

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NR04200026463

Date In: 28/01/2020 N.Y.	Job description	Date & Time Completed	Done by
Ref No: NR04200033884	SAS e-illing		
Veh No: FBE 2634	E-mail (w/John 3hrs, AIC 2hrs)		
D.O.A: 25/01/2020 15:40	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wk32		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBB 75136	INC () / Non-INC ()
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES () / NO ()	
Excess: (\$	) Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

() 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: _____

NR0001710	1) All Accident Reporting (\$30)	INC (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)	\$75
Tel 1:	6) TR: Re-inspection	\$160
2/3:	7) NI: Idas DA + SMRT Survey	
	8) NTUC Additional Services:	
	OD:	
	• NS: Courtesy Car / Tpt Allowance	\$3
	• NS: Repairs Coordination	\$10
	• NT: Post Repair Inspection	\$25
	• NS: DV / Collect Losses Coordination	\$3
	• TP (Nil) / TP (Nil INC) against W-45	\$20
	2) NTUC Idas Mobile	\$0
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	28/02/2020 17:57
Date Of Accident	25/02/2020 15:40
Exact Location Of Accident	JUNCTION OF BIRCH ROAD AND SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE263H
Insured/Policyholder	
Name Of Registered Owner	SOFIAN BIN ISMAIL
NRIC No	SXXXX841D
Email Address	PUREDARK83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82361694
Alternative Phone No	HOME-82361694
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135-135CC
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-406001-CA
Cover Note Number	
Driver	
Name of Driver	SOFIAN BIN ISMAIL
NRIC No	SXXXX841D
Date Of Birth	22/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2008
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82361694
Fax Number	
Contact Number	HOME-82361694
Email Address	PUREDARK83@GMAIL.COM

Address	BLK 117 CLEMENTI STREET 13 #15-83
Postcode	120117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200226/2106

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	GBB7513G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	91316971 (EMPLOYER)
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SOFIAN BIN ISMAIL

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE263H

Were seat belts worn?

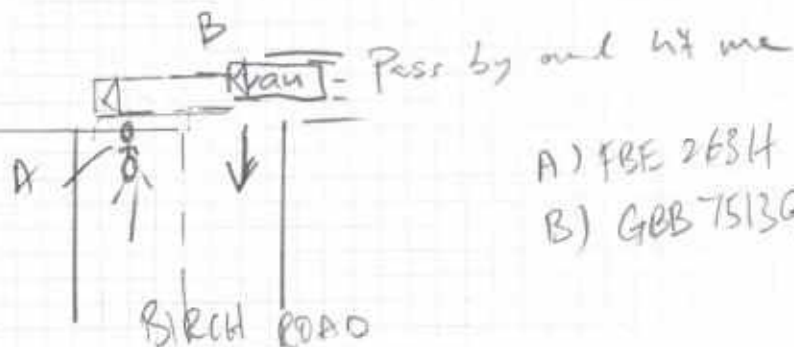
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

SHANAGHOO ROAD



A) FBE 26814
B) GEB 7513G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200226/2106

DECLARATION

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

Policyholder's Signature
Date & Time:

28/2

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

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

28/01/2020
Rahli Lim Hooi



**SINGAPORE
POLICE FORCE**



T/20200226/2106

1 of 3

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20200226/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 17:12	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: SOFIAN BIN ISMAIL		Address: APT BLK 117 CLEMENTI STREET 13 #15-83 SINGAPORE 120117	
ID Type / ID No.: NRIC NO / S8331841D		Contact No.: Home/Office:	Mobile: 82361694
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 22/08/1983	Type of Informant: Rider
Race: Boyanese		Language: English	Institution / School Name:
Occupation: DELIVERYMAN		Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 25/02/2020 15:40	Type of Location: Straight Road
Location: Along Road 1 BIRCH ROAD SERANGOON ROAD JUNCTION OF BIRCH RD AND SERANGOON ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE263H	Motorcycle	YAMAHA	T135	Red	Seriously Damaged	0
GBB7513G	Van				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE263H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19406001	31/10/2019	30/10/2020



**SINGAPORE
POLICE FORCE**



T/20200226/2106

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

2 of 3

Report No. T/20200226/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SOFIAN BIN ISMAIL	ID No.	S8331841D
Related Vehicle	FBE263H (Motorcycle)	Contact No.	82361694
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 25 February 2020 at about 3:40pm, I was riding my motorcycle bearing registration number FBE263H along Birch road. As I reached the junction of Birch Rd and Serangoon Rd, I stop my motorcycle at the stop line while waiting for the traffic to stop so that I can turn left into Serangoon road. As I was stationary on my motorcycle at the stop line junction, out of a sudden one silver colored van coming from the right along Serangoon road came too close to my motorcycle and collided into the front wheel.

The collision threw me off balance causing me to fall off my motorcycle. My motorcycle was thrown to the ground as a result of the impact. Subsequently, the driver stepped out of the vehicle and made a check on me.

He accused me and said that it was my fault. The driver is not a Singaporean. It was a foreign worker. I gave my details to the driver however the driver did not exchange particulars. He told me to speak to his company/ supervisor and he wanted me to settle it privately however I refused. His company's van registration number is GBB 7513G. Shortly the driver left the location.

As a result of the collision, my motorcycle was seriously damaged. The fork and front wheel was misaligned and it could not move at all. There were only graze marks on the left side of the van where it collided into my front wheel. I wish to state that as a result of the accident, I suffered pains on my left leg due to the fall.

After the accident I have been contacting the driver but he kept avoiding me. His handphone number is 93769613. His supervisor number is 91316971.



**SINGAPORE
POLICE FORCE**



T/20200226/2106

3 of 3

Report No. T/20200226/2106

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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 MUHAMMAD OSMAN BIN OMAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/02/2020 17:12

Classification Of Case:

SIGNATURE

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:

28/2

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/2/2020

ACCIDENT STATEMENT

ACCIDENT DATE: 24.02.2020 (DD/MM/YYYY), TIME: 17:12 (HHMM)

LOCATION: Birch Rd Serangan Road Junction of Birch Rd

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: PBE 263H
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MED-VMS/19-406001-CA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working Grab
 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: Sofian Bin Ismail (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 8331841D CONTACT: 82361694
 c) ADDRESS: BLK 117, Crescent Ct 13 H15-83

* CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Sofian Bin Ismail (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 8331841D CONTACT: 82361694
 c) ADDRESS: As Above

* d) DATE OF BIRTH: 22/09/83 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 8331841D

f) DATE OF DRIVING PASS

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:

BLK 60 Dakota Crescent

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: G7BB7513G MODEL: Van
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT: 91316971

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

Employer

email: puredark83@gmail.com
 V1060

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8331841D**

Name: **SOFIAN BIN ISMAIL**

Birth Date: **22 Sep 1983**

Issue Date: **19 Jul 2014**

002326691F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8331841D**

Name: **SOFIAN BIN ISMAIL**

Race: **BOYANESE**

Date of Birth: **22-09-1983**

Country of Birth: **SINGAPORE**

Sex: **M**

AP

can no one else




YOU ARE ELIGIBLE TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 2B: Motorcycles up to 250 CC

Class 3A: Motorcycles between 251 CC and 400 CC

22 Sep 2014

28 Nov 2015

Head Office: 309, Chang Road 3, 309, Tel: (65) 6742 0770 Fax: (65) 6742 0250

Tan Guan Road East #01-35 S'pore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0779

Blk 36 Tan Guan Road East #01-35 S'pore 608580 Tel: (65) 6742 0770 Fax: (65) 6742 0250

Blk 3007 #01-436 Tan Road 1, S'pore 608701 Tel: (65) 6744 0770 Fax: (65) 6742 0250

Website: www.asphoon.com Email: Enquiry@asphoon.com

A. S. PHOON PTE LTD

潘發展私人有限公司

潘發展私人有限公司

A. S. PHOON PTE LTD

Head Office: 309, Chang Road 3, 309, Tel: (65) 6742 0770 Fax: (65) 6742 0250

Ubi: Blk 3007 #01-436 Tan Road 1, S'pore 608701 Tel: (65) 6744 0770 Fax: (65) 6742 0250

Tan Guan Road East #01-35 S'pore 608580 Tel: (65) 6515 0770 Fax: (65) 6515 0779

Website: www.asphoon.com Email: Enquiry@asphoon.com

AP

Date of Issue: **28-10-2011**

Address: **APT BLK 117 CLEMENTI STREET 13 #15-03 SINGAPORE 120117**



CA 532888



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)
 4 Shenton Way, # 21-01, SGA Centre, Singapore 068907
 Tel: +65 6827 7888, Fax: +65 6827 7800
 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
 The Motor Vehicles (Third-Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
 The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1988 (Malaysia) (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMS/19-406001-CA A0074-001/10223

SUM INSURED : PKV

EXCESS : \$300(FIRE&THEFT) \$600(END 2K)

1. Index mark and Registration Number of Vehicle FBE263H

2. Name of Policyholder YAMAHA 135 c.c.
 SOFIAN BIN ISMAIL

3. Effective date of the Commencement of Insurance
 for the purposes of the Act

0243PM 31/10/2019

4. Date of Expiry of Insurance

30/10/2020

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for any purpose in connection with the Motor Trade.

* Limitations rendered imperative by Section 4 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) or any Amendment, Act or Acts passed in substitution thereof.

COMMERCIAL AGENCY PTE. LTD.
 Writing Agent
 For MSIG Insurance (Singapore) Pte. Ltd.

31/10/2019 (CG)
 CA532888

Enquire Vehicle Registration Details

Owner Particulars	
NRIC/Passport/Company Cert No.:	S8331841D
Owner ID Type:	Singapore NRIC
Owner Name:	SOFIAN BIN ISMAIL
Registered Address:	APT BLK 117 CLEMENTI STREET 13 #15-83 399 SINGAPORE 120117
Mailing Address:	-
Birth Date:	22 Sep 1983
Vehicle Particulars	
Vehicle No.:	FBE263H
Previous Vehicle No.:	-
Effective Date of Ownership:	31 Oct 2019
Original Regn Date:	19 Oct 2009
Registration Date:	19 Oct 2009
Year of Manufacture:	2009
Vehicle Type:	Passenger Motorcycle/Autocycle/Moped
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	Red
Secondary Colour:	-
Passenger Capacity:	1
Chassis No.:	5YP301318
Engine No.:	5YP301318
Engine Capacity / Power Rating:	135 cc / -
Maximum Power Output:	-
Propellant:	Petrol
Max Unladen Weight:	101 kg
Maximum Laden Weight:	0 kg
Open Market Value:	\$1,763.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	3
IU Label No.:	714606300
COE No.:	2009100106000784G
COE Expiry Date:	30 Sep 2029
COE Category:	D - Motorcycle
COE Registration Category:	D - Motorcycle
Quota Premium (QP) / Prevailing Quota Premium:	\$900.00
PQP Paid:	\$3,571.00
QP (Regn Cat):	\$900.00
QPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$900.00
Additional Registration Fee Rate:	15.00 %
Actual ARF Paid:	\$265.00
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 D.

Print

OK

Save as PDF