NATION 11. Assessment Coure	Services	(4.6° 3.54 2.54)			
Date In . 26/07/22	Job descrip	tion	Date & Time Completed	Done l	Ñ
Rel No NA/C720007078/13	SAS e-fili	ing	1		
Veh No SMD3S	E-mail (w	John Slas, ATC 2hrs,			
DOA 25/07/22 0700	i-Motor (Claim Form			
	i-Motor	W/O (Within; OP 2br	s TP 4hrs)		
OD (i) Reporting Only	i-Photo U	Jploaded		144-111-11	
tres a	Assessmen	t/Survey Report	1		
TP Insurer:	Ass't Repo	ort by <u>Fax / Hand</u>	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fax:		
TP Particulars: Veh No: 3	SLF1203	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Stati		90%; P: 21-79%. F: 80-160	%]	
	arranty: YES)		
Excess: (\$) Loading: \$1,00	0 ()/\$2,	,000()			
General Remarks:- () Walk-In Customer: Customer's inform			Mark Company of the		
Drive-In ()/ Towed-In (); Invoice:	YES ()) / NO();	Towing Co. (Date&Time Completed	Done	by
Remarks:- (INC horline: 6788 6616)	25,000,000		Date&Time Completed	DONG	by
	ourtesy Car ()			
2) QC Check / Post Repair Inspection	(
3) Upload Resurvey Photo [Repair Cost > \$30	1001 (
Injury:					
Date/Time Actions					
	-	Formula (Co	d - Charlist	Anit (S)	Amt (\$)
NA2201979		1) AR : Accide	eparation Checklist	1st Bill	Add Bill
Claimant's Particulars :-		2) DA : Damag	ge Assessment (\$100); INC (\$80)		
Driver/Owner:		3) TF : Towing 4) FT : Follow	-Through Survey \$1	COLUMN TO THE OWNER OF THE OWNER OWNER OF THE OWNER	
Contact No:		51 FT : Follow	-Through Survey (Resurvey) \$ segainst INC Only (wef 10 Jan 2005)	30	
		6) TR : Re-ius	pection S	75	
Damaged Portion:		7) N1 : Idac D. 8) NTUC Add	A + SMRT Survey S1 itional Services		-
QC Checked by (Engr-In-Charge):		• <u>OD</u> • •N5: Courte	esy Car / Tpt Allowance	\$5	
Kr. Supraga of Joseph V. Sumbol.		*N6: Repair	r Co-ordination 5	101	
Auditors' Comments :-		*N8: DV / 0	Collect Excess Coordination	\$5	
Cat, 1:			TP (Non INC) against INC S	30]	-
Cat 2/3;		Invoice dated	Fee Charged	BERGES	
with the first		Involce dated	Fee Charge i	BEAUTIFUL .	

SN09227Q0004-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/07/2022 11:11 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 2 (27/07/2022 08:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate. policy liability.

- 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.
 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 26/07/2022 11:11 (SGT) Reported by Date of Accident 25/07/2022 07:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TWDS TUAS B4 JLN BAHAR EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD3S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN WEI LIANG LESLIE(CHEN WEILIANG LESLIE) NRIC No SXXXX686H **Email Address** gipcavenger@gmail.com Mobile Phone No (Phone) +65-81070111 Alternative Phone No +65-84489386

VEHICLE PARTICULARS

Manufacturer Mercedes Model AMG G63 4MATIC AUTO Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 3982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00241492100

DRIVER

Name of Driver TAN WEI LIANG LESLIE(CHEN WEILIANG LESLIE) NRIC No SXXXX686H Date Of Birth 21/02/1984 Occupation Indoor

Accident report SN09227Q0004

Date Of Driving Pass 13/12/2004 Driving experience 17 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-81070111 Alt, Phone Number +65-84489386 Email Address gipcavenger@gmail.com Address 37 WESTWOOD WALK Address complement Postcode 648680 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No. (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 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? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLF1203B

Vehicle Variant Accident report SN09227Q0004

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	
Address	
Address complement	man e
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC7588U
Vehicle Manufacturer	5.
Vehicle Model	(*)
Vehicle Variant	£45
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	11 - 1 20 10 - 1 20 10 - 1
Contact Number	(A)
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	187
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	TAN WEI LIANG LESLIE(CHEN WEILIANG LESLIE) Male
Address	
Address Complement	
Post Code	
Approximate Age Years Old	L
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMD3S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

25/07/22 11-19 MG

Witnessed by Reporting Centre Personnel

26/07/11

& Time

Sketch Plan

TIPITION TO THE PROPERTY OF THE	respectively commenced and accommenced to the commenced and the co
	(A) Smp 39
	1 \$1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	111111111111111111111111111111111111111
	7 PC 7588 U
	Along PIE Towards Tues
	
	(Cofac Jalan Bahar Bit).
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	The second secon

Describe Circumstances of the Accident Was vehicle 33 1203 B B against

Declaration

IWe declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

25/07/22 1120HES.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

26/07/22

Personnel

3



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEND	UM
(A)	A) PARTICULARS OF PERSON MAKING THE AMENDMENT	S:
	Original Report No: SN 09227@ 0004	_ Vehicle Registration No: SMD 39.
	Name (as shown in NRIC): Tan wel Liang, Leslie	
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as ap	
	Address: 37 westwood walk	Singapore (64866)
	Contact (Tel):	_ Mobile No.: 8107 0111
	Email Address: gipcavenger@gmail.com	_
	Date of Accident: 25 7 2022	_ Time of Accident:OFOShKS
	Place of Accident: PIE Towards Tous B Insurance Company: China Taiping	Insurance.
	I have made a report on the above-mentioned accident make the following amendments: Attached Blice (T/20220725/702	
(Hym 27/67/22
	Policyholder / Driver's Signature Date: ン6 07 22	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date:





1 of 4

Report No. T/20220725/7025

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 22 13:10	Made:	Vide Report No.: J/20220725/0045	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: I LIANG LE		Address: 37 WESTWOOD WAL	K SINGAPORE 648680	
	/ ID No.: D / S84046	86H	Contact No.: Home/Office:	Mobile: 84489386	
National SINGAP	ty: ORE CITIZ	ŒN	Email: GIPCAVENGER@GM	AIL.COM	
Sex: Male	Age: 38	Date of Birth: 21/02/1984	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupat	ion:		Driving Licence Inform Class:	ation: Date of Expiry:	

outional inition	nation of the Accident		Sea to the property of the season of the sea	THE RESERVE THE PROPERTY OF THE PARTY OF THE
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/07/2022 07:00	Type of Location Straight Road
Location: PAN ISLAND	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
100 m 100 m		Traffic Control: Not Controlled	1	Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head To Re	ar		Anyone conveyed by ambulance: Yes

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
PC7588U	Van	MERCEDES BENZ		Black	Seriously Damaged	1
SLF1203B	Car	KIA	Cerato forte k3	Black	Seriously Damaged	1
SMD3S	Car	MERCEDES BENZ	G63	Black	Seriously Damaged	0



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

NIL

No. of Days granted Medical Leave

Date



T/20220725/7025

2 of 4

Report No. T/20220725/7025

CONTINUATION OF REPORT

Vehicle No.	Ins	urance Company		Insurar	nce No	Effective	Expiry Date	
SMD3S	-	thina taiping						
Details of Po	SEASON PROPERTY.							
Any Pedestri								
	trian	s Injured: NIL		Use of Pe	edestrian Cros	sing: NA		
Driver								
Name		HUANG BINHONG			ID No.	S7266448	E	
Related Vehi	icle	PC7588U (Van)			Contact No.	81269078	3	
Hospital/Clin	ic	NIL			Class of Driving Licence & Expiry	Class: 3A Date of Ex	piry: NIL	
Date		NIL		Date	NIL			
No. of Days	grant	ed Medical Leave	NIL	Degree o				
Vehicle Own					CONTRACTOR OF		ASSESSMENT OF THE PARTY OF THE	
Name		MOHAMAD SAZALI	BIN KAMI	BALI	ID No.	S1613809	F	
Related Vehi	cle	SLF1203B (Car)			Contact No.	97736346	j	
Hospital/Clin	ic	NIL			Class of Driving Licence & Expiry	Class: 3A Date of Ex	piry: NIL	
Date		NIL		Date	NIL			
No. of Days	grant	ed Medical Leave	NIL		Degree of Sligh		nt	
Vehicle Own				Party State			14411	
Name		TAN WEI LIANG LE	SLIE		ID No.	S8404686	Н	
Related Vehi	cle	NIL			Contact No.	84489386		
Hospital/Clin	ic	NIL		1000	Class of Driving Licence & Expiry	Class: NIL Date of Ex		

Date

Degree of

NIL

NIL

NIL



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



3 of 4 Report No. T/20220725/7025

CONTINUATION OF REPORT

Brief Details.

On 25/07/22 at about 0700hrs, I was driving my car Smd3s along PIE towards Tuas in the extreme left lane (just before the exit to Jalan Bahar) The vehicles in front of me were queueing to exit to Jalan Bahar , so my car was momentarily stationary while waiting for the traffic in front of me to move forward . Suddenly, I felt an impact from behind, when I came out of my vehicle to inspect my car, I realised I was involved in a 3 vehicle chain collision accident as follows:

First vehicle: SMD3S (A) 2nd vehicle: SLF1203B(B) 3rd vehicle: PC7588U(C)

The impact of the accident caused some pain and discomfort, so I went to vist a doctor and was given 3 days MC . I will follow up my medical treatment if any necessary . Hence I hereby lodge this report to claim against vehicle B (SLF1203B) insurance for my accident damages .



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

Sketch Plan

Informant is not able to provide sketch



4 of 4

Report No. T/20220725/7025

CONTINUATION OF REPORT

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: 25/07/2022 13:10
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187	Classification Of Case:

DATE OF ACCIDENT	MAKE & MODEL: M BENZ AMG GG3 AUTO/MANUAL 25 / 07 / 2022 °C.C. 3,982
TIME OF ACCIDENT	07:00 (AM) PM
LOCATION OF ACCIDENT	Al DIE T I T I Refore The Bob File
EXACT PURPOSE USED AT TIME OF ACCIDENT	Along PIE Towards Twas (Refore Jalan Bohar Ext) EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	
TELP NO	Tan wei Liang, Lesliemail, gipcavenger Egmail. com Mobile: 81070111 Office: PUY8 9386. Home:
NRIC	S&4 04 686H.
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES / NO ?
INSURANCE CO.	100 March 100 Ma
TYPE OF COVERAGE	China Taiping Insurance. Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
POLICI NO.	DMPC3NW00241492100.
NAME OF DRIVER	AS ABOVE. / IF NO.
NRIC	As Above.
DATE OF BIRTH	١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١ ١
ANY PASSENGER	YES / NO :
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor (BAL)
DATE OF DRIVING PASS	13 112 1 2004
GENDER	Male / Female
CONTACT NO.	Mobile: 8107 0111 Office: — Home: —
EMAIL.	gipcaven ger @ g mail. com
ADDRESS	37 westwood part 2(648680).
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes : Reg No. INSURER.
RELATIONSHIP	Employee / (If No.)
WEATHER CONDITION	Clear / Raining / Other
ROAD SURFACE	Dry / Wet / Other
ANY INJURIES	No / Cryes: Who? Tan wei Liang, Leslie
CONTACT NO.	81070111
POLICE REPORT	No / If yes . Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?
VEHICLE B NO.	SLF 1203 B. Any Passenger:
NAME	
CONTACT NO.	
VEHICLE C NO.	PC 75884 Any Passenger, +1 (male).
VEHICLE D NO.	Any Passenger :
EHICLE E NO.	Any Passenger :
EHICLE F NO.	Any Passenger :
NY WITNESS	
VITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES) NO
Have you been approach by unknown person sol	iciting (s) /



十国人十体版 (利加扱) 有限公司 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

中国太平 CHINA TAIPING

Motor Private Car

MX1/B

N SN

AN0687A Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18s Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Engine No.: 17798060128914

CERTIFICATE No.

DMPCSNW00241492100

Cha. No.:WDB4632762X337936

1 Index Mark and Registration

SMD3S

Number of Vehicle

2. Name of Policy Holder

TAN WEI LIANG LESLIE (CHEN WEILIANG LESLIE)

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

17/11/2021 (00:00:00)

Named Drivers Ex Sect. I

\$\$5,000.00

Excess Sect. I (Outside Singapore)

S\$10,000.00

4. Date of Expiry of Insurance

16/11/2022

EX ON WINDSCREEN . \$\$500.00

5. Persons or Classes of Persons entitled to drive*

As per Named Driver(s) stated below. 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.

TAN WEI LIANG LESLIE (CHEN WEILIANG LESLIE)

6. Limitations as to use "

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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:

CREDENCEL INSURANCE AGENCY

Authorised Officer

Authorised Signatory

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

3 Anson Road #16-00 Springleaf Tower Singapore 079909

©63896111

₱6222 1033

www.sg.cntaiping.com

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



Vehicle Details

Vehicle No.

SMD3S

Vehicle Type:

P10 - Passenger Motor Car

Vehicle Scheme:

Normal

Propellant:

Petrol

Motor No.:

-

Power Rating:

Maximum Laden Weight:

3200 kg

Year Of Manufacture:

2019

Lifespan Expiry Date:

.

Quota Premium:

\$37,705.00

Road Tax Expiry Date:

17 Sep 2022

Inspection Due Date:

17 Mar 2023

CO2 Emission:

299.00 (g/km)

CO Emission:

Make / Model

MERCEDES BENZ / AMG G63 4MATIC AUTO

Vehicle Attachment 1:

No Attachment

Chassis No.:

WDB4632762X337936

Engine No.:

17798060128914

Engine Capacity:

3982 cc

Maximum Power Output:

430.0 kW (576 bhp)

Unladen Weight:

2560 kg

Original Registration Date:

18 Mar 2020

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Expiry Date:

17 Mar 2030

PARF Eligibility Expiry Date:

17 Mar 2030

Intended Transfer Date:

25 Jul 2022

CEV/VES Rebate Utilised Amount:

*

HC Emission: