

NATIONAL Assessment Centre Services

Date In: 07/03/20	Job description	Date & Time Completed	Done by
Ref No: NA/AIG20003708/13	SAS e-filing		
Veh No: 5MS5642K	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 06/03/20 1715	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (N-51 Tel: Fax:)

TP Particulars: Veh No: GBB513C 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)

Remarks:-	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

Date/Time	Actions

NA2001898 Invoice Preparation Checklist

		Amt (\$) 1st Bill	Amt (\$) Add Bill	
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
Auditors' Comments :-	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non-INC) against INC	\$20		
Cat. 1:	9) N12: Idac Mobile	\$0		
Cat. 2 / 3:	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	07/03/2020 14:30
Date Of Accident	06/03/2020 17:15
Exact Location Of Accident	ALONG PIE TWDS TUAS B4 CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS5642K
Insured/Policyholder	
Name Of Registered Owner	CAI LI
NRIC No	SXXXX873A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92265677
Alternative Phone No	OTHERS-92265677

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	2070030766
Cover Note Number	

Driver

Name of Driver	CAI LI
NRIC No	SXXXX873A
Date Of Birth	20/01/1988
Occupation	INDOOR
Date Of Driving Pass	08/11/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92265677
Fax Number	
Contact Number	OTHERS-92265677
EMail Address	NOEMAIL

Address	104 WOODLANDS AVE 5 #07-10
Postcode	739012
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	CHAIN COLLISION
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	3
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)	5
Passenger 1	NAME: : CAI XUANYUE GENDER: : MALE
Passenger 2	NAME: : WONG ZIXUAN,JUSTIN GENDER: : MALE
Passenger 3	NAME: : WONG ZIHAN,JOEL GENDER: : MALE
Passenger 4	NAME: : GAN GUIMEI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200307/7004

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB513C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD5774B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CAI LI
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? SMS5642K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CAI XUANYUE
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? SMS5642K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name WONG ZIXUAN,JUSTIN
Approximate Age
Injuries Sustain SERIOUS

Injured person in which vehicle?	SMS5642K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	GAN GUIMEI
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SMS5642K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	WONG ZIHAN,JOEL
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMS5642K
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.

x

蔡丽

Policyholder's Signature
Date & Time:

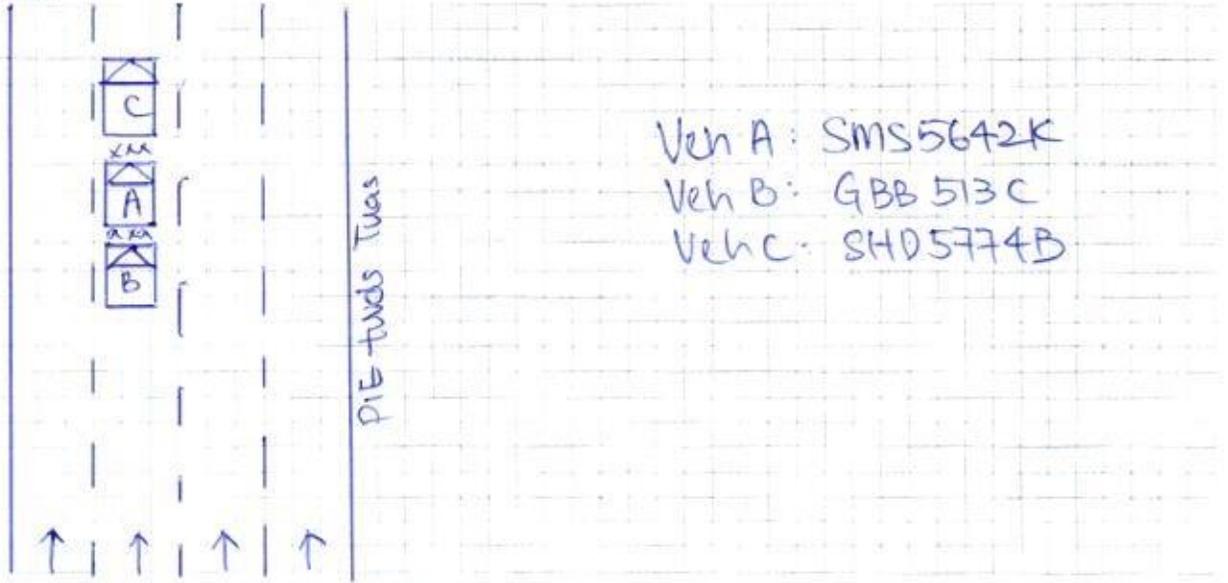
蔡丽

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

sym 07/03/20

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

SKETCH PLAN



Veh A: SMS5642K
 Veh B: GBB 513C
 Veh C: SHD5774B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SMS5642K) traveling along PIE tuds Tuas on third lane of a 4-lanes, road. Somewhere before Clementi Road exit, vehicle C (SHD5774B) ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (GBB513C) came from rear and collided directly onto the rear portion of my vehicle. After accident, I alighted and realised I was involved in a 3 car chain accident.

DECLARATION

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

2 蔡丽
 Policyholder's Signature
 Date & Time:

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

lyun 07/03/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200307/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2020 11:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CAI LI		Address: 104 WOODLANDS AVENUE 5 #07-10 SINGAPORE 739012	
ID Type / ID No.: NRIC NO / S8855873A		Contact No.: Home/Office:	Mobile: 92265677
Nationality: SINGAPORE CITIZEN		Email: cailim873a@gmail.com	
Sex: Female	Age: 32	Date of Birth: 20/01/1988	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TEACHER		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2020 17:15	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
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
GBB513C	Van			White		0
SHD5774B	Car		TAXI			0
SMS5642K	Car	TOYOTA	VIOS	Red	Seriously Damaged	4

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS5642K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	AIG	26/02/2020	25/02/2021



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CAI LI	ID No.	S8855873A
Related Vehicle	SMS5642K (Car)	Contact No.	92265677
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	06/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Passenger			
Name	CAI XUANYUE	ID No.	G1586429Q
Related Vehicle	SMS5642K (Car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Passenger			
Name	WONG ZIXUAN, JUSTIN	ID No.	NIL
Related Vehicle	SMS5642K (Car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	06/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Passenger			
Name	WONG ZIHAN, JOEL	ID No.	NIL
Related Vehicle	SMS5642K (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: ,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	GAN GUIMEI	ID No.	NIL
Related Vehicle	SMS5642K (Car)	Contact No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	06/03/2020	Date Discharge	06/03/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On above date & time, I was driving my vehicle A (SMS5642K) traveling along PIE twds Tuas on third lane of a 4-lanes, expressway. Somewhere before Clementi Road Exit, vehicle C (SHD5774B) ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (GBB513C) came from rear and collided onto the rear portion of my vehicle. Due to the impact my vehicle was surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/03/2020 11:20

Classification Of Case:

Vehicle No.	SMS5642K	Model / Make	Toyota Vios
Date of Accident	6/3/2020		
Time of Accident	1715	HRS	
Location of Accident	Along PIE towards Tuas before Clementi Road		
Exact purpose use during accident	Private use		
Name of Owner	Cai Li		
Telephone No.	H/P : 92265677	Home :	Office :
NRIC	S8855873A		
Address	104 Woodlands Avenue 5 #07-10 S(739012)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	2070030766		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	4
Date of birth	20/1/1988		3(M) 1(F)
Occupation	Outdoor /	Indoor	
Driving License Pass Date	8/11/2016		
Gender	Male /	Female	
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	<input checked="" type="radio"/> No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	<input checked="" type="radio"/> Clear	Raining	Other
Road Surface	<input checked="" type="radio"/> Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Cai Li 92265677, Cai xuanjie, Gan Guimei		
Name And Contact No.	Wong Zi Han Joel, Wong Zixuan Justin		
Police Report	No,	If Yes, Where?	
Vehicle B No.	GBB 513C	Any Passengers :	-
Name of Driver		Contact No. :	
Vehicle C No.	SHD 5774B	Any Passengers :	2
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	Front & Rear portion		
Camera Recorder	<input checked="" type="radio"/> Yes / No with workshop		
Email Address	Cailim873a@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		



COVER NOTE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder	: CAI LI	Vehicle No.	:
Period of Insurance	: 26 Feb 2020 to 25 Feb 2021	Cover Note No.	: 2070030766
Engine No.	: 2NR5433344	Endorsement No.	:
Chassis No.	: MR2B23F3001202653	Issued Date	: 26 Feb 2020

ABOUT THE COVER

Make/Model	: TOYOTA VIOS 1.5	Sum Insured	: Market Value	First Year of Registration	: 2020
Engine Capacity/Tonnage	: 1,496.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

Person 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.
- This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1600cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
CAI LI - \$800 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128482 Tel: 6631 1188
 2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688
- For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504667211
 INCHCAPE AUTO TOYOTA - BSTL024
 33 LENG KEE ROAD
 SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Fahrene Ismail

Register New Vehicle (Acknowledgement)**Vehicle Particulars**

Vehicle No.:	SM55642K	Vehicle Scheme:	Normal
Vehicle Type:	P10 - Passenger Motor Car	Vehicle Attachment 3:	-
Vehicle Attachment 1:	No Attachment	Vehicle Model:	VIOS 1.5 G (AUTO)
Vehicle Attachment 2:	-	Engine No.:	2NR5433344
Vehicle Make:	TOYOTA	Trailer Chassis No.:	-
Chassis No.:	MR2B23F3001202653	Passenger Capacity:	4
Motor No.:	-	Power Rating:	-
Propellant:	Petrol	Maximum Laden Weight:	1550 kg
Engine Capacity:	1496 cc	Secondary Colour:	-
Maximum Power Output:	79.0 kW (105 bhp)	Original Registration Date:	02 Mar 2020
Unladen Weight:	1100 kg	Open Market Value:	\$15,691.00
Primary Colour:	Red	Minimum PARF Benefit:	\$7,845.00
First Registration Date:	02 Mar 2020	Additional Registration Fee Rate:	First \$15,691.00 (100%)
Manufacturing Year:	2020		
PARF Eligibility:	Yes		
No. of Transfers:	0		
Actual ARF Paid:	\$15,691.00		

Owner Particulars

Owner Name:	CAI LI
Owner ID Type:	Singapore NRIC
Owner ID:	S8855873A
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	104
Registered Street Name:	WOODLANDS AVENUE 5
Registered Unit No.:	# 07 - 10
Registered Building Name:	-
Registered Postal Code:	739012
COE No. / Expiry Date:	2020030101001889Z / 01 Mar 2030
COE Bid Category:	A - Car up to 1600cc & 97kW (130bhp)
QP Paid:	\$32,999.00

Transaction Details

Business Transaction Ref. No.:	20200302083426524855
Business Transaction Date:	02 Mar 2020
Business Transaction Time:	08:34:26

Message

The above vehicle has been successfully registered.
Please note that \$39,251.00 will be deducted from your GIRO account.
The notification delivery date will be subject to validation of address with source agency.

OK Save as PDF