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Owner / Driver: (y lacy ;		Tel:		
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Confirmed by 1 (Dates,	Tline	and the second second second second	7
Insured/Driver Liability: (%)	[Note-Est Status (W		0%; P: 21-79%	P: 80-1007	<u>·</u>
Year of Registration: ()	Warranty: YES ()/NO()		
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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 witholding 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.
- 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 afcressid.

	ACCIDENT STATEMENT
Date Of Report	07/09/2020 14:17
Date Of Accident	04/09/2020 14:00
Exact Location Of Accident	ALONG AYE TOWARDS TUAS (7.9KM)
Country/State of Loss	SINGAPORE
A CONTRACTOR OF THE PROPERTY OF	DETAILS OF OWN VEHICLE

DETAILS OF OWN VEHICLE	į

Vehicle Registration Number PC9688B

Insured/Policyholder

Name Of Registered Owner HIN HUP BUS SERVICE LLP

Co Reg No TXXXXX775D

 Email Address
 HINHUP@SINGNET.COM.SG

 Mobile Phone No
 (LOCAL) +65-81411968

 Alternative Phone No
 OFFICE-81411968

Vehicle Particulars

Manufacturer KING LONG

Model XMQ6900K-6.7 (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 BUS

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5086584666-03

Cover Note Number

Driver

 Name of Driver
 SHI HU

 NRIC No
 GXXXX668R

 Date Of Birth
 11/11/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/02/2009

Driving Experience 11 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81411968

Fax Number

Contact Number OFFICE-81411968

EMail Address HINHUP@SINGNET.COM.SG

Address

BLK 169 STIRLING ROAD #11-49 STIRLING VIEW

Postcode

140169

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE

Type Of Accident Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03, POSTCODE: 149073, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200904/2133

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

GQ1360G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ONG CHIN CHUAN

NRIC/Passport Number

SXXXX875B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SH6821R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR. TEO

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHD4085M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

KUMAR

NRIC/Passport Number

Contact Number

96311140

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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)
 - (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
- 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.
- 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.:

ETCH PLAN				
	AS PAR	phoen		
	AS PRI			
ESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT	7/2020090	4/2133	
DECLARATION /We declare the loregoing partic	culars are true in every respect	<u>-</u>	/m/m	1
Policyholder's Signature Date & Times	Driver's Signature (If driver is not the polic Date & Time:	ybolder)	Reporting Centre Personn Name: NRIC/FIN No.:	el's Signature

Ship Kumar 46311140 SHD4085M BUS 0C9688B SH682 1R -taxi(GQ 1360G Ons Chin Chances 213718758

(gw 07/09/2022)

AJF2 7/9/20







1 of 3 Report No. T/20200904/2133

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2020 22:08		Vide Report No.: Station Diary No J/20200904/0100 101				
Informa	nt's Particu	ulars				
Name of SHI HU	Informant:		Address: APT BLK 169 STIRLING ROAD #11-49 STIRLING VIEW SINGAPORE 140169			
ID Type / ID No.: FIN NO / G6199668R			Contact No.: Home/Office:	Mobile: 81411968		
Nationality: CHINESE		Email:				
Sex: Male	Age: 48	Date of Birth: 11/11/1971	Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:			
Occupation: Bus Driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Date/Time of Drive: Accident: No 04/09/2020		Type of Location Straight Road
Location: AYER RAJAH	I EXPRESSWAY			
C222 3/202		Road Surface: Wet	19	Road Speed Limit:
Railling		Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Not Controlled		Heavy

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GQ1360G	Van					0
PC9688B	Bus/Coach/Mi nibus				Slightly Damaged	0
SH6821R	Taxi		150000			0
SHD4085M	Taxi					0





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

2 of 3 Report No. T/20200904/2133

Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	adestria	Cross	ring: NA
Driver	Participation of the	Part of the	000 011 0	ocotrial	101055	sing. IVA
Name	SHI HU			ID No		G6199668R
Related Vehicle	PC9688B (Bus/Coach/Minibus)			Conta	act No.	81411968
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 09/04/2020 at about 1400hrs, I was driving my company bus along AYE towards Tuas (7.9km). It was raining and the Traffic was heavy. I was driving along lane 3 and at that point of time, 1 van (GQ1360G) driving in Lane 1 hit onto a Taxi(SH6821R) in front of him and that Taxi hit onto another Taxi (SHD4085M) driving along in Lane 2. Due to the collusion and the impact, the van (GQ1360G) swerved till Lane 3 where I was driving and hit onto my Bus right side. After hitting, the van eventually stopped, facing opposite the incoming vehicles. Traffic Police and Ambulance were soon at scene. Few of them were conveyed to hospital. I was not injured and there were no passengers in my bus at that point of time. Due to the accident, my company bus had damages to the right side of the body. It was dented, broken and scratched.





3 of 3

Report No. T/20200904/2133

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

NP168

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: Signature Of Informant: Sr Staff Sgt VIGNESWARAN MEENATCHI SUNDARAM SHANMUGANATHAN Date/Time: Signature Of Interpreter: 04/09/2020 22:08 Not applicable Classification Of Case: Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066 Authentication Stamp

Claim Handling

Accident MT/1102509								
Policy No.	E086584666-03	Vehicle No.	PCHIAIR		GST Registration	ri No. 149	103631698	
Certificate No								
Policyholder Name	HIN HUP BUS SERVICE LLP				Policyholder NR	IC TO	96.07750	
Product Code	BUS INSURANCE	Cover Type	Comprehensive		Leading	-0		
Contact No.[Mobile]	81411968	Contect No.(Dirice)			Contact No. (Ho	mit)		
Email Address		Special Remark			eCode	No.	. v	
KEK	Nu res	TEA	No Yes		eCode Reason			
NCD Protection	Ne	NCD Entitlement(%)	311		Prisone rtine	No.		
Accident Details								
Report Date	07/09/2020 14:37	Accident Report Within 24 hrs	Yes		Accident Type	54	e Swipe	
Date of Accident	04/09/9020	Time of Accident his min	14:00		Country of Accu		gapore	
Reporting Centre		Ovange Force			ICM No.		gapere	
Accident Location	ALONG AVE TOWARDS TUAS (7.9KM)	527095.02025			A0477 (986)			
Total Excess Applicable								
Excess Type	Per Accident							
CACCOS (Spe	Per acodent	Windscreen Excess		500.00				
OD Standard Excess	3,000.00	TP Standard Excess		1,500.00				
YIED OD Excess	0.00	YIED TF Excess			30111111111111111111111111111111111111	W 823		
Additional Excess	4.00	THE IT EXCESS		0.00	Driver is Covere	E0)	veneg	
Total OD Evress Applicable		Total W. France Alexandri						
Benefits	3050.00	Total TP Excess Applicable		1,500.00				
GST Registered Informat	ion.							
GST Registered			Part and					
GST Registration No.	Yes M903b316WK			istration Date	Yes Yes	7/2009		
Modification History		om changed GST Status Verified from No			7.00			
Policyholder Mailing Add								
Address 1	1 QUEENSWAY	Address 2	#95-63 QUEENS	WAY SHOPPINE	Address 3	Sil	NGAPORE 14905	57
Address #		Address Type	Singapore addres	8	Post Code		9053	
Unit No.	05-63	Related Folicy Number	5052696344-08					
OI Driver Info								
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnarried driver Name	3HEHU	Driver NHIC	G6190668R		Driver (208)	11	(\$1/1975	
Register Data of Driver Deense	29/02/2009	Driver Age	40		Driving Expense			
Contact No.(Mohite)	81411068	Contact No.(Office)			Contact No.(Hur			
Address 1	BLK 169 #11:49	Address 2	STIRLING ROAD		Address 3	57	IALING VIEW	
Address 4	SINGAPORE 140169	Address Type	Foreign address		Pest Code	14	0169	
Unit No.	11-49							
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	PC9688B		Driver Insurer C	Company NT	DE:	
0.000.000.000.000.000.000.000.000								
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No					
Modification History								
ATTURA CONTRA MINISTRA								
Claim 601 New								
Claim 661 New								
				GD-MX	insured HIN	HUP BUS SERVICE LLP	Insured NRIC	T09LL0775D
Claim 661 New				processor and the second	Curtact	HUP BUS SERVICE LLP	NRIC	
Claim 661 New				GD-HX 96655373	No. (Home)	HUP BUS SERVICE LLP	NRIC Contact No. (Office)	T09LL0775D 64752548
Claim 991 New Claim Type * Confact No. (Mobile)				processor and the second	Curtact No. (Home)		NRIC Correct No. (Office)	64753548
Claim 661 New				processor and the second	Curtact No. (Home)	HUP BUS SERVICE LLP	NRIC Contect No. (Office) TP Vehicle Number	
Claim 991 New Claim Type * Confact No. (Mobile)				processor and the second	Curtact No. (Home) DI Velucle PC9 Number		NRIC Contect No. (Office) TP Vehicle Number Name of Preferred	64753548 GQ1380G
Claim 001 New Claim Type * Confact No. (Mobile) Email Address Claim Description Proferred				90615373	Curtact No. (Home) DI Velucle PC9 Number		NRIC Coresct No. (Office) TP Vehicle Number Name of	64753548 GQ1380G
Claim 901 New Claim Type * Confact No. (Mobile) Email Address Claim Description Préferred Workshop	Insured Liability Not at Fac	CALL.		96515373 PC96888 / GQ1368G ON	Curtact No. (Home) DI Velucle PC9 Number		NRIC Contect No. (Office) TP Vehicle Number Name of Preferred	64753548 GQ1380G
Claim 001 New Claim Type * Confact No. (Motive) Email Address Claim Description Preferred Workshop Besture via: Yes	Insured Lability Professed Professed Repair Option Insured Lability Not at Fac Preferred Wookshap,			96515373 PC96888 / GQ1368G ON	Curtact No. (Howe,) D1 Vehicle PC9 Vehicle Number		NRIC Connect No. (Office) TP Vehicle Name of Preferred Workshop	64753548 6Q1366G
Claim 901 New Claim Type * Confact No. (Mobile) Email Address Claim Description Préferred Workshop	₩ Repair Preferred Workship,	Same unknown . GIA Harmon		96515373 PC96888 / GQ1368G ON	Contact No. (Home) DI Vehicle PC9 Number 4 Sept 2020		NRIC Contect No. (Office) TP Vehicle Number Name of Preferred	64753548 6Q1366G
Claim 001 New Claim Type * Confact No. (Motive) Email Address Claim Description Preferred Workshop Besture via: Yes	₩ Repair Preferred Workship,	Same unknown . GIA Harmon	1	96515373 PC96888 / GQ1368G ON	Curriact No. (Home) D1 Velocle AC9 Number 4 Sept 2020		NRIC Correct No. (Office) TP Vehicle Number Name of Preferred Workshop	64753548 6Q13666
Claim 001 New Claim Type * Contact No. Mobile Email Address Claim Description Preferred Workshop Resister top Enalisation Yes Oaks Registered	₩ Repair Preferred Workship,	Same unknown . GIA Harmon		90515373 PC96888 / GQ1360G ON V	Curriact No. (Home) D1 Velocle AC9 Number 4 Sept 2020		NRIC Correct No. (Office) TP Vehicle Number Name of Preferred Workshop	64753548 6Q13666
Claim 001 New Claim Type * Contact No. Mobile Email Address Claim Description Preferred Workshop Resister top Enalisation Yes Oaks Registered	₩ Repair Preferred Workship,	Same unknown . GIA Harmon	I	90515373 PC96888 / GQ1360G ON V	Curriact No. (Home) D1 Velocle AC9 Number 4 Sept 2020		NRIC Correct No. (Office) TP Vehicle Number Name of Preferred Workshop	64753548 GQ1360G
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Video List

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THE SCHEDULE

Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number

5086584666-03

The Policyholder

HIN HUP BUS SERVICE LLP

1 QUEENSWAY

#05-63 QUEENSWAY SHOPPING CENTRE/QUEENSWAY TOWER

SINGAPORE 149053

Period of Insurance

: 03 Apr 2020 To 02 Apr 2021

Sum Insured

: Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss

Premium (inclusive GST)

: \$\$2,591.37

Interest insured

Cover Type

: Comprehensive

Make/Model

: KING LONG/XMQ6900K

Capacity

: 3.38 ton(s)

Number of Seater : 40

Registration Date : 03 Oct 2011

Registration Number

: PC9688B

Insure with COE

: No

Chassis Number Excess (Section I)

: S\$3,000

NCD Entitlement

: 20%

Excess (Section II)

: \$\$1,500

: LA6R1DSB9B8200558

Loyalty Discount

5%

Windscreen Excess

: SS500

Geographical Limit

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

Hire Purchase Company

· N/A

Memo A: N/A

Endorsement Operative : M3

Agency

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

: 10 Mar 2020 12:54 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

10 Sin Ming Drive Singapore 575701

Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

02 Dec 2016

Our ref 0212160501N052775536

HIN HUP BUS SERVICE LLP | QUEENSWAY #05-63 | QUEENSWAY SHOPPING CENTRE | SINGAPORE 149053

Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. PC9688B

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. The Business Transaction Reference No. is 20161202111433422221. You are the registered owner of the vehicle with effect from 02 Dec 2016.

The following are the key owner and vehicle particulars for the vehicle. The full particulars
are given at Annex A. Please check and ensure that the details are correct.

Name : HIN HUP BUS SERVICE LLP
 Identification No. Type : Limited Liability Partnership

Identification No. : T09LL0775D

4. Place Of Passport Issue :-

5. Vehicle No. : PC9688B

6. Vehicle Type : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
7. Vehicle Scheme : Dublic Scheme : Dublic Scheme

Vehicle Scheme : Public Service Vehicle (Others)
 Vehicle Make : VING LONG

Vehicle Make : KING LONG
 Vehicle Model : XMQ6900K
 Remarks : To word to go

10. Remarks : To renew the COE, the Prevailing Quota Premium payable is that of Category C. This is a public service vehicle.

venicle.

Transaction ref 20161202111433422221

The owner and vehicle particulars for Vehicle No. PC9688B as at 02 Dec 2016 are as follows:

1.	Name	: HIN HUP BUS SERVICE LLP
2.	Identification No. Type	: Limited Liability Partnership
3.	Identification No.	: T09LL0775D
4.	Place Of Passport Issue	\$7
5.	Vehicle No.	: PC9688B
6.	Previous Vehicle No.	-
7.	Effective Date of Ownership	: 02 Dec 2016
8.	Original Registration Date	: 03 Oct 2011
9,	First Registration Date	: 03 Oct 2011
	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Public Service Vehicle (Others)
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	¢-
14.	Attachment 3) -
15.	Vehicle Make	: KING LONG
	Vehicle Model	: XMQ6900K
17.	Year of Manufacture	: 2011
18.	Primary Colour	; White
19.	Secondary Colour	ii a
20.	Passenger Capacity	: 41
21.	Chassis/Trailer Chassis No.	: LA6R1DSB9BB200558 / -
22.	Propellant	: Diesel
23	54 (1.000.A100007423))	: ISBE420521987166 / -
24		: 6693 / -
25		; - / -
26	. Unladen Weight(kg)	: 8420

Transaction ref 20161202111433422221

The owner and vehicle particulars for Vehicle No. PC9688B as at 02 Dec 2016 are as follows:

1.	Name	: HIN HUP BUS SERVICE LLP
2,	Identification No. Type	: Limited Liability Partnership
3.	Identification No.	: T09LL0775D
4.	Place Of Passport Issue	:-
5.	Vehicle No.	: PC9688B
6.	Previous Vehicle No.	. 1 0 0 0 0 0
7.	Effective Date of Ownership	: 02 Dec 2016
8.	Original Registration Date	: 03 Oct 2011
9.	First Registration Date	: 03 Oct 2011
10.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Public Service Vehicle (Others)
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	; -
14.	Attachment 3	1-
15.	Vehicle Make	: KING LONG
16.	Vehicle Model	: XMQ6900K
17.	Year of Manufacture	: 2011
18.	Primary Colour	: White
19.	Secondary Colour	I e
20.	Passenger Capacity	: 41
21,	Chassis/Trailer Chassis No.	: LA6R1DSB9BB200558 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: ISBE420521987166 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 6693 / -
25.	Maximum Power Output(kW/bhp)	:-/-
26.	Unladen Weight(kg)	: 8420