

# NATIONAL Assessment Centre Services.

Part 1 Jan 03

MA 119156814

Date In: 27/11/19 16:04	Job description	Date & Time Completed	Done by
Ref No: NA1AIG19021016164	SAS e-filing		
Veh No: SME 3821Y	E-mail (within 3hrs, AIC 2hrs)		
TPA: 26/11/19 15:30	I-Motor Claim Form		
(1) <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJ2 4055K	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: ( )

Remarks:	INC ( ) / Non-INC ( )
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Action

MA1908923	Invoice Particulars	Amount (\$)	Balance (\$)
Driver/Owner:	1) ALT: Accident Reporting (\$30)	30.00	
Contact No:	2) DA: Damage Assessment (\$100)	100.00	
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)	40.00	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey (\$120)	120.00	
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) (\$30)	30.00	
Adm.:	For claiming against INC Only (ref 10 Jan 2003)		
	6) TR: Re-Inspection (\$75)	75.00	
	7) NI: Idas DA + SMRT Survey (\$160)	160.00	
	8) NTUC Additional Services:		
	Q12:		
	*NS: Courtesy Car / Tpl Allowance	55	
	*NG: Repair Coordination	510	
	*NJ: Post Repair Inspection	525	
	*NB: DV / Collect Excess Coordination	55	
	TP (N11): TP (Non INC) against INC	520	
	9) 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	27/11/2019 16:04
Date Of Accident	26/11/2019 15:30
Exact Location Of Accident	BUKIT TIMAH RD U-TURN INTO DUNEARN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3821Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994018
Cover Note Number	

### Driver

Name of Driver	JOEY FUNG BOON KIM(JOEY FANG WENJIN)
NRIC No	S7320648J
Date Of Birth	19/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2002
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97973821
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 185C WOODLANDS ST 13 #18-655
Postcode	733185
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	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)	3
Passenger 1	NAME: : NANCY GENDER: : FEMALE
Passenger 2	NAME: : SRI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191126/2152

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ4055K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR



## 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.



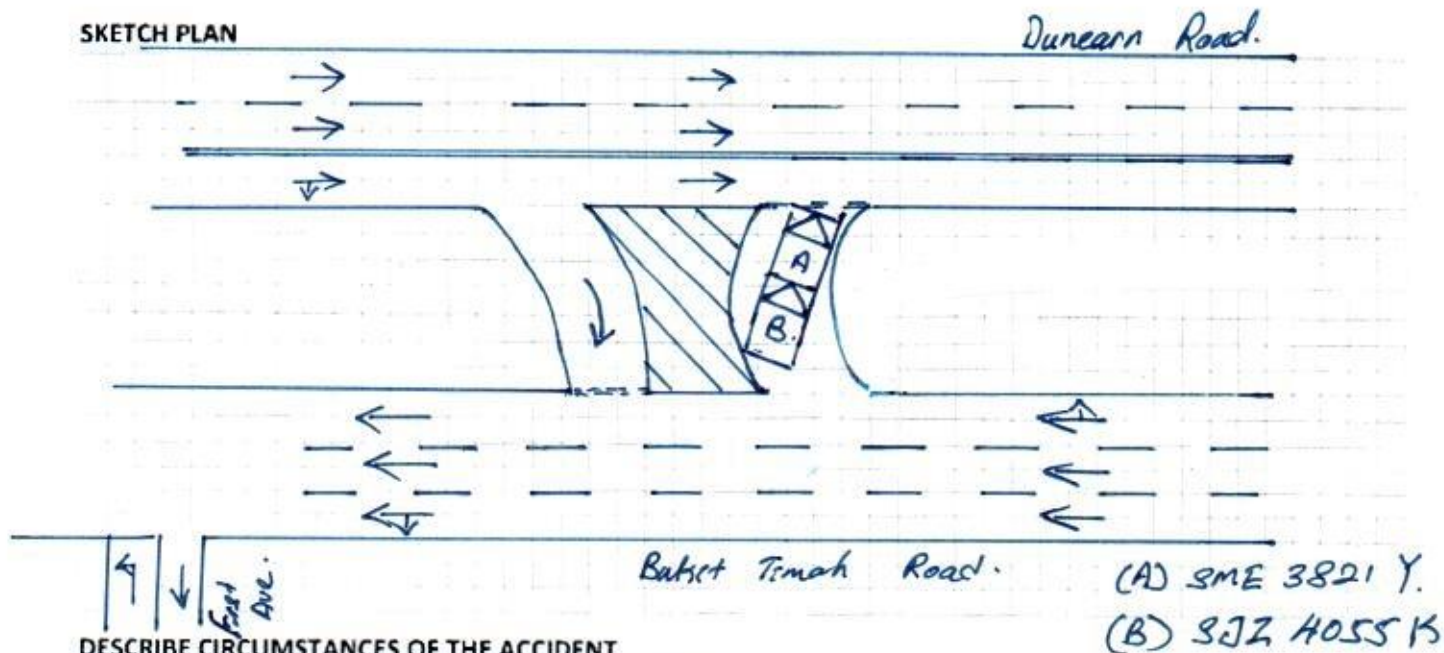
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



(A) SME 3821 Y.  
(B) SJZ 4055 K

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/11/19 at @1530hrs, I was travelling in my vehicle (SME 3821 Y) along Buket Timah Road before First Ave on the extreme right lane. I signal right and slow down to make a U-turn into Dunearn Road. When I was in the slip road, I slow down and stopped to check for traffic on the main road. Suddenly, a car (SJZ 4055 K) from behind collided onto the rear portion of my vehicle.

## 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.:



Vehicle No.	SME 3821 Y	Model / Make	Honda Shuttle.
Date of Accident	26 / 11 / 19.		
Time of Accident	1530 HRS		
Location of Accident	Bukit Timah Road U-turn Into Duncan Road.		
Exact purpose use during accident	Chauffeur.		
Name of Owner	Twincar Leasing Pte Ltd.		
Telephone No.	H/P: 8380 2233	Home:	Office:
NRIC	201533046 C.		
Address	2, Kaki: Bukit Ave 2 #01-17, Kaki: Bukit Autohub (S) 417921		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	AIG.		
Type of Coverage	<u>Comprehensive</u> Third Party Third Party / Fire / Theft		
Policy No.	999994018.		
Name of Driver	As Above If No, Joey Fung Boon Kim.		
NRIC	S7320648 J	Any Passengers:	02 (F).
Date of birth	10/06 / 1973.		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	02 / 12 / 2012.		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 99973821	Home:	Office:
Address	84K 185C Woodlands St 13 #18-655 (S) 733185.		
Driver have any own vehicle	<u>No</u> If yes, Reg No.		
Relationship	Employee, If no, state <u>Driver</u> .		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	① Joey Fung Boon Kim (H/P: 99973821)		
Name And Contact No.	② Nancy (H/P: 96821700) ③ SRI (H/P: 81699957)		
Police Report	No, <u>If Yes, Where?</u> Boon Teck NPP		
Vehicle B No.	SJZ 4055 K.	Any Passengers:	N.A.
Name of Driver		Contact No.:	
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	N.A.	Witness Contact:	N.A.
Accident Portion	Rear Portion.		
Camera Recorder	<u>Yes</u> / No		
Email Address	boonkim73TH@gmail.com.		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		





# SINGAPORE POLICE FORCE



T/20191126/2152

1 of 4

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20191126/2152

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/11/2019 19:10	Vide Report No.:	Station Diary No.: 48
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**Informant's Particulars**

Name of Informant: JOEY FUNG BOON KIM			Address: APT BLK 185C WOODLANDS STREET 13 #18-655 SINGAPORE 733185		
ID Type / ID No.: NRIC NO / S7320648J			Contact No.: Home/Office: Mobile: 97973821		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 19/06/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2019 15:30	Type of Location: Bend
Location: Along Road 1 BUKIT TIMAH ROAD				
U-turn road to Dunearn Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SJZ4055K	Car					0
SME3821Y	Car					2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191126/2152

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Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20191126/2152

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HO WAI FOONG BENJAMIN	ID No.	S8935172C
Related Vehicle	SJZ4055K (Car)	Contact No.	83387988
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
<b>Driver</b>			
Name	JOEY FUNG BOON KIM	ID No.	S7320648J
Related Vehicle	SME3821Y (Car)	Contact No.	97973821
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	26/11/2019	Date Discharge	26/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Passenger</b>			
Name	NANCE	ID No.	NIL
Related Vehicle	SME3821Y (Car)	Contact No.	96821700
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
<b>Passenger</b>			
Name	SRI	ID No.	NIL
Related Vehicle	SME3821Y (Car)	Contact No.	81699957
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





**SINGAPORE  
POLICE FORCE**



T/20191126/2152

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

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Report No. T/20191126/2152

**CONTINUATION OF REPORT**

**Brief Details.**

On 26/11/2019 at about 1530hrs, I was travelling in my vehicle, SME3821Y along Bukit Timah Road on the extreme right lane. I signal right and slow down to make a U-turn into Dunearn Road. While I entered the slip road, I slowed down and stopped my vehicle to check for incoming vehicle along Dunearn Road. Suddenly, I felt an impact from the rear and realized one vehicle, SJZ4055K had collided onto my vehicle's rear. No traffic police or ambulance attended to us. We had came down and exchanged particulars and took photo of the accident site. I have two passengers in my vehicle and one of them, Nance informed that she was feeling dizzy and will be seeking medical treatment at a later time. After which, we have left the accident site and I then brought my passengers to their destination. At about 10minutes later after I left the location, I felt uncomfortable as such I went to seek medical treatment at Mount Alvernia and was given 5 days MC.





**SINGAPORE  
POLICE FORCE**



T/20191126/2152

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Report No. T/20191126/2152

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Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

**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:

E /

Sr Staff Sgt TAN MENG SENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/11/2019 19:10

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 62

Authentication Stamp

NP168

 <b>SINGAPORE POLICE FORCE</b> <small>SAFEGUARDING EVERY DAY</small>	
SIGNATURE	





HOTLINE TEL: (65) 6419-3000

## 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) AND ROAD TRANSPORT (AMENDMENT) ACT 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SME3821Y	POLICY EXCESS	REFER TO ITEM 5		
POLICY NO.	999994018	WINDSCREEN EXCESS	SS\$100.00		
1) VEHICLE REGISTRATION NO.		SUM INSURED	Market Value		
2) NAME OF INSURED		INSURING WITH COE/PARF	YES		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SME3821Y			
4) DATE OF EXPIRY OF INSURANCE		TWINCAR LEASING PTE LTD			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		19 October 2019			
		18 October 2020			
Any person who is driving on the Insured's order or with their permission. SS\$1,500.00 Section I & SS\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience. An additional section II excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore. Repair has to be carried out at AIG appointed list of workshop or Manufacturer workshop within 3 years warranty. Approved N-51 Automotive Pte Ltd to be your accident claim reporting center base on condition that all claim matters do not involving in any lawyer services.					
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) and Road Transport (Amendment) Act 2019, 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 26 Sep 2019

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117

61 Ubi Avenue 2

#08-04A Automobile Megamart

Singapore 408898

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC



## Register New Vehicle (Acknowledgement)

### Vehicle Particulars

Vehicle No.:	SME3821Y		
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HONDA	Vehicle Model:	SHUTTLE HYBRID 1.5 AUTO
Chassis No.:	GP72000634	Engine No.:	LEB7100968
Motor No.:	H13800734	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	4
Engine Capacity:	1496 cc	Power Rating:	22.0 kW
Maximum Power Output:	101.0 kW ( 135 bhp )		
Unladen Weight:	1190 kg	Maximum Laden Weight:	1465 kg
Primary Colour:	Blue	Secondary Colour:	-
First Registration Date:	27 Dec 2018	Original Registration Date:	27 Dec 2018
Manufacturing Year:	2018	Open Market Value:	\$22,712.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,898.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$2,712.00 (140%)
Actual ARF Paid:	\$13,797.00		

### 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