NATIONAL Assessment Centre	Services :					
Date In 39/08/32	Job description		Date & Time Completed		Done	py
Relin NA/C7322008378/13	SAS e-filing		1			
VINING SUP3868R	E-mail (widou 3t	rs. AIC 2ias)				
1101227/08/22 1445	i-Alotor Claim	Form				
	i-Motor W/O (	Within: OD 2hrs.	TP 4hrs)			
Of (ii) ' Reporting Only	i-Photo Uploac	led				
The state of the second	Assessment/Surv	ey Report	1			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp			- 000002 244
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
	BL43836	INC (	)/Non-INC( )			
Owner / Driver. (			Tel:		)	
Policy No. ( ) Peri	iod: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		1	
Insured/Driver Liability: ( %) [N	lote-Est. Status (W	O): N: 0-20	%; P: 21-79%. F: 80-	100%]		
Year of Registration: ( ) W	Varranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,00	00 ( ) / \$2,000 (	)				
General Remarks:-						
( ) Walk-In Customer: Customer's information	mation strictly Conf	idential & Str	ictly NO rafer of repairer			
( ) Total Loss Case : to e-mail Insure	r URGENTLY.					
Drive-In ( ) / Towed-In ( ); Invoice:	YES ( ) / NO	O ( ) ; To	owing Co. (			)
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed		Done	by
	ourtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ( )					
Injury:						
	Children State	Sand St. Sec.				
Date/Time Actions	1. 2. 3   3000 - 600 3	Co Carryson			-	
					les .	
		Invoice Prep	paration Checklist	D'En	Ant (\$)	Amt (3)
N93202344	i	1) AR : Accident	Reporting (\$30);		131.1311	
laimant's Particulars :-		2) DA : Damage . 3) TF : Towing F	Assessment (\$100); INC (	(\$80) (40/\$45	-	
Priver/Owner:	T	4) FT : Follow-T	hrough Survey	\$120 \$30		
ontact No		5) FT : Follow-T For claiming a	hrough Survey (Resurvey) gainsUNC Only (wef 10 Jan 20	05)		
Pamaged Portion:		6) TR : Re-inspec 7) N1 : Idae DA	tion	\$160		
annigou roman.		8) NTUC Additio				
C Checked by (Engr-In-Charge):			Car / Tpt Allowance	\$5		
		*N6: Repair C	o-ordination	\$10i \$25	-	
Auditors' Comments :-			Heet Excess Coordination	\$5		
at. 1:		<u>TP</u> (N11) : TP 9) N12: Idac No	(Non INC) against INC bile	\$20 30]		
		Invoice dated	Fee Charge	H2 3	WEGE S	
at 2/3.		Involve dated	Fee Charg	11	BOKEN (SPE)	•

SN09228T000I / National Assessment Centre Services [408933] ENTRY DATE & TIME: 29/08/2022 19:06 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (29/08/2022 19:06 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

 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 Actual 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.

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.

The issue and acceptance of this Form by insurance companies and administrative party.
 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.
 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information Country/State of Loss

29/08/2022 19:06 (SGT)

Both

27/08/2022 14:45 (SGT)

Singapore

JURONG TOWN HALL RD TWDS AYE B4 JURONG EAST ST 12

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJP3868R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

BERNARD ONG MING YEOW

SXXXX185A

bernardomy@gmail.com

(Phone) +65-86512231

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota Wish

Private use

No - Claiming third party

Private car

Auto

1800

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00073242201

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

BERNARD ONG MING YEOW SXXXX185A

28/05/1984

Indoor



22/11/2016 Date Of Driving Pass 5 YEARS AND 9 MONTHS Driving experience Male Gender (Phone) +65-86512231 Mobile Number Alt. Phone Number bernardomy@gmail.com Email Address BLK 25B JALAN MEMBINA Address #10-118 Address complement 164025 Postcode Yes Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Weather Conditions Clear Dry Road Surface 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) 5 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 SITI NURBAETI Name Female Gender PASSENGER 2 DIOR ONG ZI YAN Name Female Gender PASSENGER 3 LEE CHUNXI Name Female Gender PASSENGER 4 ASHLEY ONG ZI XIN Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Bukit Timah Neighbourhood Police Centre Police Station Name (Phone) +65-18004629999 Police Station Phone No. (Fax) +65-64628933 Alt. Police Station Phone No.

1 Duke Road Singapore 268914

Was notice of intended Prosecution given?

Police Station Address

If yes, against whom?

# PLS REFER TO THE POLICE REPORT: T/20220827/2087

#### ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Yes Yes

SD CARD WITH TRAFFIC POLICE

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBL4383G
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Motorcycle
Name of Driver	
Contact Number	- CM - %
Address	
Address complement	mallatin De
Postcode	-
Insurance Company Name	HIHHIE 6000 S#
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

# INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	BERNARD ONG MING YEOW
Gender	Male
Phone No	HC 150
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJP3868R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

INJURED 2	
Name of injured person	UNKNOWN
Gender	Male
Phone No	
Address	1959
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBL4383G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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
- (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

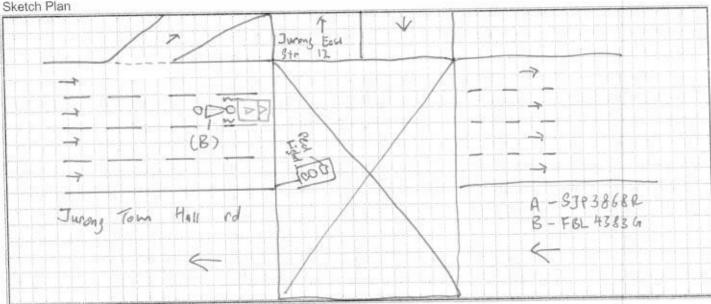
Driver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

20 lus 122

Sketch Plan



0	4	police	report	T/2022	0877   2087		/
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Policyholder's Signature / Date & Time

Driver's Signeture (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





Report No. 1/2022/0827/2057

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No. 1800-4629999

REPORT OF	ATRAFFIC	ACCIDENT	27	Station Diary No.:	
Date/Time 27/08/202	Date/Time Report Made 27/08/2022 17:20		Vide Report No.: D/20220827/0082	29	
Informar	t's Particu	lars	7. 12.67 12.00		
Name of	Informant: D ONG MI	HIPLOTANIA CANADA INA	Address: APT BLK 25B JALAN MEMBIN 164025	NA #10-118 SINGAPORE	
ID Type / ID No.: NRIC NO / S8467185A Nationality: MALAYSIAN		35A	Contact No.: Home/Office: Mobile: 86512231		
			Email: bernardomy@gmail.com		
Sex: Male	Sex: Age: Date of Birth:		Type of Informant: Driver	La viva (Osteral Name)	
Race: Chinese		Waller Commen	Language:	Institution / School Name:	
Occupa	NAME OF TAXABLE PARTY.	an	Driving Licence Information: Class:	Date of Expiry:	

Seneral Inform	mation of the Accident	Drink	Date/Time	of.	Type of Location	
Type of Accident:	Injury Conveyed By Ambula				Straight Road	
Location:						
JURONG TO	WN HALL ROAD					
		Poad Surface	a·	Ro	oad Speed Limit:	
		Road Surface Dry	9:			
Weather: Clear Traffic Flow: Dual Carriag			ol:	Tr	affic Volume: o Traffic nyone conveyed by	

Details of Vo	ehicle Involve	d		To L	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	Color	The second secon	10.00
FBL4383G	Motorcycle				Seriously Damaged	
SJP3868R	Car	TOYOTA	WISH 1.8 AUTO	Grey	Seriously Damaged	1.74

Details of V	ehicle Insurance	11	Effective	Expiry Date
	Insurance Company	Insurance No	7.0000000000000000000000000000000000000	
		DMPCSNW000732	23/03/2022	22/03/2023
SJP3868R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	42201		





Report No. T/20220827/2087

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

CONTINUATION OF REPORT

ny Pedestrian In	rolved: No				
lo. of Pedestrians		Use of Ped	estrian (	Crossi	ng: NA
Passenger	CONTROL STREET	<b>网络</b>	(Bengara)		
Name	SITI NURBAETI		ID No.		G8935803K
Related Vehicle	SJP3868R (Car)		Contact No. 1		NIL
Hospital/Clinic	NIL				Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch			
	ed Medical Leave NIL	Degree of	24	NIL	
Control of the Contro	od modrodi zodro	Visit of the		1910	
Passenger Name	DIOR ONG ZI YAN		ID No.		T2208530H
Related Vehicle	SJP3868R (Car)		Contact No.		NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	) e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Discharge NIL		
No. of Days gran	ted Medical Leave NIL		ree of Injury NIL		
Driver			SIL	A CONTRACTOR	ASSESSED FOR THE PARTY OF THE P
Name	BERNARD ONG MNG YEOV	V	ID No.		S8467185A
Related Vehicle	SJP3868R (Car)		Contact No.		86512231
Hospital/Clinic	NIL	Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Dis		NIL	
	nted Medical Leave NIL	Degree o	The second secon	NIL	





Report No. T/20220827/2087

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

CONTINUATION OF REPORT

assenger					001001051
Vame	LEE CHUNXI		ID No.		S8465185J
Related Vehicle	SJP3868R (Car)		Contact No.		84682027
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	-	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	Injury	Serio	us
Passenger			A Property		
Name	ASHLEY ONG ZI XIN		ID No.		T1932104A
Related Vehicle	SJP3868R (Car)		Contact No.		NIL
Hospital/Clinic	NIL		Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL	
LIBRE FRESHMEN					

#### Brief Details.

On 27/08/2022 at around 1445hrs, I was driving along Jurong Town Hall road towards the AYE City on lane 3. As the traffic light was turning from green to red at the T-junction, I proceeded to slow down my vehicle and came to a stop. Moments later, I then felt a huge impact from my vehicle's rear and my vehicle moved forward cross the T-junction.

I was in a shocked and my two children who are in the vehicle with me then started crying loudly which alerted me. I then got down my vehicle and the saw that my vehicle is seriously damaged at the rear area and a motorcycle at the area where I had initially stopped. The motorcyclist was sitting up and someone was assisting to bring her to the side of the road. The motorcyclist was bleeding profusely from her forehead area.

Subsequently, paramedics and traffic police arrived at scene. The motorcyclist was then conveyed by the paramedics. The traffic police officer took my in car dash cam memory card and gave me a case card to lodge a police report.

I am lodging this report for record purposes.





4 of 4

Report No. T/20220827/2087

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

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: E / SGT 1 CHAN JUN MIN, STANLEY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2022 17:20
Officer In Charge Of Case: TP / GIT / SI CHONG GUAN FATT Contact No.: 65472077	Classification Of Case:
NP168	

VEHICLE NO: SJP 38682	MAKE & MODEL: Toyolg Wish AUTO / MANUAL	
DATE OF ACCIDENT:	27/08/2022 CC: 1-8	
TIME OF ACCIDENT:	14:45 HRS	
OCATION OF ACCIDENT:	Jurany Town hall rd towards ATE before Jurany East Str 12	
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE T-Junior	
NAME OF OWNER:	Bernard Ong Mng Yeow	
FEL NO:	H/P:8651 2231 OFFICE: HOME:	
VRIC:	384671859	
ADDRESS:	258 Jalan Membing #10-118 (57164025	
	Bernardomy of 3 mail. com.	
EMAIL:	OD / THISD BARTY / REPORTING ONLY	
CLAIM TYPE:	YES /NO?	
FLEET POLICY:	China Taiping.	
NSURANCE COMPANY:  TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft	
	DMPLSNW 000 732 42201	
POLICY NO:	AS(ABOVE / IF NO:	
NAME OF DRIVER:	As above ANY PASSENGER: (4 F)	
NRIC:	28 / 05 / 1984 LICENCE PASSED DATE: 22 / 11 /2016	
DATE OF BIRTH:	6-1	
OCCUPATION:	OUTDOOR / INDOOR	
GENDER:	MALE / FEMALE  H/P: As a bary, OFFICE: HOME:	
CONTACT NO:	H/P: As above  As above	
ADDRESS:	As above	
EMAIL:		
DOES DRIVER OWNED ANY VEHICLE:	G/ 11 105/1100 110	
RELATIONSHIP:	Ovner	
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:	
ROAD SURFACE:	PRY / WET / OTHER:	
ANY INJURIES:	NO / IF/FES, WHO?	
NAME & CONTACT:	Bernard One Mng Year, 8651 2231	
NAME & CONTACT:	FBLASERY THIRD Party driver conveyer to hispital)	
POLICE REPORT:	NO SIFYES, WHERE? BUKH Timah N.P.C	
NOTICE OF INTENDED PROSECUTION GIVEN?	€ IF YES, WHO?	
VEHICLE B REG NO:	FBL 43836 ANY PASSENGERS: UNKNOWN	
NAME OF DRIVER:	unknown CONTACT NO: unknown	
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:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE?	NEST NO SD LAND with troffir police	
WAS THERE ANY AUDIO RECORDED?	YES / ODO	
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO	
ACCIDENT PORTION:	ne (s) / offering accident claims assistance? YES / NO	
Have you been approach by unknown person soliciting	Control of the Contro	
WORKSHOP PARTICULAR:	The state of the s	
CONTACT REPSON:	68420051 / 67440510 Jun Mint	
CONTACT PERSON: FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	



Motor Private Car

MX1WF

R SN

AN0663A

Cov. Type:C

CERTIFICATE OF INSURANCE

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

CERTIFICATE No.

DMPCSNW00073242201

Engine No.: 1ZZ3237303

Cha. No.:JTDER12W503002781

1. Index Mark and Registration

SJP3868R

AUTOSAFE

Number of Vehicle 2. Name of Policy Holder

BERNARD ONG MNG YEOW

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

23/03/2022

Named Drivers Ex Sect. I

\$\$750.00

(00:00:00)

Additional Ex Other than Named Drivers:

4. Date of Expiry of Insurance

22/03/2023

Ex Sect. I - Age <= 25

\$\$3,000.00 \$\$500.00

Ex Sect. I - Age >= 26 \* Age as at date of accident

EX ON WINDSCREEN .

\$\$100.00

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 permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:"

Use 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.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss will be doubled). A Flat S\$5.000 Excess shall apply for Theft Losses occurring outside Singapore. One time Waiver of Excess for the first S\$5.00 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

\* 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.

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.

SGML PTE LTD Authorised Officer

Authorised Signatory



# Vehicle Registration Details

Vehicle No. SJP3868R	Make/ Model TOYOTA/WISH 1.8 AUTO	Vehicle Scheme -
Current Propellant Petrol	Chassis No.	Vehicle Type
	JTDER12W503002781	Passenger Station Wagon/Jeep/Land Rover

Owner's Details

Owner Name:

BERNARD ONG MNG YEOW

NRIC/Passport/Company Cert No.:

S8467185A

Mailing Address:

Registration Details

Previous Vehicle No.:

Original Registration Date:

23 Mar 2009

No. of Transfers:

1

Owner ID Type:

Singapore NRIC

Registered Address

APT BLK 25B JALAN MEMBINA #10-118

SINGAPORE 164025

Birth Date

28 May 1984

Effective Date of Ownership:

12 Oct 2018

Registration Date:

23 Mar 2009

IU Label No.:

1122938989

Vehicle Specifications

Engine No.:

1ZZ3237303

Chassis No.:

JTDER12W503002781

Primary Colour: Year of Manufacture: Grey 2009 Passenger Capacity: Secondary Colour: 6 Maximum Power Output: Engine Capacity / Power Rating: 97.0 kW (130 bhp) 1794 cc / -Maximum Laden Weight: Max Unladen Weight: 1885 kg 1310 kg Vehicle Attachment 2: Vehicle Attachment 1: No Attachment Vehicle Attachment 3: Additional Registration Fee (ARF) and COE Information Additional Registration Fee Rate: Open Market Value: 100.00 % \$18,662.00 Vehicle Lifespan Expiry Date: Actual ARF Paid: No Lifespan \$18,662.00 QP during COE Bidding Exercise: OPC Cash Rebate Eligibility: \$5,001.00 No COE Expiry Date: COE No .: 28 Feb 2029 2009040103001726M COE Registration Category: COE Category: B - Car (1601cc & above) B - Car (1601cc & above) Quota Premium (QP) / Prevailing Quota PQP Paid Premium: \$31,933.00 \$5,001.00/-QP (Regn Cat): \$5,001.00

**PARF** Rebate Details

PARF Eligibility: PARF Eligibility Expiry Date:

Forfeited	9
Minimum PARF Benefit:	
-	
Vehicle Emissions Details	
CO2 Emission:	
CO Emission:	HC Emission:
	La.
NOx Emission:	PM Emission:
ō.	*
Message:	
To renew the COE, the Prevailing Que	ota Premium payable is that of Category B.

Printed on 29 Aug 2022 10:48:22

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