

NATIONAL Assessment Centre Services.

Print 1 Jan 2021

210821350003

Date In: 05/03/2021 15:58	Job description	Date & Time Completed	Done by
Ref No: X13A17UC2100298874	SAS e-Milling		
Veh No: G6K 9988 R	E-mail (Ejals 3hrs, Afc 3hrs)		
D.O.A: 05/03/2021 17:30	1-Motor Claim Form	ML1123324-001	05/08/2021 16:28
(1) TP / Reporting Only	1-Motor W/O (W/Inlet OD 3hrs, TP 4hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/W/Inlet		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Point(s) of Interest: Vch No: YU1810C	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 ()		
Process: (\$) Loading: \$1,000 () / \$2,000 ()		

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO Refor of repair.

() 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 > \$5000] ()		

Injury: ()

Damage: ()

Other: ()

NA2101620

Driver/Owner:	1) All Accident Reporting (30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (20)	
Damaged Portion:	3) TP: Towing Fee	\$120
	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	6) TP: Re-inspection	\$75
	7) NI: Use DA + EMRT Survey	\$160
	8) NIUC Additional Services	
	9) NI: Courtesy Car / Tpl Allowance	\$3
	10) NI: Post Repair Inspection	\$25
	11) NI: DV / Collect Vehicle Coordination	\$3
	12) NI: TP (R) / TP (R) INC	\$35
	13) NI: Use Mobile	\$30
	Invoice dated	
	Invoice dated	

QC Checked by (Engr-In-Charge):

2/2

Fee Charged

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 Submission	05/03/2021 15:58 (SGT)
Date of Accident	04/03/2021 17:30 (SGT)
Exact Location of Accident	10 Kallang Rd, Singapore 208718
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9988R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ACE COMP SERVICES AND TRADING
Company Reg No	4XXXX100W
Email Address	fabtian@gmail.com
Mobile Phone No	(Phone) +65-96434484
Alternative Phone No	+65-96434484

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Dispatch
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119781873
Cover Note Number	-

DRIVER

Name of Driver	TIAN WEIZHI, FABIAN
NRIC No	SXXXX786A

Date Of Driving Pass	10/08/2007
Driving experience	13 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96434484
Alt. Phone Number	-
Email Address	fabtian@gmail.com
Address	BLK 97 COMMONWEALTH CRESCENT #02-28
Address complement	-
Postcode	140097
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	YN1810C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	VENGADA CAM CAM SUDHAKAR
Passport No/FIN	GXXXX639N
Contact Number	-
Address	-
Address complement	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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**.
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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 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.

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.

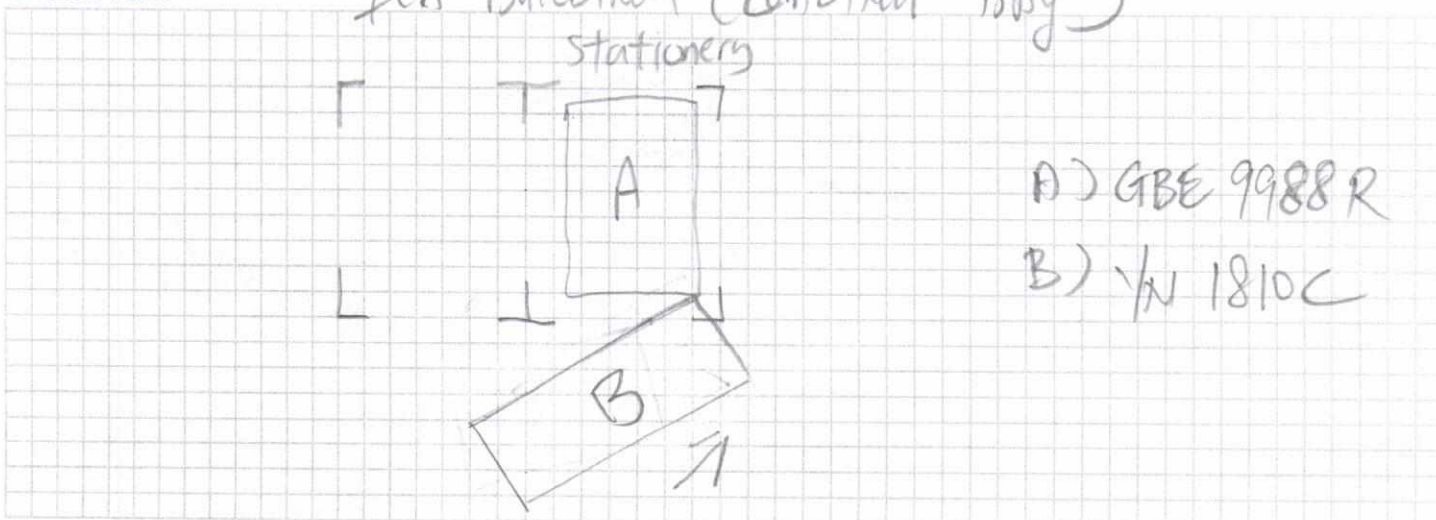


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I, TIAN WEI ZHI FABIAN, had parked my Vehicle GBE 9988R in the respective loading/unloading lot at ICA Building when Vehicle YN1810C reversed and hit the back of my vehicle. I was standing 3m away from my vehicle when the accident happened.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

John

14:51

5/3/21

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

[Signature] 05/03/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 04 / 03 / 2020 (DD/MM/YYYY), TIME: 17 : 30 (HH:MM)

LOCATION: ICA BUILDING (LOADING BAY)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE 9488R
b) INSURANCE COMPANY: Ntuc
c) POLICY NUMBER: 5119781873
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: CITROEN DISPATCH
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
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: ACE COMP SERVICES AND TRADING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: FABIAN TAN WEI ZHI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S878786A CONTACT: 96434484
c) ADDRESS: 97 COMMONWEALTH CRESCENT #02-28

* d) DATE OF BIRTH: 13 / 06 / 2007 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 10/08/2007

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: YIN 1810 C MODEL: _____
b) DRIVER'S NAME: VENGADA CHACAM SUNDHARAN
c) NRIC/FIN/PASSPORT: G2748639N CONTACT: _____

9. THIRD PARTY VEHICLE

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

email: fabtian@gmail.com

VIDEO

I, VENGADACHALAM SUDHAKAR, (-27486391)
on 4/3/21 driving, YIN 1810C, of First Com
ENGINEERING PTE ~~LTD~~^{INC} LTD, while reversing hit
the back of my Vehicle (-BE9988R), resulting
in door and taillight damage.
(Broken Glass door not damage by YIN 1810C Driver).

4/3/21
Date

V. Suli
SIGNATURE:

Claim Handling

Accident MT/1123329

Policy No.	5119781873	Vehicle No.	GBE9988R	GST Registration No.	
Certificate No.					
Policyholder Name	ACE COMP SERVICES AND TRADING			Policyholder NRIC	457
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	96434484	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	05/03/2021 16:23	Accident Report Within 24 hrs	Yes	Accident Type	Dam
Date of Accident	04/03/2021	Time of Accident hh:mm	17:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	ICA BLDG LOADING BAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Cove
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	05/03/2021 16:26:21 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	22 WOODLANDS LINK	Address 2	#04-39	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	738
Unit No.		Related Policy Number	5119781873		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TIAN WEIZHI, FABIAN	Driver NRIC	S8718786A	Driver DOB	13/i
Register Date of Driver License	10/08/2007	Driver Age	33	Driving Experience	13
Contact No.(Mobile)	96434484	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 97 #02-28	Address 2	COMMONWEALTH CRESCENT	Address 3	CRE
Address 4	SINGAPORE 140097	Address Type	Foreign address	Post Code	140
Unit No.	02-28				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	GBE9988R	Driver Insurer Company	NTL

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No

Modification History















Claim 001 New

Claim Type *	OD-MX	Insured Name	ACE COMP SERVICES AND TRA	Insured NRIC	457
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	675
Email Address		OI Vehicle Number	GBE9988R	TP Vehicle Number	YN1
Claim Description	GBE9988R / YN1810C ON 4 Mar 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	05/03/2021 16:27	Claim Close Date		Date Received	05/i
Report Taken By	ROSLI WAHAB				

Print AK letter

Path *

[illegible]

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:28	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:28	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:28	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:28	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:28	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:28	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:28	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:27	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:27	Photos		Normal	Photos 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:27	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-3-5
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 05 Mar 2021 16:27	SAS		Normal	SAS 2021-3-5

Uploaded By/Date	Folder Date	File Name		Source
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Display in New Window Scan and uploading

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)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5119781873

Cover : Comprehensive

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBE9988R |
| Chassis Number | : VF7XURHHAFZ001067 |
| 2. Name of Policyholder | : ACE COMP SERVICES AND TRADING |
| 3. Effective Date of Insurance | : 14 Dec 2020 |
| 4. Expiry Date of Insurance | : 13 Dec 2021 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| 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# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

= Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : THOMSON CREDIT (S) PTE LTD (00000614577)

Date of Issue : 21 Nov 2020 12:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Transaction ref 20151214090833275744

The owner and vehicle particulars for Vehicle No. GBE9988R as at 14 Dec 2015 are as follows:

1. Name	: ACE COMP SERVICES & TRADING
2. Identification No. Type	: Business
3. Identification No.	: 45714100W
4. Place Of Passport Issue	: -
5. Registered Address	: 1 YISHUN STREET 23 #02-36 YS-ONE SINGAPORE 768441
6. Mailing Address	: -
7. Vehicle No.	: GBE9988R
8. Effective Date of Ownership	: 14 Dec 2015
9. Original Registration Date	: 14 Dec 2015
10. First Registration Date	: 14 Dec 2015
11. Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12. Vehicle Scheme	: Normal
13. Attachment 1	: No Attachment
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: CITROEN
17. Vehicle Model	: DISPATCH 2.0I HDI AT
18. Year of Manufacture	: 2015
19. Primary Colour	: Grey
20. Secondary Colour	: -
21. Passenger Capacity	: 2
22. Chassis/Trailer Chassis No.	: VF7XURHHAFZ001067 / -
23. Propellant/Emission Standard	: Diesel / Euro V
24. Engine No./Motor No.	: 10WAPH0492870 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 1997 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 1740
28. Maximum Laden Weight(kg)	: 3005
29. Open Market Value	: \$25,085.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00
33. IU Label No.	: -
34. COE No.	: 2015121405000944E
35. COE Expiry Date	: 13 Dec 2025
36. COE Category	: -
37. Quota Premium/Prevailing Quota Premium	: \$44,831.00
38. Actual Quota Premium/PQP Paid	: \$16,486.00
39. Actual ARF Paid	: \$1,255.00
40. CO2 Emission(g/km)	: 189.00
41. Actual CEVS Rebate Utilised	: -
42. CEVS Surcharge Paid	: -
43. Actual Green Vehicle Rebate Utilised	: -
44. Vehicle Lifespan Expiry Date	: 13 Dec 2035
45. Road Tax Amount	: \$426.00
46. Road Tax Start Date	: 14 Dec 2015
47. Road Tax End Date	: 13 Dec 2016
48. Remarks	: This vehicle requires side marking.

Transaction ref 20151214090833275744

The owner and vehicle particulars for Vehicle No. GBE9988R as at 14 Dec 2015 are as follows:

1.	Name	ACE COMP SERVICES & TRADING
2.	Identification No. Type	Business
3.	Identification No.	45714100W
4.	Place Of Passport Issue	
5.	Registered Address	1 YISHUN STREET 23 #02-36 YS-ONE SINGAPORE 768441
6.	Mailing Address	
7.	Vehicle No.	GBE9988R
8.	Effective Date of Ownership	14 Dec 2015
9.	Original Registration Date	14 Dec 2015
10.	First Registration Date	14 Dec 2015
11.	Vehicle Type	A50 - Goods (Closed) Van/Van Panel (Delivery)
12.	Vehicle Scheme	Normal
13.	Attachment 1	No Attachment
14.	Attachment 2	
15.	Attachment 3	
16.	Vehicle Make	CITROEN
17.	Vehicle Model	DISPATCH 2.0i HDI AT
18.	Year of Manufacture	2015
19.	Primary Colour	Grey
20.	Secondary Colour	
21.	Passenger Capacity	2
22.	Chassis/Trailer Chassis No.	VF7XURHHAFZ001067 / -
23.	Propellant/Emission Standard	Diesel / Euro V
24.	Engine No./Motor No.	10WAPH0492870 / -
25.	Engine Capacity(cc)/Power Rating(kW)	1997 / -
26.	Maximum Power Output(kW/bhp)	- / -
27.	Unladen Weight(kg)	1740
28.	Maximum Laden Weight(kg)	3005
29.	Open Market Value	\$25,085.00
30.	PARF Eligibility	No
31.	PARF Eligibility Expiry Date	
32.	Minimum PARF Benefit	\$0.00
33.	IU Label No.	
34.	COE No.	2015121405000944B
35.	COE Expiry Date	13 Dec 2025
36.	COE Category	
37.	Quota Premium/Prevailing Quota Premium	\$44,831.00
38.	Actual Quota Premium/POP Paid	\$16,486.00
39.	Actual ARF Paid	\$1,255.00
40.	CO2 Emission(g/km)	189.00
41.	Actual CEVS Rebate Utilised	
42.	CEVS Surcharge Paid	
43.	Actual Green Vehicle Rebate Utilised	
44.	Vehicle Lifespan Expiry Date	13 Dec 2035
45.	Road Tax Amount	\$426.00
46.	Road Tax Start Date	14 Dec 2015
47.	Road Tax End Date	13 Dec 2016
48.	Remarks	This vehicle requires side marking.

