

NATIONAL Assessment Centre Services

(Tel: 1-800-387-2222)

SL8922AJ0005

Date In: 19/10/2022 17:58	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: N/A/UP220104034	E-mail (vehicle sheet, AOC sheet)		
Veh No: PC 93514	I-Motor Claim Form		
D.O.A: 19/10/2022 07:21	I-Motor W/O (whats-app text or email)		
QC: TP Reporting Only	I-Photo Uploaded		
TP (computer)	Assessment/Survey Report		
	Ass't Report by Fax / Hand In Owners/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: Vch No: SL8 86552	INC () / Non-INC ()	
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Types: ()
Confirmed by: ()	Date: ()	Time: ()
Insured Driver Liability: ()	(3) (Note-List Status (WO): 11-0-2021, P-01-799A, P-80-1406W)	
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 repair.

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

Drive-In () Towel-In () Invoice: YES () / NO () Towing Co: ()

Remarks: () (INC Toll-free: 678-86616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Particulars: ()

NA2202925	Invoice Preparation Checklist	Amount
1) AR: Accident Reporting (\$300)		
2) DA: Damage Assessment (\$1000) INC (\$50)		
3) TP: Towing Fee (\$150)		
4) PT: Follow-Through Survey (\$150)		
5) PT: Follow-Through Survey (Repairing) (\$30)		
6) TR: Re-inspection (\$20)		
7) NI: NI/DA + DMRT Survey (\$140)		
8) NIUC: Additional Expenses (\$10)		
9) DM: ()		
10) NI: Courtesy Car / Transport Allowance (\$5)		
11) NI: Repair Coordination (\$15)		
12) NI: Post Repair Inspection (\$20)		
13) NI: DV / Collision Claims Coordination (\$5)		
14) NI: TP (INC) / Repair INC (\$30)		
15) NI: 24/7 Helpline (\$5)		
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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	19/10/2022 17:58 (SGT)
Reported by	Driver
Date of Accident	19/10/2022 07:21 (SGT)
Exact Location of Accident	Hougang Central, Singapore
Additional Location Information	TOWARDS HOUGANG AVE 5 OUTSIDE HOUGANG MRT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9351Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	REV ECODRIVE PTE. LTD.
Company Reg No	2XXXXX139K
Email Address	isabel.cassandra@revecodrive.com
Mobile Phone No	(Phone) +65-83707976
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	C6
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V00807/VBS/R01

DRIVER

Name of Driver	LING YEW MENG
NRIC No	SXXXX082D
Date Of Birth	02/08/1969
Occupation	Outdoor

Date Of Driving Pass	04/05/2009
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83707976
Alt. Phone Number	-
Email Address	isabel.cassandra@revecodrive.com
Address	403 SIN MING AVENUE #08-311
Address complement	-
Postcode	570403
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 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS3655Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOSHUA
NRIC No	SXXXX694F

Contact Number	(Phone) +65-84483698
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 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 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 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.

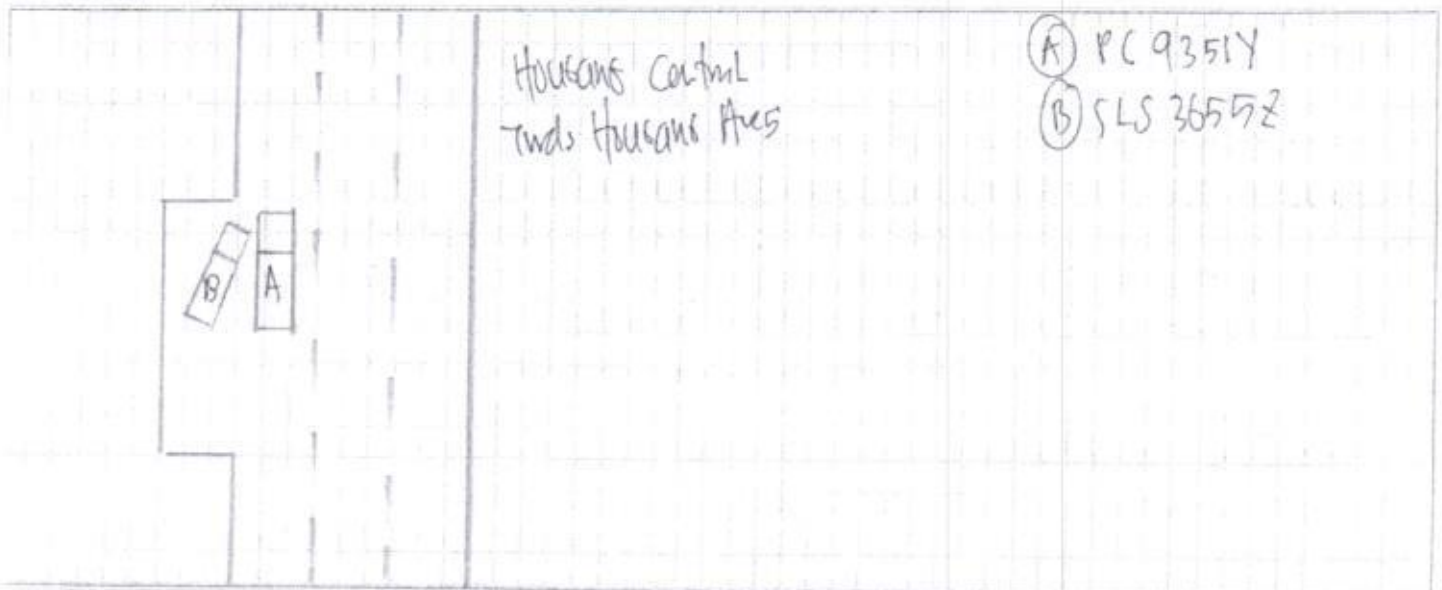


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On 19.10.2022, I was travelling along Housens Central towards Housens Ave 5 outside Housens M.P. A, I was heading straight, all of a sudden, I felt an impact from my Lft side portion. Then I realised a vehicle SL5 36552 from the side had swerve and collided onto my vehicle. That's all.

Declaration

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



[Signature]
Driver's Signature (if not the policyholder) / Date & Time

[Signature]

Driver's Signature (if not the policyholder) / Date & Time

[Signature] 19/10/2022
Witnessed by Reporting Centre Personnel
(Name of the Reporting Officer)

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 1d / 10 / 2022 (dd/mm/yy) Time of Accident: 07 : 21 (24-HR-FORMAT)

Vehicle No.: PC93514 Vehicle Make & Model / Engine (cc): BYD C6 Private Hire: (Y / N)

Exact location of Accident: Hougang Central Towards Hougang Ave 5 outside Hougang MRT

Policyholder's Name / IC No.: REV E COPRIVE PTE LTD ROC/UEN (Company): 202031139K

Driver's Name / IC No.: Lim Yew Meng (S69270820) (As Above) ☐

Driver's Contact No.: 8370 7976 Company Contact No / Owner Contact No: _____

Driver's Address: 403 91n Mint Avenue #08-311 (570403)

Owner Email address: _____ Insurance Company: Liberty

Driver Email address: Isabel.cassandra@revcodrive.com 02/08/1969 04/05/2009

Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: 0

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): driver only

*Passenger Name: _____ Gender: Male / Female 31 /

*Passenger Name: _____ Gender: Male / Female 31 /

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: Joshua (S9906694F) Vehicle No.: SLS 36572

Driver's Contact No.: 8448 3698 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company: _____

Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987
 ROAD TRANSPORT (AMENDMENT) ACT 2019
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V00807 /VBS /R01										
Form	MZ603A										
Date of Issue:	12-Jan-2022										
1. Index Mark and Registration No. of Vehicle:	PC9351Y										
2. Chassis number of Vehicle:	LC04K54E3J1000008										
3. Name of Policyholder:	REV ECODRIVE PTE LTD										
4. Effective date of Commencement of Insurance	13-JAN-2022 00:00										
for the purpose of the Act:											
5. Date of Expiry of Insurance:	12-JAN-2023 23:59										
6. Persons or Classes of Persons entitled to drive*:	<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>										
7. Limitations as to use*:	<p>A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use only in the Republic of Singapore.</p>										
8. Policy does not cover:	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>										
<p>*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 are not to be included under these headings.</p>											
<p>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.</p>											
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  Authorised Signature											
<p>For Information only:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE:</td> <td>Comprehensive, Windscreen Limit S\$3000.00 (No Reinstatement allowed)</td> </tr> <tr> <td>SUM INSURED (S\$):</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS (S\$):</td> <td>Section I \$2,500.00, Section II \$1,500.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$400.00</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>HONG LEONG FINANCE LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>E TAY TRADING COMPANY</td> </tr> </table>		COVERAGE:	Comprehensive, Windscreen Limit S\$3000.00 (No Reinstatement allowed)	SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS	EXCESS (S\$):	Section I \$2,500.00, Section II \$1,500.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00, Windscreen Excess \$400.00	FINANCE COMPANY:	HONG LEONG FINANCE LTD	PRODUCER NAME:	E TAY TRADING COMPANY
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FINANCE COMPANY:	HONG LEONG FINANCE LTD										
PRODUCER NAME:	E TAY TRADING COMPANY										

Motor Cover Note

Name of Producer:

E TAY TRADING COMPANY (A0066)

Date of Issue:

12 Jan 2021

Cover Note No.:

C0113711

Quotation/ Proposal/ Policy No.:

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Details of Schedule**Name of Insured:**

REV ECODRIVE PTE LTD

Period of Insurance:

From: 13 Jan 2021 00:00

To: 12 Jan 2022 23:59

Registration No.:**Make and Model:**

BYD C6 (23 SEATERS)

Type of Body:

ELECTRIC BUS

Capacity/Tonnage:**Year of Manufacture/Registration:**

2018/2020

Chassis No.:

LC04K54E3J1000008

Engine No.:

-

Sum Insured:

MARKET VALUE AT TIME OF LOSS

Name of Finance Company:

HONG LEONG FINANCE LTD

Type of Plan:

Comprehensive

Excess:

AS ARRANGE

MOTOR NO.: 118050030

The Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks and Compensation) Rules, 1960, Road Transport Act, 1987, Road Transport (Amendment) Act 2019, The Motor Vehicles (Third Party Risks) Rules, 1959 and any subsequent revisions to the above Acts and Agreements.

I/We hereby certify that this Cover Note 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.

Not valid unless counter-signed by authorized person.



Date: 12 Jan 2021 14:02

For and on behalf of
LIBERTY INSURANCE PTE LTD

IMPORTANT NOTICE

Administrative Charge is payable for Cover Note issued and Policy not taken up.

Subject to Premium Payment Warranty Clause.

This Cover Note is issued for TEMPORARY USE only and is valid for 30 days from the date of issue, unless replaced by a Certificate of Insurance issued by the Company.

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	PC9351Y		
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus	Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	BYD	Vehicle Model:	C6
Chassis No.:	LC04K54E3J1000008	Engine No.:	-
Motor No.:	118050030	Trailer Chassis No.:	-
Propellant:	Electric	Passenger Capacity:	23
Engine Capacity:	-	Power Rating:	180.0 kW
Maximum Power Output:	-		
Unladen Weight:	6980 kg	Maximum Laden Weight:	9000 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	13 Jan 2021	Original Registration Date:	13 Jan 2021
Manufacturing Year:	2018	Open Market Value:	\$187,000.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$9,350.00		

Owner Particulars

Owner Name:	REV ECODRIVE PTE. LTD.
Owner ID Type:	Company
Owner ID:	202031139K
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block /House No.:	10
Registered Street Name:	UBI CRESCENT
Registered Unit No.:	# 02 - 46
Registered	

Building Name: UBI TECHPARK
Registered Postal Code: 408564
COE No. / Expiry Date: 2021010105000194Z / 12 Jan 2031
COE Bid Category: C - Goods Vehicle & Bus
QP Paid: \$32,889.00

Transaction Details

Business
Transaction Ref. No.: 20210113083944620224
Business
Transaction Date: 13 Jan 2021
Business
Transaction Time: 08:39:44

Message

The above vehicle has been successfully registered.
The total amount is \$32,748.00.