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MNA420095157-01 / National Assessment Centre Services - Bukit Meralt ENTRY DATE & TIME 29/10/2020 15:39 SUBMITTED BY: ROSLI BIN ABDUL WARAB

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly 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 witholding of material facts may allow insurance companies to
- 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.
- 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 foe, be made available upon application by internsted parties.
- 7. By the ladgement 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.

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Date Of Report 29/10/2020 15:39 Date Of Accident 29/10/2020 07:55

Exact Location Of Accident BLK 472 SEGAR ROAD CARPARK

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

Co Reg No

Email Address

Mobile Phone No

Alternative Phone No

Vehicle Particulars

Manufacturer

Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy Policy Number

Cover Note Number

Name of Driver

Driver

Passport No/FIN Date Of Birth Occupation Date Of Driving Pass

Driving Experience Gender

Mobile Number Fax Number

Contact Number

PC5988L

BKK TRAVEL PTE LTD

2XXXXXX387C NOEMAIL

(LOCAL) +65-90230917 OFFICE-84688579

ISUZU

LT434P 7.8 SMT-7.8 D (M)

WORKING PURPOSES

THIRD PARTY

BUS

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

COMPREHENSIVE NO

DMB1SNA00001332003

QIAO ZIKUI

GXXXX849N 01/04/1986

OUTDOOR 01/07/2015

5 YEARS AND 3 MONTHS

MALE

(LOCAL) +65-90230917

OTHERS BARRESO

Address

8 EATON PLACE

#10-125 HOUGANG VIEW

Postcode

549664

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident 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)

9

## Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201029/2016

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMH1932H

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage
 No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the acordent to speco up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- Infinite those provided must be as truthful and accurate as possible. Any willul misropresentation or withholding of material facts truy allow misurance companies to repudiate policy liability.
- -t 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 expant will be lorwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that rispos of this report will for a fee be made available upon application by interested parties.
- 2. By the following of this report to the insurers, you hereby carried to the arthropy of this report as the centre and to supres of the report hereb cade available aforesaid.
- S Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and convent that

- Into the impression workshop and the General bisyrance Association of Singapore ["Gia"; may/are permitted to cullect, use, declose another process my personal data/personal information set out in this [form] and any other personal information be recorded by me or possessed by my insurer [collectively the "Personal information"] and disclose and transfer such Fursonal information to all insurer(s) who have insured velocity involved in this accident shall be unlessively referred to as the "Insurers". It is insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (with as the police), for the purpose(s) of
  - processing thandling and/or idealing with my claims including the settlement of the claims and any necessary
    investigations relating to the claims;
  - (ii) insentigating the accident and/or my plaints;
  - (iii) carrying out unit/or dealing with my instructions or responding to any enquiries by inc.
  - (iv) activitiesing my claims (including the making 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 material cover of covelopes/mail packages), ani/fer.
  - iv) complying with applicable law in ailinin strong, processing, handling and/or reading with my claims (collect vely the "Puranies")
- (b) at insurer(s) who have insured sehirre(s) involved in this accident and the Insurers' lavyors/taiw forms, may/are permitted to collect, use, disclose ane/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their bard party service prevalers or agent (including their lawyers/law form), which may be sited outside of Sing-pore, 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 froud electron, investigation and management in present and all luture claims.
- [c] the information an collected under (ii) allow may be stured / distinsed
  - (i) so all insurer and/or any other third parties that assist in evaluating, investigating, controlling or managing traud, regulators, law enforcement and government agencies as reasonably required for the nurposes stated, or

to) for complying with requirements under any regulations, favour court orders

Policyholder's Signature

Date & Time

Orice's Suprature
Intervier's Suprature

tuan sunch

Date & Tenn

NA THE

NHIC/FIN NO.

Weather condition: Ger / Raining Speed:  Does driver own a vehicle: yes /no if yes, yeh number plate: veh insurance co:  Relationship with insured: Emplayer   Employer Witness (if any): yes/no Witness name: Witness hp: Witness email (if any): Witness add: Witness email (if any): Witness of third party driver: Is of third party driver: Insured/Co name of third party vehicle: Contact number of insured/Co: Insurance co of third party vehicle: Address of third party vehicle: Contact number of insured/Co: Insurance co of third party vehicle: Any intended prosecution given: yes /no if yes, against whom: veh A /veh B driver  Action taken (claiming third party) Connects client vehicle no: PC 5988 L Owner contact no: 90 33 09 17. Date of accident: 20 25 Nor Red CP Time of accident: 20	Road surface: (Dry / Wat	
Does driver own a vehicle: yes/no  If yes, veh number plate:  Veh insurance co:  Relationship with insured:  Witness (if any): yes/no  Witness amae:  Witness and:  Witness add:  Witness IC no:  Third party veh number:  IC of third party driver:  IC of third party driver:  IR of third party driver:  Insurance co of third party vehicle:  Contact number of insured/Co:  Insurance co of third party vehicle:  Police report (if any):  Vehicle report reported at which police station:  Nonyang N.P. C.  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:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 28 0917 .  Email Address:  Date of accident: 28 102 2820  Location of accident: 181E 1372 Separ Rd CP.  Time of accident: 191E 1372 Separ Rd CP.	Weather condition: (lear / Raining	Usage of veh during of accident:
Does driver own a vehicle: yes/no  if yes, veh number plate:  Veh insurance co:  Relationship with insured: Employed is Employed  Witness (if any): yes/no  Witness (if any): yes/no  Witness and:  Witness add:  Witness of third party driver:  IC of third party driver:  Insured/Co name of third party vehicle:  Contact number of insured/Co:  Insurance co of third party vehicle:  Police report (if any): Ves/no  Email Address:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 23 0917 .  Email Address:  Date of accident: 20 102020  Location of accident: 181E 473 Separ Rd  Time of accident: 191E 473 Separ Rd		
if yes, veh number plate:  veh insurance co:  Relationship with insured:  Witness (if any): yes/no  Witness name:  Witness hp:  Witness email (if any):  Witness add:  Witness IC no:  Third party veh number:  SMH 1933 H  Name of third party driver:  IC of third party driver:  HP of third party driver:  Insured/Co name of third party vehicle:  Contact number of insured/Co:  Insurance co of third party vehicle:  Police report (if any): / ex/no  Police report (if any): / ex/no  Police report (if any): / ex/no  Police report reported at which police station: Nanyang N. P. C  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:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 >3 0917 .  Email Address:  Date of accident: 20 10 20 20  Location of accident: 1815 473 Separ Rd CP.  Time of accident: 1915 473 Separ Rd CP.	D	Driver IC:
Relationship with insured: Employed is Employed in Emp	Does driver own a vehicle: yes /no	Driver Name :
Relationship with insured: Employed is Employed in Emp	if yes, veh number plate:	Driver Pass date:
Witness name:  Witness hp:  Witness email (if any):  Witness add:  Witness IC no:  Third party veh number: SMH 1932 M  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:  Police report (if any):  Police report (if any):  Police report reported at which police station: Nanyong N-P-C  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:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 23 0917 .  Email Address:  Date of accident: 20/10/2000  Location of accident: 61K 472 Separ Rd CP  Time of accident: 67-55krs .	veh insurance co:	Drver Birth date :
Witness name:  Witness hp:  Witness email (if any):  Witness add:  Witness IC no:  Third party veh number: SMH 1932 M  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:  Police report (if any):  Police report (if any):  Police report reported at which police station: Nanyong N-P-C  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:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 23 0917 .  Email Address:  Date of accident: 20/10/2000  Location of accident: 61K 472 Separ Rd CP  Time of accident: 67-55krs .	Relationship with insured: Employer & Employer	
Witness name:  Witness add:  Witness IC no:  Third party veh number: SMH 1932 M 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:  Police report (if any): veho Police report (if any): veho Police report reported at which police station: Nanyowa N-P-C  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:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 23 0917.  Email Address:  Date of accident: 29 10 2002  Location of accident: 91 55575.	Witness (if any): yes/no	
Witness add:  Witness IC no:  Third party veh number: SMH 1933 H  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:  Police report (if any): vel/no  Police report reported at which police station: Nanyowa N.P. C  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:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 23 0917 .  Email Address:  Date of accident: 91 1012000  Location of accident: 91 A 10 2000  Location of accident: 97 25 25 75 .  Time of accident: 97 25 25 75 .		
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Contact number of insured/Co:  Insurance co of third party vehicle:  Police report (if any): vel/no  Police report reported at which police station: Nanyawa N.P. C  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:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 23 0917.  Email Address:  Date of accident: 20/10/2020  Location of accident: 915 472 Segar Rd CP.  Time of accident: 07:25875.	Address of third party driver:	
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Police report reported at which police station: Navyana N.P. C  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:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 23 0917 . Email Address:  Date of accident: 20/10/2020  Location of accident: BIK 472 Segar Rd CP  Time of accident: 07:25krs .	Police report (if any): ves/no	
Action taken claiming third party claiming own damage / reporting only  No of Pax:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 >3 0917 . Email Address:  Date of accident: 20 10 20 20  Location of accident: BIF 472 Segar Rd CP  Time of accident: 07:25 krs .	Police report reported at which police station: Nanyawa N	.P.C
Action taken claiming third party claiming own damage / reporting only  No of Pax:  Connect3 client vehicle no: PC 5988 L  Owner contact no: 90 23 0917 . Email Address:  Date of accident: 29 10 2020  Location of accident: BIF 472 Segar Rd CP  Time of accident: 07: 25 hrs .	Any intended prosecution given: yes /no	
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Owner contact no: 90 23 09 17. Email Address:  Date of accident: 29 10 2000  Location of accident: BIE 472 Segar Rd CP.  Time of accident: 07: 25 krs.	No or Pax:	
Owner contact no: 90 23 09 17. Email Address:  Date of accident: 29 10 2000  Location of accident: BIE 472 Segar Rd CP.  Time of accident: 07: 25 krs.	Connect3 client vehicle no: PC 5988 L	
Date of accident: _30/10/2020  Location of accident: BIE 472 Segar Rd CP  Time of accident: _07.zzkrs.	-24	Address: —
Location of accident: BIF 472 Segar Rd CP. Time of accident: 07: xshrs.		7.270.330.390.04.0
Time of accident : 07-35krs ·		





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

1 of 3 Report No. T/20201 329/2016

Tel No: 1800-7929999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 10:41	Made:	Vide Report No.:	Station Diary No.: 21
Informa	nt's Partic	ulars	THE STATE OF THE S	
Name of QIAO ZI	Informant: KUI		Address: 8 EATON PLACE #10-125 HO 549664	DUGANG VIEW SINGAPORE
Commission of the Park of the Commission of the	/ ID No.: / G2391849	9N	Contact No.: Home/Office:	Mobile: 84688579
National CHINES			Email:	media: 9.1999a),5.
Sex: Male	Age: 34	Date of Birth: 01/04/1986	Type of Informant:	House Barrier
Race: Chinese			Language: Chinese	Institution / School Name:
Occupat Bus drive		A METER	Driving Licence Information: Class: 3,4	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/10/2020 07:55	Type of Location Car Park
SEGAR ROA	D	Road Surface:		Road Speed Limit:
CONTRACTOR / Contractor		Det		
Clear Traffic Flow; Two Way		Dry Traffic Control: Not Controlled		Traffic Volume: Light

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5988L	Bus/Coach/Mi	ISUZU		Red	Slightly Damaged	9
SMH1932H	Car	KIA		Blue	Slightly Damaged	0

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





2 of 3

Report No. 1/20201029/2016

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

### CONTINUATION OF REPORT

Driver	GLESS EXECUTED		The latest the same of the sam		glide,	
Name	QIAO ZIKUI	1313		ID No	113	G2391849N
Related Vehicle	PC5988L (Bus/Coach	n/Minibus)		Conta	ct No.	84688579
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g e&	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	1 1 1 1 N	Date Disc		NIL	THE RESERVE
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	THE RESIDENCE OF THE PARTY OF T
Name	Unknown			ID No.		NIL
				100.00		
Related Vehicle	SMH1932H (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class, NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	THE PERSON
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

### Brief Details.

On 29/10/2020 at about 0758hrs, I was driving my red ISUZU private bus bearing the number plate PC5988L exiting Blk 472 Segar Road cluster carpark and wanted to make a left turn when the accident occurred. While I was exiting the carpark, I saw a blue KIA car bearing the number plate SMH1932H on my right trying to enter the carpark. As the space was very tight, I signaled the driver in the car to reverse first before entering as we were very close to each other. However, he did not see my signal. I wish to state that I already stopped my bus and it was not moving. The driver reversed a bit and continued driving forward, causing the right rear bumper area of my bus to be swiped against the car's right side. I wish to state that after our vehicles swiped each other, I parked at the nearest bus stop and went to look for the driver of the car but to no avail.

There are CCTV on my bus which have captured the incident and I have the footages. I wish to state that I did not notice any CCTV around the area. None of the passengers on my bus or me suffered from any injuries from this accident. I wish to state that the rear right bumper area of my bus has slightly been scraped.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

Report No. T/20201329/2016

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report  J / SC2 TAN RUI BIN	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2020 10:41
Officer In Charge Of Case TP / HRT / SI KALESWARI PALANI Contact No.: 654769022 SINGAPORE POLICE FORCE	Classification Of Case;
Authentication Stamp NP168 SIGNATUR	



CHINA TAIPING INSURANCE (SINGAPORE) PTE\_LTD.



Motor Bus.

MZ601

AN0626A

Cov. Type:C

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, 1989 (Malaysia)

CERTIFICATE No.

DMB1SNA00001332003

Engine No.: 6HK1684780

Cha. No.: JALLT434PG7000064

1. Index Mark and Registration

PC5988L

AUTOSAFE

Number of Vehicle

2. Name of Policy Holder

BKK TRAVEL PTE LTD

03/03/2020

Excess Sect I

\$\$2,500.00

Effective date of the Commencement of insurance for the purposes of the Regulations, Ordinance or Enactment

Excess Sect. I (Outside Singapore)

\$\$4,000.00

Excess Sect. II

\$\$1,500.00

4. Date of Expiry of Insurance

02/03/2021

Excess Sect.il (Outside Singapore).

\$\$4,000.00

EX ON WINDSCREEN. \$\$800.00

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 or any person driving with policyholder's 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 Policyholider'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.: MAYBANK AS HP OWNER

\* Limitations rendered inoperative by Section III 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.

Issued By: Ho Li Hwa Irene

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

📆 3 Anson Road #16-00 Springleaf Tower Singapore 079909

O6389 6111

6222 1033

www.sg.cntaiping.com



10 Sin Ming Drive Singapore 575701

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

Our ref 0303170101N027005994

03 Mar 2017

BKK TRAVEL PTE LTD 34 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799187

հիվընդնկցկիլնիվիվ

Dear Sir/Madam

# NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX

We wish to inform you that you have successfully registered vehicle PC5988L on 03 Mar 2017. The Business Transaction Reference No. is 20170303123909326716.

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 : BKK TRAVEL PTE LTD

Identification No. Type: Company
 Identification No. : 201424387C

Place Of Passport Issue : -

Registered Address : 34 JALAN TARI PIRING

JALAN KAYU ESTATE SINGAPORE 799187

Mailing Address :

Vehicle No. : PC5988L

Vehicle Type : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme : Public Service Vehicle (Others)

Vehicle Make : ISUZU

Vehicle Model : LT434P 7.8 SMT

Remarks : This is a public service vehicle.

The vehicle is registered under Early Turnover Scheme.

3. You can login to LTA's e-Services@ONE.MOTORING (http://www.onemotoring.com.sg) to access a wide range of vehicle-related services using your NRIC number/FIN and SingPass. Firm and organisation can login to LTA's e-Services using User ID and Password or EASY. You can apply for your EASY account at http://www.iras.gov.sg. A separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Please apply for your Transaction PIN before performing any of these transactions. Visit http://www.onemotoring.com.sg > LTA Information & Guidelines > Transaction PIN & User Account for more information about obtaining Transaction PIN and the documents needed (e.g. Board Resolution for company).

a. Vehicle PIN - Transfer of Ownership and De-registration of Vehicle

TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)

Rebate PIN - Transfer and Splitting of PARF/COE Rebate



- 4. All new In-vehicle Units (IUs) are covered by a 5-year warranty against manufacturer's defect.
- Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

The owner and vehicle particulars for Vehicle No. PC5988L as at 03 Mar 2017 are as follows:

1.	Name	
2.	Identification No. Type	: BKK TRAVEL PTE LTD
3.	Identification No.	: Company
4.	Place Of Passport Issue	: 201424387C
5.	Registered Address	***
	Registered Address	: 34 JALAN TARI PIRING
		JALAN KAYU ESTATE
6.	Mailing A.L.	SINGAPORE 799187
7.	Mailing Address Vehicle No.	# * ·
8.		: PC5988L
9.	Effective Date of Ownership	: 03 Mar 2017
10.	Original Registration Date	: 03 Mar 2017
11.	First Registration Date	: 03 Mar 2017
12.	Vehicle Type Vehicle Scheme	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
13.	Attachment 1	: Public Service Vehicle (Others)
14.	Attachment 2	: Air-Conditioned
15.	Attachment 3	•
16.	Vehicle Make	
17.	Vehicle Model	: ISUZU
18.	Year of Manufacture	: LT434P 7.8 SMT
19.	Primary Colour	: 2016
20.	Secondary Colour	: Multi-Colour
21.	교육하다 그 아이들은 아이들이 아니는 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들	15
22.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	: 59
23.	Propellant/Emission Standard	: JALLT434PG7000064 / -
24.		
25.	Engine Capacity(cc)/Power Rating(kW)	: 6HK1684780 / -
26.	Maximum Power Output(kW/bhp)	
27.	Unladen Weight(kg)	: -/-
28.		: 10400
29.		: 15200
30.	We a second second second	: \$100,674.00
31.	PARF Eligibility Expiry Date	: No
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	. 50.00
34.	COLL	: 2017030305000405M
35.	COFF : 5	: 02 Mar 2027
36.	COE Category	. 02 Mai 2027
37.	Quota Premium/Prevailing Quota Premium	· \$48.788.00
38.	Actual Quota Premium/PQP Paid	: \$40,114.00
39.	Actual ARF Paid	: \$5,034.00
40.	CO2 Emission(g/km)	: =
41.	Actual CEVS Rebate Utilised	****
42.	CEVS Surcharge Paid	
43.	Actual Green Vehicle Rebate Utilised	
44.	Vehicle Lifespan Expiry Date	: 02 Mar 2037
45.	Road Tax Amount	: \$595.00
46.	Road Tax Start Date	: 03 Mar 2017
47.	Road Tax End Date	: 02 Sep 2017
48.	The state of the s	: This is a public service vehicle.
		The vehicle is registered under Early Turnover Scheme.
		and Larry Furniver Scheme,

# GENERAL INSURANCE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE Tel (65) 6224 0010 Fex (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: 506550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

2121			ADDEN	NDUM .	Vienne Contra		
4)	PARTICULARSOFPERSON	MAKINGTH	FAMENDALE	NITE.			
	Original Report No :	MAKAOC	95157				
	Warnersthewnin NRIC): (*Vehicle C	10 7110	u1	Vehicle Regist		PC 5988L GXXXXX811	191
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	Contact (Tel) ;			NA-LII	010084	_Singapore(	
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Date: