

NATIONAL Assessment Centre Services

(Ref: Jan 2012)

Date In: 02/08/22	Job description	Date & Time Completed	Done by
Ref No: NA/C7202007316/13	SAS e-filing		
Veh No: SML 8755K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 28/07/22 1115	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: F3045.19A	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%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

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

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co. ()

Remarks: (INC Hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA0202068	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tp 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 \$20		
	9) N12: Idno 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 Actual 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	02/08/2022 09:12 (SGT)
Reported by	Driver
Date of Accident	28/07/2022 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GEYLANG RD JUNC OF SIMS WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8755K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WHEELS EXPRESS RENTAL & LEASING PTE LTD
Company Reg No	2XXXXX594C
Email Address	yeechye@yahoo.com.sg
Mobile Phone No	(Phone) +65-90603343
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00008142202

DRIVER

Name of Driver	LEE LENG POH
NRIC No	SXXXX336E
Date Of Birth	22/11/1964
Occupation	Outdoor

Date Of Driving Pass	06/09/1983
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81614671
Alt. Phone Number	-
Email Address	docsl72@gmail.com
Address	BLK 760 PASIR RIS ST 71
Address complement	#04-194
Postcode	510760
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220728/2071

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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD4519A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBD4519A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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.

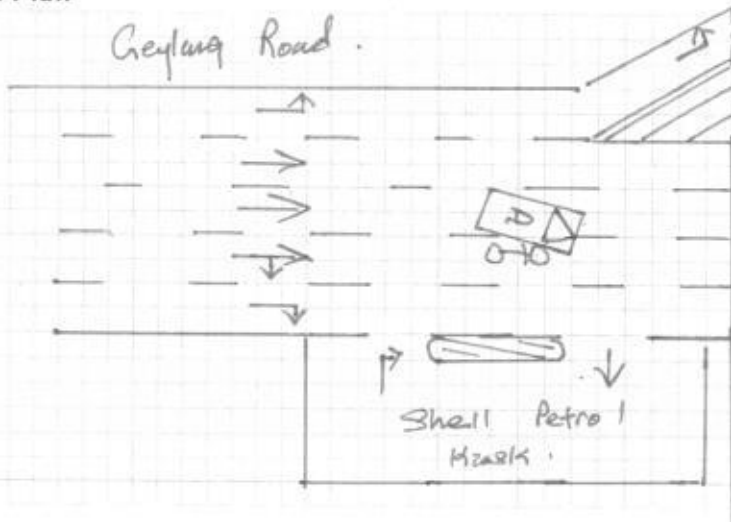


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SML 8755K.

(Boto) FBD 4519A.

Sans Way.

Describe Circumstances of the Accident

P/s refer to Police Report No:
T/20220728/2071.

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220728/2071

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No.: T/20220728/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2022 16:51		Vide Report No.: G/20220728/0079		Station Diary No.: 76	
Informant's Particulars					
Name of Informant: LEE LENG POH			Address: APT BLK 760 PASIR RIS STREET 71 #04-194 SINGAPORE 510760		
ID Type / ID No.: NRIC NO / S1676336E			Contact No.: Home/Office: Mobile: 81614671		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 22/11/1964	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: AED MAINTAINENCE		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/07/2022 11:15	Type of Location: X-Junction
Location: GEYLANG ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD4519A	Motorcycle				Slightly Damaged	0
SML8755K	Car				Slightly Damaged	0



SINGAPORE
POLICE FORCE



T/20220728/2071

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 3

Report No. T/20220728/2071

CONTINUATION OF REPORT

Brief Details.

On 28/7/2022 at about 1115hrs, I was driving (SML8755K) along Geylang Road, cross junction with Sims Way. I was in the second lane from the left. However, I wanted to turn right at the cross junction into Sims Way, hence I filtered to the right lane.

This means that I was in the third lane from the left, just before the traffic light.

I wanted to turn right at the cross junction, however I saw that the green arrow was blinking hence I decided to stop for safety purposes. Suddenly, there was a motorcycle which was travelling very quickly and collided into my front right side mirror. I saw the rider of the motorcycle fall onto the floor.

I called police for assistance, and subsequently Traffic Police and ambulance was at scene as well. I wish to state that I was not informed of which hospital the rider was conveyed to. I am lodging this report as per the Traffic Police officer's instruction.



**SINGAPORE
POLICE FORCE**



T/20220728/2071

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No: T/20220728/2071

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:

F /

SGT 2 Zhuang Zhijie

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/07/2022 16:51

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE

Contact No.: 65476187

Classification Of Case:

NP168

01/08/22

VEHICLE NO:	SML 8755K.	MAKE & MODEL:	Honda Shuttle	<input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
DATE OF ACCIDENT:	28/07/2022.	CC:	1-5.	
TIME OF ACCIDENT:	1115 HRS			
LOCATION OF ACCIDENT:	Geylang Road junction Sims Way.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE	<input checked="" type="radio"/> PRIVATE HIRE		
NAME OF OWNER:	Wheels Express Rental & Leasing Pte Ltd.			
TEL NO:	H/P: 9060 3343	OFFICE:		HOME:
NRIC:	201810594C			
ADDRESS:	61, Ubi Ave 2, Automobile Megamart #25-04 (E) 408898.			
EMAIL:	yeechye@yahoo.com.sg			
CLAIM TYPE:	OD / THIRD PARTY / <input checked="" type="radio"/> REPORTING ONLY			
FLEET POLICY:	<input checked="" type="radio"/> YES / <input type="radio"/> NO?			
INSURANCE COMPANY:	China Taiping.			
TYPE OF COVERAGE:	<input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft			
POLICY NO:	DMHC SNA 00008142202.			
NAME OF DRIVER:	AS ABOVE / IF NO: LEE LENG Poh.			
NRIC:	S 16763362	ANY PASSENGER:	N.A.	
DATE OF BIRTH:	22/11/1964	LICENCE PASSED DATE:	06/09/1983	
OCCUPATION:	<input checked="" type="radio"/> OUTDOOR / <input type="radio"/> INDOOR			
GENDER:	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE			
CONTACT NO:	H/P: 81614671	OFFICE:		HOME:
ADDRESS:	BLK 760 Passer Res St 71 #04-194 (S) 510760.			
EMAIL:	docs172@gmail.com			DOCS172@gmail.com
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="radio"/> NO / IF YES, REG NO:			INSURER:
RELATIONSHIP:	Driver.			
WEATHER CONDITION:	CLEAR / <input checked="" type="radio"/> RAINING / <input type="radio"/> OTHERS:			
ROAD SURFACE:	DRY / <input checked="" type="radio"/> WET / <input type="radio"/> OTHER:			
ANY INJURIES:	NO / <input checked="" type="radio"/> IF YES, WHO?		FBD 4519A Rider.	
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	NO / <input checked="" type="radio"/> IF YES, WHERE?		Hongkong N.P.C.	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="radio"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	FBD 4519A.	ANY PASSENGERS:	N.A.	
NAME OF DRIVER:		CONTACT NO:		
VEHICLE C REG NO:		ANY PASSENGERS:		
VEHICLE D REG NO:		ANY PASSENGERS:		
VEHICLE E REG NO:		ANY PASSENGERS:		
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:	N.A.	WITNESS CONTACT:	N.A.	
WAS THERE ANY VIDEO CAPTURE?	<input checked="" type="radio"/> YES / <input type="radio"/> NO		With Traffic Police.	
WAS THERE ANY AUDIO RECORDED?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="radio"/> YES / <input type="radio"/> NO			
ACCIDENT PORTION:	Right Side.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES / <input checked="" type="radio"/> NO		
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Vehicle C-1

M2406UB

R SN

AN9721A

Gov. Type C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1963
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO:

DMRCSNAD0008142202

Engine No: LEB7104036

Chassis No: GP72063051

1. License Mark and Registration
Number of Vehicle

5MLR75SK

AUTOSAFE

2. Name of Policy Holder

WHEELS EXPRESS RENTAL & LEASING PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

22/05/2022
(00:00:00)

Excess Sect. I S\$2,000.00

Excess Sect. II S\$2,000.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

21/05/2023

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.

6. Limitations as to use¹

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.: BENEFIT AUTO ENTERPRISE PTE LTD AS HP OWNER

¹ 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.

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: Chua Suat Lay Sally
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208394E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com



Wheels Express Rental & Leasing Pte Ltd

ROC : 201810594C

OCBC CURRENT : 588-140228-001

PAY NOW UEN : 201810594C

51 Ubi Ave 2, Automobile Megamart, #05-04 Singapore 408898

CHEW 9060 3343 / TEO 91076963

VEHICLE RENTAL & LEASING AGREEMENT

Hirer's Name: <u>LEE KENG ROH</u>		<u>2008172 @ 8m.1 rem</u>	
NRIC No: <u>1678367E</u>		Hirer's Contact No: <u>91614671</u>	
License Pass Date: <u>06-09-2018</u>		Next of Kin Name & Contact No (In Case of Emergency):	
Address: <u>318 TELUK ANSON RD S171 924 94</u>			
Occupation / Office Address:		(Singapore <u>510760</u>)	
Vehicle Reg No: <u>SML 8788 N</u>		Make & Model: <u>Honda Shuttle Hybrid</u>	
Commencing Start Date: <u>3-11-2021</u>		Commencing End Date: <u>3 months</u>	
Handover Time: <u>16:50pm</u>		Handover Time:	
Rental Per Day/Week/Month: <u>weekly - \$430</u>		Deposit: <u>\$300 transfer w/c from SML830004</u>	
Add Driver:		NRIC No: <u>40281</u>	
License Pass Date:		Contact No:	
Remarks: <u>payment every Thursday</u>			

1. In the event Hirer decides to terminate the contract before the contract end date, deposit will NOT BE REFUNDED, ADDITIONAL PENALTY will be enforced upon 50% of the remaining outstanding rental.

2. In the event Hirer decided to cancel a reservation whereby a booking deposit is already been placed, there shall be NO REFUND on the deposit collected. Strictly no refund after deposit.

3. Failing to inform us of any existing scratches, dents & faults (if any) within 30 minutes after the collection of the vehicle, repair charges will incur when the vehicle is returned.

4. In the event that rental payment is not paid on expected date, at company discrepancy, we will tow the vehicle without notice. Belongings will be kept for maximum 2 weeks. If not collected, we will dispose of it.

Wheels Express Rental & Leasing Pte Ltd shall at no time be liable for the loss of belongings left in the vehicle.

5. Late payment of \$20 will be imposed per day due to any reasons if rental not received on rental due date.

6. Upon signing the contract, Hirer will be obliged to maintain the vehicle with due diligence at our respective workshop, failing to maintain the vehicle thereafter resulting in major faults, repair cost will be borne by the Hirer.

7. Hirer will bear all cost for debts collector commission and admin charges.

Hirer Bank Account Details:

1st Party Excess: \$3000	3rd Party Excess: \$3000	CDW: Y / N (additional \$5.00/day)
		CDW if yes, excess @ \$1,000

Signature of Hirer

Signature of Authorized Person

LOCAL TOW SERVICE (24HRS) : 91828211

MALAYSIA TOW SERVICE (24HRS) : YONG - 016-704 7552 / 012-220 8076

TYRE & BATTERY SERVICE (24HRS) : AH KEE 98751699

BENEFIT AUTOCARE: ERIC 9489 4845 | 11 Kaki Bukit Road 1 #01-02 Eunos Technolink (S415939)

AIRCON : PATRICK 94357824 | Blk 3022A Ubi Road 1 #01-49 S(408716)

Enquire Vehicle Information

Vehicle No.	SML8755K
Vehicle Details	
Vehicle Type:	Private Hire (Chauffeur) Motor Car
Vehicle Attachment 1:	No Attachment
Make / Model:	HONDA / SHUTTLE HYBRID 1.5 AUTO
Primary Colour:	Silver
Year of Manufacture:	2018
Maximum Laden Weight:	1465 kg
Unladen Weight:	1190 kg
No. Of Axles:	2
Engine No.:	LEB7104036
Chassis No.:	GP72003051
Motor No.:	H13804087
Engine Capacity:	1496 cc
Power Rating:	22.0 kW
Maximum Power Output:	101.0 kW (135 bhp)
IU Label No.:	1124892480
Propellant:	Petrol-Electric
Passenger Capacity:	4
Original Registration Date:	10 Jun 2019
First Registration Date:	10 Jun 2019
Open Market Value:	\$22,416.00
Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$2,416.00 (140%)
Actual ARF Paid:	\$13,383.00
PARF Eligibility:	Yes
Minimum PARF Benefit:	\$6,691.00
PARF Eligibility Expiry Date:	09 Jun 2029
COE No.:	2019050103001622N
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Expiry Date:	09 Jun 2029
Quota Premium (QP):	\$48,000.00
QP Paid:	\$48,000.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$48,000.00
Private Hire Vehicle Decal No.:	A112402 (Issued on 11 Jun 2019)
CO2 Emission:	89.00 (g/km)
CEV/VES Rebate Utilised Amount:	\$10,000.00
CO Emission:	0.029000 (g/km)
HC Emission:	0.013000 (g/km)
NOx Emission:	0.006000 (g/km)
PM Emission:	0.200000 (mg/km)

Previous

OK