

NATIONAL Assessment Centre Services. Part 1 Jan 2021

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 30/03/21 | Job description | Date & Time Completed | Done by |
| Ref No NA/21621004/03/13 | SAS e-filing | | |
| Veh No GBF630B | E-mail (within 2hrs, AIC 2hrs) | | |
| ICIA 29/03/21 2100 | I-Motor Claim Form | | |
| OT: TP (Reporting Only) | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass'l Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SMT 38516 | 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 repater. |
| () 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: _____

| | |
|--------------------------------|--|
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Bug-In-Charge): | |

| | | |
|-----------|--|-------------|
| NA2102485 | 1) AR: Accident Reporting (\$30) | |
| | 2) DA: Damage Assessment (\$100); INC (\$10) | |
| | 3) TP: Towing Fee \$40/\$45 | |
| | 4) PT: Follow-Through Survey \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | |
| | For claiming status: INC Only (wa 10 Jan 2021) | |
| | 6) TR: Re-inspection \$75 | |
| | 7) NI: Idao DA + SMRT Survey \$160 | |
| | 8) NTUC Additional Services: | |
| | ON: | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | |
| | *N6: Repair Co-ordination \$10 | |
| | *N7: Post Repair Inspection \$25 | |
| | *N8: DV / Collect Excess Coordination \$5 | |
| | TP (N11): TP (Non INC) against INC \$10 | |
| | 9) N12: Idao 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 Submission | 30/03/2021 18:58 (SGT) |
| Date of Accident | 29/03/2021 21:00 (SGT) |
| Exact Location of Accident | Everitt Rd N, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | GBF630B |
|-----------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | LIU'S BROTHER AUTO WORK SHOP |
| Company Reg No | 4XXXX600K |
| Email Address | LIUSBRO@YMAIL.COM |
| Mobile Phone No | (Phone) +65-96377844 |
| Alternative Phone No | +65-96377844 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Dyna |
| 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 - Reporting only |
| Vehicle Category | Commercial vehicle |
| Transmission | Manual |
| CC | 2986 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2070075467 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LOW ENG KWEE |
| NRIC No | SXXXX599G |

| | |
|--|-----------------------|
| Date Of Birth | 09/05/1956 |
| Occupation | Outdoor |
| Date Of Driving Pass | 11/01/1974 |
| Driving experience | 47 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96549512 |
| Alt. Phone Number | - |
| Email Address | LIUSBRO@YMAIL.COM |
| Address | BLK 10 HAIG RD |
| Address complement | #10-363 |
| Postcode | 430010 |
| 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 | Side Swipe |
| 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) | 0 |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

| | |
|---|---------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILES TOO BIG |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SMT3851G |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private hire |
| Name of Driver | - |
| Contact Number | - |
| Address | - |

| | |
|---|---|
| Address complement | - |
| Postcode | - |
| 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**.
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:

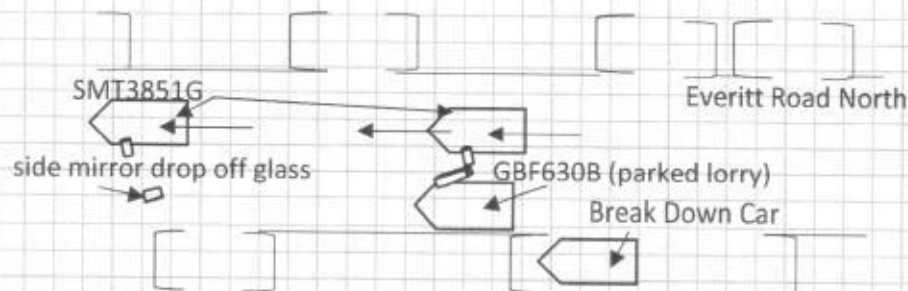
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



A - GBF630B

B - SMT3851G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/03/2021 at about 21:00 pm, my lorry stationary and parked at the roadside of Everitt Road North. I had gone down from my lorry and walked towards the breakdown car.

After repaired I had gone back to my lorry to put back the tools and with the driver's door open slightly and close back the rear right drop sidegate. Due to my hand very dirty after repaired, I had walked to the house "No. 10" to wash my hand before leaving.

But unfortunately, I had heard a loud bang sound coming from outside while I was still inside the house washing my hand. Immediate without delay, I and the car's owner had rushed out of the house to check what was happening. I had discovered that a "Pte Hirer" car side mirror had hit against my lorry driver door to cause her side mirror glass drop off 2 car length far away from my lorry. The car driver did not give any alert "signal horn" and/or slow down her car to avoid the collision. She had driven with a quite fast speed during and that moment of time to cause the accident to occur.

Nobody had injured, both parties had agreed to exchange particulars. But the "Pte Car" lady driver had rejected to let me have her particulars when I had asked her for exchange with each others, I had followed her not to give her my particulars too.

DECLARATION

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

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.:

MOTOR ACCIDENT REPORT

| | | | |
|-----------------------------|-------|--------------------|---------------------|
| Vehicle Registration Number | | GBF630B | |
| Accident | Date: | 29/03/2021 | Time: 21:00 (hh:mm) |
| Location Of Accident | | Everitt Road North | |

INSURED/POLICYHOLDER (OWN VEHICLE)

| | | | |
|--|--|---|---------------------------------------|
| Registered Owner Name | | Liu's Brother Auto Workshop | |
| | | <input type="radio"/> Individual <input type="radio"/> Company | |
| Registered Owner ID | | <input checked="" type="checkbox"/> Co Regn No <input type="checkbox"/> NRIC No <input type="checkbox"/> Passport No/FIN <input type="checkbox"/> Work Permit No 42674600K | |
| Contact Phone No | <input type="radio"/> Local +65 67411730 <input type="radio"/> HP No 96377844 | | |
| Email Address | <input type="radio"/> No Email <input type="radio"/> liusbro@ymail.com | | |
| Vehicle Category | | <input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Hire & Reward | |
| Manufacturer / Model | | Toyota Dyna 150 Manual 2986 cc | |
| Nature Of Damage | Windshield | Front | Front Lh Rear Rh Rear Rear Lh Rear Rh |
| Front Lh Side | Front Rh Side Door | ✓ | Rear Lh Side Rear Rh Side Centre |
| (No Damaged) | | | |
| Insurance Company (Own Vehicle) | | AIG Asia Pacific Insurance Pte Ltd | |
| Type Of Coverage | <input type="radio"/> Comprehensive <input checked="" type="radio"/> Third Party <input type="radio"/> 3rd Party, Fire & Theft | | |
| Policy / Fleet / Cover Note Number | 2070075467 | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="checkbox"/> Own Damaged Claims <input type="checkbox"/> Third Party Claims <input checked="" type="checkbox"/> Reporting Only | |

DRIVER PARTICULARS (OWN VEHICLE)

| | | | |
|---|--|--|--|
| Name Of Driver | | Low Eng Kwee | |
| ID Of Registration Owner | <input checked="" type="checkbox"/> NRIC No <input type="checkbox"/> FIN No <input type="checkbox"/> Work Permit No | S1196599G | |
| Address | Block 10 Haig Road #10-363 | | Singapore |
| Date Of Birth | 09/05/1956 | Gender | <input checked="" type="radio"/> Male <input type="radio"/> Female |
| Occupation | <input type="radio"/> Driver <input type="radio"/> Outdoor <input checked="" type="radio"/> Indoor | | |
| Mobile Phone No | <input type="radio"/> Local +65 96549512 <input type="radio"/> Foreign | | |
| Alternative Phone No | <input type="radio"/> Office 67411730 <input type="radio"/> Resident | liusbro@ymail.com | |
| Driving Experience | Yrs Mths | Driving Pass Date | |
| Class Of Licence | <input type="radio"/> Class 2 <input type="radio"/> Class 2A <input type="radio"/> Class 2B <input type="radio"/> Class 3 <input type="radio"/> Class 3A <input type="radio"/> Class 4 <input type="radio"/> Class 5 | | |
| | 05/06/1973 05/06/1973 | 05/06/1973 11/01/1974 23/09/1977 | |
| Was driver an employee Of the Insured's? | | <input checked="" type="checkbox"/> Yes <input type="radio"/> No | |
| Relationship of the driver with Insured | | <input type="radio"/> Policy Holder <input checked="" type="radio"/> Employee <input type="radio"/> Relative <input type="radio"/> Others | |
| Does the Driver Own Any Other Vehicle? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Vehicle Registration Number (If Owned) | | N.A. | |
| Insurance Company Of Driver's Own Vehicle | | N.A. | |
| Did you drink any alcoholic drinks before you drive on the day of the accident? | | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Exact Purpose for which vehicle was being used at time of accident | | Repaired Customer Breakdown Car | |
| State where vehicle is at present | | Not Applicable | |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|--|
| Type Of Accident | <input checked="" type="checkbox"/> TP / Insured Hit Insured / TP <input type="radio"/> Head To Rear <input type="radio"/> Rear To Head <input type="radio"/> Chain Collision <input checked="" type="checkbox"/> Side Swide <input type="radio"/> Others |
| Weather Conditions | <input checked="" type="checkbox"/> Clear <input type="radio"/> Raining <input type="radio"/> Drizzling <input type="radio"/> Other Drizzling |
| Road Surface | <input type="radio"/> Wet <input checked="" type="radio"/> Dry |

Driver's Signature & Date



OTHER INFORMATION

| | | |
|--|--|--|
| Was anybody injured in the accident? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| Any foreign vehicle involved in this accident? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| Foreign Vehicle No & Category | | |
| Was any other material pr property damaged | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes TP Side Mirror Glass |
| Was there any video captured by Car Camera? | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes |

| | | | | | | |
|------------------|-------|----------|----------|---------|---------|------------|
| Nature Of Damage | Front | Front Lh | Front Rh | Lh Side | Rh Side | No Damaged |
| | Rear | Rear Lh | Rear Rh | Lh Side | Rh Side | |

| | | | | | |
|---|---|----------------|-----------------------------|--------|------|
| Number Of Passengers (Including Driver) | 1 | 2 | 3 | Others | Zero |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Passenger Name | Stationary (Parked Vehicle) | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Passenger Name | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Passenger Name | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Passenger Name | | | |

| | | |
|--|--|------------------------------|
| Was the accident report to the police? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| If Yes, Please state which Police Station | N.A. | |
| Was notice of inended Prosecution given? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| | If Yes, against whom? | Unknown |
| Have you been approached by unknown persons (s) soliciting / offering accident claims assistance | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |

DETAIL OF OTHER VEHICLE PARTICULARS (3RD PARTY VEHICLE)

| | | | |
|---|---|----------------------|--------------|
| Vehicle Regn Number (B) | SMT3851G | NRIC No | |
| Name of Driver | | | |
| Address | | | Singapore |
| Mobile Phone No | | Alternative Phone No | |
| Manufactrer / Model | | | |
| Insurance Company | | | |
| Nature Of Damage | Front | Front Lh | Rear Rh |
| | Front Lh Side | Front Rh Side | Rear Lh Side |
| | | | Rear Rh Side |
| | | | Centre |
| Number Of Passengers (Including Driver) | 1 | 2 | 3 |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Passenger Name | |

| | | | |
|---|---|----------------------|--------------|
| Vehicle Regn Number (C) | | NRIC No | |
| Name of Driver | | | |
| Address | | | Singapore |
| Manufactrer / Model | | | |
| Mobile Phone No | | Alternative Phone No | |
| Insurance Company | | | |
| Nature Of Damage | Front | Front Lh | Rear Rh |
| | Front Lh Side | Front Rh Side | Rear Lh Side |
| | | | Rear Rh Side |
| | | | Centre |
| Number Of Passengers (Including Driver) | 1 | 2 | 3 |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Passenger Name | |

DETAIL OF INJURED PERSON

| | |
|--|--|
| Name of Injured person | N.A |
| Address Of Injured person | N.A |
| Injured person in which vehicle | N.A |
| Approximate Age | |
| Injuries Sustain | |
| Days Of MC | |
| Was injured convey to hospital by ambulance? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Were seat belts worn? | <input type="checkbox"/> No <input type="checkbox"/> Yes |



Driver's Signature & Date

Name : Low Eng Kwee (S1196599G)

Nric No:

Name of Policyholder : LIU'S BROTHER AUTO WORK SHOP
Period of Insurance : 16 Jun 2020 To 15 Jun 2021
Engine No. : 1KD2606237
Chassis No. : JTFAT35Y90K206361

Vehicle No. : GBF630B
Policy No. : 2070075467
Endorsement No. :
Issued Date : 11 May 2020

| | | | | | |
|-------------------------|---------------------------------|--------------|--------------|----------------------------|------|
| Make/Model | TOYOTA DYNA 150 1.8 ton [Lorry] | | | | |
| Engine Capacity/Tonnage | 1.8 Tonnage | Sum Insured | Market Value | First Year of Registration | 2016 |
| Driver Restriction | NA | Off Peak Car | No | Insuring with COE/PARE | Yes |

b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIOR") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Limitation as to use*

- 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward; driving tuition, driving test, racing, pace-making, reliability trial or speed testing; and b) use whilst driving a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1
Fire \$0 Own Damage \$800 Theft \$0 Flood Cover \$0

Section 2
Property Damage: \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us)
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency helpline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503708000

ALPET AGENCY

7030 ANG MO KIO AVE 5 #08-07 NORTHSTAR @-AMK
SINGAPORE 569880

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Fu-Ran Lee

Transaction ref 20160616155512540871

The owner and vehicle particulars for Vehicle No. GBF630B as at 16 Jun 2016 are as follows:

| | | |
|-----|--|--|
| 1. | Name | : LIU'S BROTHER AUTO WORKSHOP |
| 2. | Identification No. Type | : Business |
| 3. | Identification No. | : 42674600K |
| 4. | Place Of Passport Issue | : - |
| 5. | Vehicle No. | : GBF630B |
| 6. | Previous Vehicle No. | : - |
| 7. | Effective Date of Ownership | : 16 Jun 2016 |
| 8. | Original Registration Date | : 15 Jun 2016 |
| 9. | First Registration Date | : 15 Jun 2016 |
| 10. | Vehicle Type | : B31 - Goods (Open) Lorry (Metal Body)/Pickup |
| 11. | Vehicle Scheme | : Normal |
| 12. | Attachment 1 | : No Attachment |
| 13. | Attachment 2 | : - |
| 14. | Attachment 3 | : - |
| 15. | Vehicle Make | : TOYOTA |
| 16. | Vehicle Model | : TOYOTA DYNA 150 MANUAL |
| 17. | Year of Manufacture | : 2016 |
| 18. | Primary Colour | : Silver |
| 19. | Secondary Colour | : - |
| 20. | Passenger Capacity | : 2 |
| 21. | Chassis/Trailer Chassis No. | : JTFAT35Y90K206361 / - |
| 22. | Propellant | : Diesel |
| 23. | Engine No./Motor No. | : 1KD2606237 / - |
| 24. | Engine Capacity(cc)/Power Rating(kW) | : 2982 / - |
| 26. | Unladen Weight(kg) | : 1680 |
| 27. | Maximum Laden Weight(kg) | : 3500 |
| 28. | Open Market Value | : \$24,944.00 |
| 29. | PARF Eligibility | : No |
| 30. | PARF Eligibility Expiry Date | : - |
| 31. | Minimum PARF Benefit | : \$0.00 |
| 32. | No. of Transfers | : 1 |
| 33. | IU Label No. | : 1042783860 |
| 34. | COE No. | : 2016061505000867R |
| 35. | COE Expiry Date | : 14 Jun 2026 |
| 36. | COE Category | : C - Goods Vehicle & Bus |
| 37. | Quota Premium/Prevailing Quota Premium | : \$5,490.00 / \$5,490.00 |
| 38. | Actual Quota Premium/PQP Paid | : \$5,490.00 |
| 39. | Actual ARF Paid | : \$1,248.00 |
| 44. | Vehicle Lifespan Expiry Date | : 14 Jun 2036 |
| 45. | Road Tax Amount | : - |
| 46. | Road Tax Start Date | : - |
| 47. | Road Tax End Date | : - |
| 48. | Remarks | : The vehicle is registered under Early Turnover Scheme. |