yes, against whom?		
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)		
Vehicle Registration Number	* <u>SKM 7328 K</u>	
Vehicle Make / Model / Colour	<u>Gold colour / Jaguar XF</u>	
Detail Of Properties		
Name of Driver	* <u>LIM WFI SON</u>	
NRIC/Passport Number	<u>G2475709 P</u>	
Contact Number	* <u>8402 3385</u>	
Email Address		
Address		
Insurance Company Name		
Nature of Damage		
Details Of Witness		
Name		
Phone Number		
Email Address		

Claim Handling

Accident MT/1072667

Policy No.	5110399324	Vehicle No.	SKG2509U	GST Registrati
Certificate No.				
Policyholder Name	MEANIE ENTERPRISE			Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading
Contact No.(Mobile)	96227798	Contact No.(Office)		Contact No.(H
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

▼ Accident Details

Report Date	23/11/2019 15:19	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	22/11/2019	Time of Accident hh:mm	15:15	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	KAKI BUKIT AVENUE 2 (AUTOHUB EXIT)			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	300.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	1100.00	Total TP Excess Applicable	0.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	23/11/2019 15:22:26 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	BLK 174B #11-165	Address 2	EDGEDALE PLAINS	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	11-165	Related Policy Number	5110399324	

▼ OT Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	WONG YEN CHIN FRANKLIN	Driver NRIC	S8002832F	Driver DOB
Register Date of Driver License	08/10/1998	Driver Age	39	Driving Experi
Contact No.(Mobile)	96227798	Contact No.(Office)		Contact No.(H
Address 1	BLK 174B #11-165	Address 2	EDGEDALE PLAINS	Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.	11-165			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKG2509U	Driver Insurer

Declaration

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

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ME
Contact No.(Mobile)	96227798	Contact No. (Home)	
Email Address		OT Vehicle Number	SK
Claim Description	SKG2509U / SKM7328K ON 22 Nov 2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			

Print AK letter

Save

Submit

Attachment

Accident No.

HT/1672667

Claim No.

001

Last Doc. Received

* Yes

No

Upload Date

23/11/2019 15:26

Path

Category

Confider

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:26	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:26	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:26	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:26	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:26	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:25	Photos		Normal	Phc
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:25	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:25	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:25	Photos		Normal	Phc
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:25	NRIC/ Driving License	Y	Normal	NRIC/ Driv
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 23 Nov 2019 15:25	SAS		Normal	Sr

Video List

Uploaded By/Date	Folder Date	File Name	?
<div><div>Display in New Window</div><div>Scan and uploading</div></div>			

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: 5110399324

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SKG2509U**
Chassis Number : JTHBH96S305057499
2. Name of Policyholder : MEANIE ENTERPRISE
3. Effective Date of Insurance : 13 Jun 2019
4. Expiry Date of Insurance : 12 Jun 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.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: ABWIN 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 : ABWIN PTE LTD (00000614234)
Date of Issue : 13 Jun 2019 11:37 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. :	53111950E
Owner ID Type :	Business
Owner Name :	MEANIE ENTERPRISE
Registered Address :	APT BLK 174B EDGEDALE PLAINS #11-165 SINGAPORE 822174
Mailing Address :	-
Birth Date :	-

Vehicle Particulars

Vehicle No. :	SKG2509U
Previous Vehicle No. :	-
Effective Date of Ownership :	18 Jun 2019
Original Regn Date :	18 Mar 2008
Registration Date :	18 Mar 2008
Year of Manufacture :	2007
Vehicle Type :	Passenger (Co) Company Car (Single Rate)
Vehicle Scheme :	-
Vehicle Attachment 1 :	No Attachment
Vehicle Attachment 2 :	-
Vehicle Attachment 3 :	-
Vehicle Make :	TOYOTA
Vehicle Model :	LEXUS GS300 AUTO
Primary Colour :	Blue
Secondary Colour :	-
Passenger Capacity :	4
Chassis No. :	JTHBH96S305057499
Engine No. :	3GR0224500
Engine Capacity / Power Rating :	2995 cc / -
Maximum Power Output :	183.0 kW (245 bhp)
Propellant :	Petrol
Max Unladen Weight :	1660 kg
Maximum Laden Weight :	2125 kg
Open Market Value :	\$52,307.00
PARF Eligibility :	Forfeited
PARF Eligibility Expiry Date :	-
Minimum PARF Benefit :	-
No. of Transfers :	3
IU Label No. :	1121790413
COE No. :	2008020107000291N
COE Expiry Date :	30 Nov 2027
COE Category :	E - Open Category
COE Registration Category :	B - Car (1601cc & above)
Quota Premium (QP) / Prevailing Quota Premium :	\$15,601.00 / -
PQP Paid :	\$50,168.00
QP (Regn Cat) :	\$15,989.00
OPC Cash Rebate Eligibility :	No
QP during COE Bidding Exercise :	\$15,601.00
Additional Registration Fee Rate :	110.00 %
Actual ARF Paid :	\$57,538.00
Vehicle Lifespan Expiry Date :	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-
Message :	To renew the COE, the Prevailing Quota Premium payable is that of Category B.

Print

OK

Save as PDF