

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA2005101

Date In: 23/09/2020 12:02	Job description	Date & Time Completed	Done by
Ref No: NBB/CT20090208/4	SAS e-illing		
Veh No: CB 8210C	E-mail (Update sheet, AIC sheet)		
O.O.A: 30/03/2020 14:20	I-Motor Claims Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (	Tel: (	Fax: (
TP Particulars: Vch No: SKA 5627Z	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 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )	

Injury: ( )

NA2005101	1) All Accident Reporting (\$30)	
Driver/Owners:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/45
Damaged Portion:	4) PT: Follow-Through Survey	\$115
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + EMRT Survey	\$160
	8) NTUC Additional Services:	
	9) NI: Idea Mobile	\$35
	10) NI: Idea Mobile	\$35
	11) NI: Idea Mobile	\$35
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	100) NI: Idea Mobile	\$35

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	23/09/2020 12:02
Date Of Accident	30/03/2020 14:20
Exact Location Of Accident	ANG MO KIO AVE 9 INFRONT OF ANDERSON PRI SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8210L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG YUN BUS SERVICES PTE.LTD.
Co Reg No	2XXXXX457Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98315851
Alternative Phone No	OFFICE-84883837

### Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6772J18 AUTO
Exact Purpose for which vehicle was being used at time of accident	BUS WAS PARKED
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3072001900
Cover Note Number	

### Driver

Name of Driver	CHENG HUICUN
Passport No/FIN	GXXXX557X
Date Of Birth	16/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98315851
Fax Number	
Contact Number	OTHERS-84883837
Email Address	NOEMAIL

Address -  
-  
Postcode -  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
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? NO  
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) 0

#### 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 - SINGAPORE CITY  
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

PLEASE REFER TO POLICE REPORT T/20200402/712

#### 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 SKA5627Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

## 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:

*[Signature]*

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

*[Signature]* 23/09/2020  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.: *[Signature]*

A-CBR210L

B-SKA 56272



Amk Ave 9 in front of  
Anderson Pri Sch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report. T/2020402/2012

DECLARATION

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

Policyholder  
Date & Time:



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

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

23/09/2020  
[Signature]

Road surface: Dry / Wet  
Weather condition: Clear / Raining  
Speed: \_\_\_\_\_

Usage of veh during of accident:  
\_\_\_\_\_

Does driver own a vehicle: yes/no  
if yes, veh number plate: \_\_\_\_\_  
veh insurance co: \_\_\_\_\_

Driver IC:  
Driver Name :  
Driver Pass date :  
Driver Birth date :

Relationship with insured: Employee & Employers.

Witness (if any): yes/no

Witness name: \_\_\_\_\_

Witness hp: \_\_\_\_\_

Witness email (if any): \_\_\_\_\_

Witness add: \_\_\_\_\_

Witness IC no: \_\_\_\_\_

Third party veh number: SKA 56272

Name of third party driver: \_\_\_\_\_

IC of third party driver: \_\_\_\_\_

HP of third party driver: \_\_\_\_\_

Address of third party driver: \_\_\_\_\_

Insured/Co name of third party vehicle: \_\_\_\_\_

Contact number of insured/Co: \_\_\_\_\_

Insurance co of third party vehicle: AXA

Police report (if any): yes/no

Police report reported at which police station: Traffic police

Any intended prosecution given: yes/no

if yes, against whom: veh A /veh B driver

Action taken : claiming third party / claiming own damage / reporting only

No of Pax: NIL

Connect3 client vehicle no: CB 8210L

Owner contact no: 9831 5851

Date of accident: 30/3/2020

Location of accident: Amk Ave 9 in front of Anderson Pri Sch.

Time of accident: 14:20hrs.

Any Injury: yes /no ( if yes, must have police report)





# SINGAPORE POLICE FORCE



T/20200402/7012

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

1 of 3

Report No. T/20200402/7012

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2020 15:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHENG HUI CUN			Address: 644 ANG MO KIO AVENUE 4 #02-862 ANG MO KIO 61 SINGAPORE 560644		
ID Type / ID No.: FIN NO / G8267557X			Contact No.: Home/Office: Mobile: 84883837		
Nationality: CHINESE			Email: 630553286@qq.com		
Sex: Female	Age: 45	Date of Birth: 16/11/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: bus driver			Driving Licence Information: Class: 4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2020 14:20	Type of Location: inside the school
Location:  Ang Mo kio ave 9 infront of Anderson Primary school				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
CB8210L	CB8210L			Blue	Slightly Damaged	0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20200402/7012

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

2 of 3

Report No. T/20200402/7012

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHENG HUI CUN	ID No.	G8267557X
Related Vehicle	CB8210L (CB8210L)	Contact No.	84883837
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30 March 2020 I was parked at the school front waiting area to pick up school children. I then went to have a snack. when I returned i noticed that someone( unknown) had banged my right side of the bus. Damaged to my vehicle : front right side bumper dented and the paint scratched off.

I will produce this report for the school to view the vehicle number



**SINGAPORE  
POLICE FORCE**



T/20200402/7012

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

3 of 3

Report No. T/20200402/7012

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 /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

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:  
02/04/2020 15:44

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

SAFEGUARDING EVERY DAY

Our Ref : T/20200402/7012

Ang Mo Kio Division  
51 Ang Mo Kio Avenue 9  
Singapore 569784  
IB Call Centre: 62181343  
FAX: 62181257

Date: 12/09/2020

Cheng Hui Cun  
Apt Blk 644 Ang Mo Kio Ave 4  
#02-862  
Singapore 560644

Dear Ms Cheng,

**POLICE REPORT - T/20200402/7012**

You reported a case to the Police on 02/04/2020. Investigation revealed that vehicle bearing registration plate no. SKA5627Z had reversed and hit onto your vehicle bearing registration plate no. CB8210L.

2 However, after careful considerations of the facts and circumstances of the case and in consultation with the Attorney-General's Chambers, the Police have decided not to take further action against the accused.

3 All investigations and enquiries into the matter would cease and the case will be closed. We take this opportunity to thank you for your cooperation during the course of the investigation.

Yours sincerely,

Ahmad Abdillah  
Investigation Officer  
Ang Mo Kio Division



中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ601  
N SN  
AN0597A  
COMPREHENSIVE  
AUTOSAFE

CERTIFICATE No. DMB1SN3072001900 Engine No : ISF38E6C16876432133  
Chassis No: LL3BDADE3JA011958  
1. Index Mark and Registration Number of Vehicle CB8210L  
2. Name of Policy Holder M/S HONG YUN BUS SERVICES PTE LTD  
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 25 SEPTEMBER 2019 EX SECT. I .....S\$2,000.00  
(14:47 HOURS) EX SECT. II .....S\$3,000.00  
4. Date of Expiry of Insurance 24 SEPTEMBER 2020 EX ON WINDSCREEN .....S\$500.00  
5. Persons or Classes of Persons entitled to drive \*

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: \*

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

- (1) USE FOR 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.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD AS HP OWNER

\* 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), 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). Please see reverse For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

SG MOTOR TRADER PTE LTD  
Reg No: 201227452C  
172 Selegie Drive  
Singapore 371720  
Tel: 6433 9420 Fax: 6433 0676

*Jinkui*  
Authorised Officer

Countersigned By:

*[Signature]*

Authorised Signatory

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport/Company Cert No.: 201433457Z  
 Owner ID Type: Company  
 Owner Name: HONG YUN BUS SERVICES PTE. LTD.  
 Registered Address: APT BLK 120C RIVERVALE DRIVE #11-400 RIVERVALE GARDENS SINGAPORE 543120  
 Mailing Address: \*  
 Birth Date: \*

### Vehicle Particulars

Vehicle No.: CB8210L  
 Previous Vehicle No.: \*  
 Effective Date of Ownership: 25 Sep 2019  
 Original Regn Date: 25 Sep 2019  
 Registration Date: 25 Sep 2019  
 Year of Manufacture: 2018  
 Vehicle Type: School Transport Bus/Coach/Minibus  
 Vehicle Scheme: School Bus with AWC  
 Vehicle Attachment 1: Air-Conditioned  
 Vehicle Attachment 2: \*  
 Vehicle Attachment 3: \*  
 Vehicle Make: GOLDEN DRAGON  
 Vehicle Model: XML6772J18 AUTO  
 Primary Colour: Multicolor  
 Secondary Colour: \*  
 Passenger Capacity: 29  
 Chassis No.: LL3BDADE3JA011958  
 Engine No.: ISF38E6C16876432133  
 Engine Capacity / Power Rating: 3759 cc / \*  
 Maximum Power Output: \*  
 Propellant: Diesel  
 Max Unladen Weight: 6140 kg  
 Maximum Laden Weight: 9000 kg  
 Open Market Value: \$76,815.00  
 PARF Eligibility: No  
 PARF Eligibility Expiry Date: \*  
 Minimum PARF Benefit: \*  
 No. of Transfers: 0  
 JU Label No.: \*  
 COE No.: \*  
 OPC Cash Rebate Eligibility: No  
 Additional Registration Fee Rate: 5.00 %  
 Actual ARF Paid: \$3,841.00  
 Vehicle Lifespan Expiry Date: 24 Sep 2039  
 CO2 Emission: \*  
 CO Emission: \*  
 HC Emission: \*  
 NOx Emission: \*  
 PM Emission: \*  
 Message: This is a public service vehicle.

Print

OK

Save as PDF