

NATIONAL Assessment Centre Services

[ver 1 Jan 2003]

MMA 120086660

Date In: 5/10/20 13:53	Job description	Date & Time Completed	Done by
Ref No: MALIMC 20010655 164	SAS e-filing		
Veh No: SPW 2375M	E-mail (within 3hrs, AIC 2hrs)		
DETA: 4/10/20 19:00	I-Motor Claim Form	MT/1105642-002	6/10/20 09:44
<input checked="" type="checkbox"/> TP - 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: /	Fax: /
TP Particulars:	Veh No: SHA 4396 G	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 repolier.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 100106616)	Date Claim Complete: / /	Done by: / /
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Do/Don't:	Actions:

MA2005246	Invoice Preparation Checklist	Amount (RM)	Ref Bill
Claimants Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Bagi-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Warders Comments:	For claimants against INC Only (wef 10 Jan 2003)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2:	7) NI: Idas DA + EMRT Survey \$160		
Cal. 3:	8) NTUC Additional Services:		
	OD:		
	• NS: Courtesy Car / Tpt Allowance \$5		
	• NG: Repair Co-ordination \$10		
	• NF: Post Repair Inspection \$25		
	• NN: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	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	05/10/2020 13:53
Date Of Accident	04/10/2020 19:00
Exact Location Of Accident	8 JLN KUBOR REST BUGIS HOTEL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFW2375M
Insured/Policyholder	
Name Of Registered Owner	NG SWEE ENG
NRIC No	SXXXX542J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97682713
Alternative Phone No	OFFICE-97682713
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117729553
Cover Note Number	
Driver	
Name of Driver	NG HON MUN (WU HANWEN)
NRIC No	SXXXX961I
Date Of Birth	07/06/1987
Occupation	INDOOR
Date Of Driving Pass	18/06/2009
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87232418
Fax Number	
Contact Number	
EEmail Address	LANCE.WENHAN@GMAIL.COM

Address	BLK 349 UBI AVE 1 #08-1045
Postcode	400349
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : LEE YERN LEE GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT A/20201004/7038

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	SHA4396G
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	PEH CHENG BEE
NRIC/Passport Number	SXXXX143I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEE YERN LEE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SFW2375M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PASSENGER 1
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SFW2375M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	PASSENGER 2
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	SFW2375M
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:

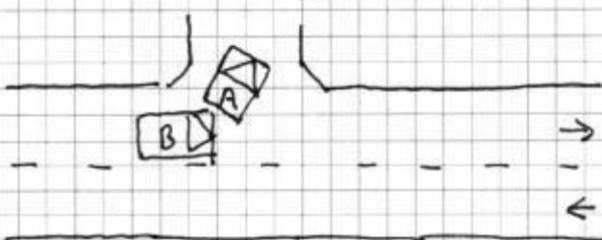
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.

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.:

8 Jln Kubor (rest hotel bugis)



A = SFW 2375M
B = SHA 4396G.

$B = \text{SHA } 4396 G.$

Refer to Police Report

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

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



**SINGAPORE
POLICE FORCE**



A/20201004/7038

1 of 3

POLICE REPORT (NP299)

Report No. A/20201004/7038

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 04/10/2020 22:47	Vide Report No.	Station Diary No.
Name Of Informant NG HON MUN	Address 349 UBI AVENUE 1 #08-1045 SINGAPORE 400349	
ID Type / ID No. NRIC NO / S87189611	Contact No. Home/Office: Mobile: 87232418	
Nationality SINGAPORE CITIZEN	Email Address LANCE.WENHAN@GMAIL.COM	
Occupation Social worker (general)	Sex Male	Age 33
Institution/School Name	Date of Birth 07/06/1987	Race Chinese
Date/Time Of Incident 04/10/2020 19:00 - 04/10/2020 20:35	Location Of Incident 8 JALAN KUBOR REST BUGIS HOTEL SINGAPORE 199207	

Brief details.

I affirm that I am the Driver of vehicle SFW2375M. I am making this report to follow-up with A/20201004/0127. I am currently working as a Personal Care Officer at Jenaris Home (Pelangi Village) and have been at this position for more than a year.

The vehicle I was driving was involved in a RTA with ComfortDelGro Taxi SHA4396G.

At about 7pm, I was reversing out of the driveway to REST HOTEL BUGIS when the above-mentioned

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/10/2020 22:47
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201004/7038

taxi collided with my vehicle. I had turned the wrong way into the Hotel as I was going to make a U-turn around it's driveway but realized it was too cramped for me to do so. As I was reversing out, I looked over my left shoulder and over to the left rear passenger door to look for oncoming traffic but did not see any. There was another vehicle that had parked by the roadside 1-3m away that blocked my view from my current position. As I reversed my way out, I checked my right rearview mirror to ensure that there were no other traffic to my right before switching my view to the left rear portion of the vehicle. I then orientated my attention to the left side of my vehicle as I understood the possibility of vehicles approaching my position and reversed out. I did not see the Taxi hitting my rear bumper and only felt the impact of the accident against my vehicle.

I did not see or remember the speed I was reversing at. I had 3 passengers at the time of the accident. Upon alighting my vehicle, I approached the taxi driver for his particulars but he refused. Instead, he claimed that my insurance company is able to "get his details from the system". Despite multiple (3-5 times) requests for him to share his particulars, he refused and instead asked that I engage SPF to get his particulars instead. As such, I called the 999 hotline at 7.27pm and was advised by a separate responding officer that she would assist by engaging him over the phone. However, the taxi driver refused to acknowledge her identity and insisted that police arrive on scene. As such, I made a second 999 call at 7.30pm to request for police assistance. To my understanding, the taxi driver also made another 999 call at around the same timing as well.

At about 7.40pm, SCDF arrived to assess my friend, Ms Lee Yern Lee. Earlier, she had feedback to me that she felt some pain at her upper back and numbness on her right ear. However, she refused conveyance to hospital and left to seek private treatment. I also advised my 2 other friends to seek

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

04/10/2020 22:47

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20201004/7038

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201004/7038

medical treatment if necessary.

At about 8pm, T130095 SGT ASYRAF from TP arrived to assist in the accident. I acknowledge that one 8GB Micro SD card was seized from my vehicle pending review of relevant footage from IO Ken.

I affirm the above-mentioned to be true to the best of my abilities.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

04/10/2020 22:47

Classification Of Case:

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="04/10/2020 13:24"/>
Vehicle No.(For Motor)	<input type="text" value="SFW2375M"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5117729553		NG SWEE ENG	S1845542J	GPC	drivo CLASSIC	SFW2375M	SFW2375M	24/06/2020	23/06/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 10 / 20) (DD/MM/YYYY), TIME: (19 : 00) (HH:MM)

LOCATION: 8 Jalan Kubor

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFW 2375 M
b) INSURANCE COMPANY: Inc
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Nissan
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: own use
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: Mg Swee Eng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9768 2713
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mg Hon Mun (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8723 2418
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: children

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA 4396 G MODEL: Hyundai
b) DRIVER'S NAME: Peh Cheng Bee
c) NRIC/FIN/PASSPORT: S1320143 I CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

fax =

VIDEO = no

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:**

- 1) Vehicle hit Vehicle: ☐ 2) Vehicle hit ?? ☐
- a) Motorcar ☐ a) Pedestrian ☐
- b) M/cycle ☐ b) Animal ☐
- c) Bicycle ☐
- 3) Vehicle hit Road Side Objects: ☐
- a) Govrn. Property ☐ b) Road Work Object ☐
- (Eg: signboard, barrier, tree etc) c) Private Property ☐
- 4) Vehicle drop into drain ☐
- 5) Damage due to Act of God: ☐
- a) Fallen Object ☐ b) Flood ☐
- c) Other: ☐
- 6) Parked & Found Damaged: ☐
- a) Vandalism ☐ b) Hit by Moving Object ☐
- 7) Theft Case ☐
- a) Stolen ☐ b) Damage found ☐
- when recovered.
- 8) Fire ☐
- a) Whilst driving ☐ b) Parked ☐
- 9) Accident date more than 24hrs ☐

Remarks for internal information

Remarks to appear in Works Order & Assessment report

- 1) Potential Total Loss ☐
- 2) SRS Light on ☐
- 3) ABS Light on ☐

By Assessor- 1) Vehicle Information

Veh No: SFW 2375M Yr Regn: June 2015

Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or

Make & Model: Hissan Sylphy c.c. 1598

Colour: Red Transmission Type: Auto / Manual

Eng/No: HR16968914B Sp. Reading: 70779

C/No: MHTBBAB17Z0023670

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/60R16

R: — 11 —

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

L/Bal.

Rear

R/Bal.

L/Bal.

Parallel Import: Yes / No

Towed-In: Yes / No

Repair Type: LS / I.B.I

Towing Required: Yes / No

No of Repair Days: 6

Vehicle in Idac: Yes / No

D.O.I. 05/10/2020

Time: 1530hrs.

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle ☐ b. Motorcycle ☐ c. Bicycle ☐ d. Pedestrian ☐
- e. Animal ☐ f. Govrn Object ☐ g. Road Work Object ☐
- h. Private Property ☐ i. Drain ☐ j. Road Kerb/Grass Verge ☐

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object ☐ b. Flood ☐ c. Vandalism ☐ d. Fire ☐
- e. Moving Object ☐ f. Stolen ☐ g. Stolen & Recovered ☐

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:

SFW 2375M

- ✓ 1.) Rear bumper x 1 Dented
- ✓ 2.) — " — RH retainer x 1 Bt
- ✓ 3.) — " — reverse sensor x 1 Set Down
- ✓ 4.) — " — 8. RH sponge x 1 broken
- ✓ 5.) Rear bracket x 1 Bt
- ✓ 6.) — " — lock x 1 Down
- ✓ 7.) — " — lower chrome moulding x 1 cut
- ✓ 8.) — " — Emblem x 3 Nuc
- ✓ 9.) Rear RH fender x 1 Enc
- ✓ 10.) Rear left fender x 1 Dented
- ✓ 11.) Rear End panel x 1 Dented
- ✓ 12.) — " — garnish x 1 ?
- ✓ 13.) Rear bootbox bootlid weather stripe x 1 deformed
- ✓ 14.) Rear RH fender inner trim x 1 Bt
- ✓ 15.) Rear LH tail lamp x 1 crack
- ✓ 16.) Rear RH tail lamp x 1 cut
- ✓ 17.) Rear bumper RH bracket x 1 Bt
- ✓ 18.) Rear RH door x 1 rep
- ✓ 19.) Rear LH door x 1 rep.
- ✓ 20.) Rear bootlid lamp LH x 1 cut.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	542J
Vehicle Details	
Vehicle No.:	SFW2375M
Vehicle to be Exported:	Yes
Intended Deregistration Date:	05 Oct 2020
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	HR16968914B
Chassis No.:	MNTBBAB17Z0023670
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$16,028.00
Original Registration Date:	24 Jun 2015
First Registration Date:	24 Jun 2015
Transfer Count:	0
Actual ARF Paid:	\$11,028.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Jun 2025
PARF Rebate Amount:	\$7,719.00
Intended COE Rebate Details	
COE Expiry Date:	23 Jun 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$61,000.00
COE Rebate Amount:	\$28,771.00
Total Rebate Amount:	\$36,490.00

The information contained herein is correct as at 05 Oct 2020

OK



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SFW 2375M Date In: 6/10/2020 Time In: 1710 with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: VEE TEW

Collection Date: 6/10/2020 Time: 1710 with Keys: Yes / No

Tow Truck No: YN7337M Tow Man: Sam Lai NRIC: S8084221/2

Signature: [Signature]

96609971

For office use

Attended by: ROSLINDA

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Tan Siew Choo <siewchoo.tan@income.com.sg>
Sent: Tuesday, 6 October 2020 4:13 PM
To: Yew Tee Automobile; YTKB; YT(KB); NAC
Subject: SFW2375M, OD claim no : MT/1105642
Importance: High

Dear IDAC and Yew Tee,

Learnt that veh is in IDAC (IDAC – pls confirm), do assist with the necessary arrangement asap.

Dear Yew Tee,

OD excess of \$1,100/- (std : \$600/-, unnamed driver excess : \$500/-) is applicable, pls assist to liaise with owner Mr Ng at tel: 97682713.

No survey required only for this repair works.

Kindly update owner on which branch in Yew Tee will his veh be repaired at.

FOR PAYMENT: Please forward the Invoice & Discharge Voucher after the repairs has been done/ finalized with Surveyor to my email.

Regards.

Tan Siew Choo
Senior Executive
Operations, Motor & Personal Lines
T +65 6430 7882
www.income.com.sg



Our Ref: MT/CA/OD/051/1105642-002/TSC
06 Oct 2020
YEW TEE AUTOMOBILE TECH PTE LTD
39 WOODLANDS CLOSE
#01-12 MEGA@WOODLANDS
SINGAPORE 737856

Dear Sir

CLAIM NUMBER: MT/1105642-002

REPAIR OF VEHICLE NUMBER: SFW2375M

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 06 Oct 2020