FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

Date: 25.07.2024

AIG Asia Pacific Insurance Pte Ltd Chartis Building 78 Shenton Way #07-16 Singapore 079120

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES: GBL 2136S / SND 7701C ON 12.06.2024

We are the authorized repair workshop for the owner of motor vehicle no: **GBL 2136S**, which was involved in the captioned accident with your insured vehicle no: **SND 7701C**. The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

		\$ 7,722.65
3)	LTA Search Fee	\$ 27.25
2)	Loss of Rental	\$ 1,046.40
1)	Cost of Repair (inclusive of GST)	\$ 6,649.00

We enclosed herewith the following documents to support the claims:

a) Final Repair Invoice

c) LTA Search Result

e) GIA Report

g) Insurance Certificate

b) Car Rental Invoice / Agreement

d) Letter of Authorisation, etc...

f) I/C & Driving Licence

h) Vehicle Registration Log Card

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you. Yours faithfully,

Jason Tang (jason@fastechaulo.com.sg) For FASTECH AUTO PTE LTD

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

AIG Asia Pacific Insurance Pte Ltd

Chartis Building

78 Shenton Way #07-16

Singapore 079120

Attn: Motor Claim Department

Tax Invoice: 24004

Date

23.07.2024

Vehicle No

GBL 2136S

Make/Model TOYTA VAN TURBO

Chassis/Eng#

Accident Date #12.06.2024

Claim No

Reference

0624 -24004

Policy No

Amount

To proceed on lump sum repair

S\$

6100.00

E. & O. E.

Total: S\$

6100.00

GST @ 9% 3 S\$

549.00

Amount Due : S\$

6649.00

for FASTECH AUTO PTE LTD

All Invoices are subjected to GST



TAX INVOICE

Bestman Installation \$& Services c/o Fastech Auto Pte Ltd 1 Kaki Bukit Avenue 6 #01-48/50 AutoBay @ Kaki Bukit Singapore 417883

NO: 06-32580

DATE: 30/06/2024

REF	DESCRIPTION	UNIT PRICE	AMOUNT
RA NO: 32610	Being rental charges for One Unit Nissan NV 200 (Diesel) No GBC 3275P for period 12/06/24 to 20/06/24	8 Days x \$120	S\$ 960.00

SUB TOTAL SGD

\$\$ 960.00

ADD 9% GST

\$\$ 86.40

GRAND TOTAL SGD

\$\$1,046.40

E.&O.E.

WELLCOME MOTOR AGENCIES

Customer Copy

All cheque payment should be made within 7 days to WELLCOME

MOTOR AGENCIES

Thank You For Renting

Authorised Signature



wellcome motor agencies

68 Kaki Bukit Avenue 6 #02-02 ARK @ KB Singapore 417896

Tel: (65) 6344-4012 Fax: (65) 6345-3140

Email: admin@wellcome.com.sg Website: www.wellcome.com.sg

RA No: 32610

CO. REG. NO: 39853800W GST REG. NO: M9-0001228-R

DATE: 12-06-24

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS	VEHICLE'S PARTICULARS	
Name: Bestman Installation & Services	VEHICLE NO. GEC 327	5 P
Address: 535 Woodlands Drive 14 #12-599	MAKE/MODEL MAKE/MODEL	
Woodlands Vista Singapore 730535	NV 200	
Name & Address of Employer:	MILEAGE OUT MILEAGE OUT	
	DATE OUT 1212/24 DATE OUT	
IC/PP No: DL No:	TIME OUT 4/15Pm TIME OUT	
Date of Birth: Date of Issue/Expiry:	HIRE/PERIOD EXPIRY	
	Rental Charges	
Nationality: PL of Issue:	Daily 8 @\$ /20 per day 96	7 -
Occupation: Driving Exp:	Weekly @\$ per week	
Tel No:(0) (R) (HP)	Monthly @\$ per month	
DRIVER'S PARTICULARS	Hours @\$ per hour	
ne: Arumugam Manikanda Prabhu	Others @\$	
Address: 335 Woodlands Drive 14#12-599	CDW @\$ per day/week/month	
Woodlands Vista (s) 730535	PAI @\$ per day/week/month	
IC/PPNo: 6 8079 1017 DLNo: 6 8079 1017	DELIVERY SERVICE	
Date of Birth: 19.05.1983 Date of Issue/Expiry:	SUB-TOTAL S\$	
Nationality: PL of Issue:	PETROL/DIESEL LEVEL	
Occupation: Driving Exp:	OUT E 1/4 1/2 3/4 F	
Tel No:(O) (R) (HP)	IN E 1/4 1/2 3/4 F	
(11)	Extension of Rental	0
	Repairs/Damages	
	Collection Service	
111 - 81	MISC	
A A A A A	GST 970 86	40
FRONT	TOTAL CHARGES S\$ / O	6 4
	SECURITY DEPOSIT	
	ADVANCE RENTAL PAID	
	BY: CASH NETS CHEQUE BILL CARD	
A ACCIDENTE O OFFICE DEPOSITE O CONTINUES	CHEQUE/CARD NO:	
A-ACCIDENTS C-CRACKED D-DENTS S-SCRATCHES	EXPIRY DATE	
Installation & Services BeSTmal	AMOUNT DUE REFUND	
(A) _ I may so the tensial ation & Service	s /	
HIRER'S DRIVER'S 52945655	NREFUND BY	
SIGNATURE & STAMP SIGNATURE	RECEIVED S\$RECEIVER	(8)
I/We have read and agree to the terms and conditions on both sides of this agreement payable under this agreement and for parking and traffic infringements may be billed	. If I/We have presented a cheque/credit card for payment, I agree that all am to that account and my/our signature above will be considered to have been	ounts made

on the cheque/credit card voucher. All information I/We have given WELLCOME MOTOR AGENCIES in connection with this agreement are true and accurate.

- Only persons above 23 and below 70 years of age with 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle. Vehicle is strictly for Singapore use only and may not be driven out of Singapore without prior consent of the company WELLCOME MOTOR AGENCIES. Use of the vehicle for illegal purpose (for instance: In connection with theft, drug peddling or trafficking, smuggling is strictly prohibited.

 Additional drivers are required to register with us before they are allowed to drive the vehicle. Otherwise, he/she will not be protected by the insurance cover.

- The hirer shall be liable for excess charges for any late return of the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable
- In case of accident, the hirer shall report to owner immediately, if there is bodily injuries a police report must be made within 24 hours.
- No refund will be given for early return of vehicle excess to the THIRD PARTY DAMAGE OR INJURY claims and/or also the first S\$_excess to the FIRST PARTY DAMAGE (I.E) WELLCOME MOTOR AGENCIES, upon payment of CDW for each and every accident/damage.

RETURN OF VEHICLE – The Hirer / Driver is required to sign in the column "Signature of Hirer / Driver" Failing which the day and time inserted below shall deemed to be the day and time the vehicle is returned to WELLCOME MOTOR AGENCIES and the same shall be accepted as conclusive evidence of the same and shall not challenged or questioned on any account whatsoever.

Date In	Time In	Mileage In	Checked By	Remarks	(Bestman)
20.06.24	5:02bw				A 1 529 45655M
	ì				Signature of HIRER / DRIVER

GS1 Registration No.: M4-0006529-2

Print Date/Time:

18 Jun 2024 / 11:47:29

Receipt Date/Time 18 Jun 2024 / 11:47:29

Tax Invoice/Receipt

Receipt No.: ITNET-00000-240618-001605

Previous Receipt No.:

S/N Item Description/ Business Transaction Reference No.		Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SND7701C As at 12 Jun 2024/09:00:00 Insurance Co: AIG ASIA PACIFIC INSURAN	NCE PTE. LTD.			
1 Insurance Enquiry - SND7701C Enquiry Fee 20240618114541709906		25.00	2.25	27.25
	Sub-Total	25.00	2.25	27.25
	Total Before Rounding	25.00	2.25	27.25
	Rounding Difference			0.00
	Total Amount Payable			27.25
	Paid By			
	20240618114620188	Direct Debit: el	NETS Debit et Banking)	27.25
	Total	(3,	27.25
	Cash Change			0.00
	Tendered Amount			27.25
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



Signed by "the third party claimant"

AUTHORIZATION TO ACT (AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)

IBe	istman li	stallati	on & Se	ervices		_("the	third p	arty	claimant")
of $\frac{5}{2}$	35 Wa	odlands	Drive	14 #	12-599	Woodk	ands V	lista	(address),
owner	of _	GBL	21365	(ve	hicle	no.)	here	by	authorize
	Fastech	Auto	Pte Lt	4					
("the w	orkshop")	to act for	· me with	respec	t to my	claim	for rep	air co	osts and/or
-									that was
									late) along
									(location)
involvin	g vehicle r	10/S	SNU	401 C			{	tne a	ocident").
I furthe	er authoriza	e the w	orkshop	to settl	e the a	above	mentio	ned	claim in a
manner	that they	deem fi	t and the	works	hop is	further	autho	rized	to receive
paymen	nt furtherto	settleme	ent of my	claim w	ith pay	ment cl	neque/	s bei	ng made in
favour o	of the work	shop.		ti.					
further	r acknowle	edge tha	at anv se	ettleme	nt the	worksh	op ma	v rea	ach on my
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	river/owne						•	_	2010 II DOLGI
92 HIG A	II I A CI I O MI I C	a/ii ioui ci		MICI VE		is conc	errieu.	•	
	Date this		day o	of	(m	onth) 2	0	_(yea	ar)

Signed by "the workshop"



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 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.

- 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 First Submission 13/06/2024 17:24 (SGT)

Reported by **Actual Driver**

Date of Accident 12/06/2024 09:00 (SGT)

Exact Location of Accident Singapore

Additional Location Information Ang Mo Kio Avenue 3 towards Serangoon North Avenue 3

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBL2136S**

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner **BESTMAN INSTALLATION & SERVICES**

Company Reg No 5XXXX655M

Email Address bisvcs@yahoo.com.sg Mobile Phone No (Phone) +65-96903068

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Tovota

Model HIACE VAN TURBO 4DR AT

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? No - Claiming third party

Vehicle Category Commercial vehicle Transmission Auto

CC 2982

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd

Policy Number / Cover Note Number 24-MP001051-R02

DRIVER

Name of Driver Arumugam Manikanda Prabhu

Passport No/FIN GXXXX101T Date Of Birth

19/05/1983 Occupation

Outdoor



Driving Pass Date
Driving experience

Gender Mobile Number

Alt. Phone Number Email Address

Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface Collision - Head to Rear

Clear Dry

No

No

Yes

2

No

2

06/07/2011

Male

No

No

Employee

12 YEARS AND 11 MONTHS

535 WOODLANDS DRIVE 14 #12-599 WOODLANDS VISTA

(Phone) +65-92249922

prabhu.ct@gmail.com

SINGAPORE (730535

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

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

Name _ Gender Ah Boon Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No No

-

CIRCUMSTANCES OF ACCIDENT

refer to attached

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SND7701C

Vehicle Manufacturer Vehicle Model

.



Vehicle Variant	()
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	~
Contact Number	790
Address	-
Address complement	971
Postcode	
Insurance Company Name	•
Nature Of Damage	120
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3 4 5



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 wiful 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 companiès
- 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)

Lunderstand, 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, harding and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims
- (4) investigating the accident and/or my claims:
- (ii) 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) at 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 law yors/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

Time

Sketch Plan

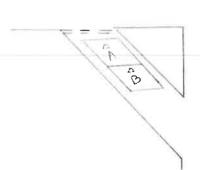
Orwer's Signature (if driver is not the policyholder) / Date & Time

Wavessed by Reporting Centre Personnel.

A: GBL 21365

B: SNP 77010

Ang Mokio Ave 3 towards Seranguan North



417	ahout	Q : 000 at	in an	12.01	- 2024 I	was
7.7	anour	7.0000	V(0	12.00	elia Dandí	
					Silly Report	1
travellin	0 00	na Ang	Mokio	Ave 3	1 turning	towards
13.20)))			slip Roods 1 turning	71-00-00-00-00-00-00-00-00-00-00-00-00-00
C.	A las	d. A	4 1	· · · · · ·	stationary Road	. Descition
serangoo	m IVOI	IN UNE	5 _ 1 W	25 111 14	- sidil briding	position
					Road	
to check	clean	ance of	traffic on	the main	1. Suddenly	2 I tell
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an impao	1. Ve	thicle B (SND 770	olc) hit	my rear	portion o
	1 111					
MY revie	le (61	3L 21365,) -			
/						
-						
*						
			4			

Declaration

52945655M

12/6/21 1. 45PM

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

Winessed by Reporting Centre



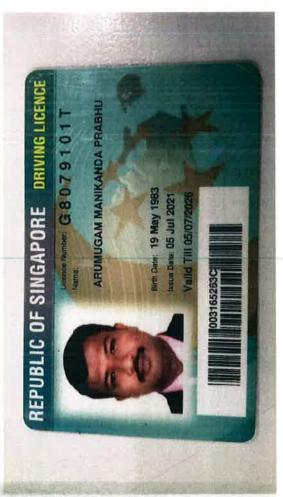
GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

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

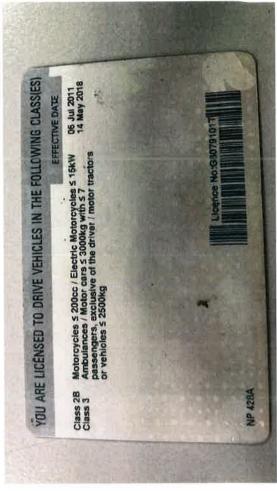
	ADDENDUM
PARTICULARS OF PE	RSON MAKING THE AMENDMENTS:
Original Report No	SKON 246 D 000 F Vehicle Registration No: GBL 21365
Name(as shown in NRIC) :	Bestman Installation Services NRIC/FIN/PassportNo: 52945655M
	hicle Owner) (*) Please delete as appropriate
Address :	: 535 Woodlands Drive 14 # 12-599 Woodlands Vista singapore (730535)
Contact (Tel) :	Mobile No. 9690 3068
Email Address :	: prabhu. ct @ gmail. com
Date of Accident :	12.06.2024 Time of Accident: 9:00 am
Place of Accident :	: Any Mo kio Avenue 3 towards Serangoon North
Insurance Company:	12.06.2024 Time of Accident: 9:00 am Any Mo Kio Avenue 3 towards Serangoon North tokio Marine
	MATION / AMENDMENTS:
I have made a report make the following a	on the above mentioned accident and would like to include additional information or imendments:
vehicle R	legistration Number: GBL 2136AS Lo Change to: GBL 2136S
	La Change to = GBL 21365
	Rachus
1 -	Installation & Services
Policyholder / Driver	's Signature Reporting Centre Personnel's Signature
Date:	Name: NRIC/FINNo.:

Date:









Tokio Marine Insurance Singapore Ltd.

Company Reg. No. 192300014MUIGST Reg. No. M2-0000002-1-41 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T (65) 6221-6111 F (65) 6221-4355 / (65) 6224-0895 E tmis@tokiomanne.com.sg. W. www.tokioma/ine.com

A member of the Tokio Marine Group



Certificate of Insurance

FORM MZ300

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

Policy No.: 24-MP001051-R02 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number

GBL2136S

Chassis No.: JTFHT02P900251949

of Vehicle

2. Name of Policyholder BESTMAN INSTALLATION & SERVICES

3. Effective date of the Commencement of Insurance for the purposes of the Act

01/04/2024

4. Date of Expiry of Insurance

31/03/2025

5. Persons or Class of Persons entitled to drive*

Any person who is driving on the policyholder's order or with their 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. 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.

6. Limitations as to use*

- 1) Use in connection with the policyholder's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
- 3) Use for social domestic and pleasure purposes.

The policy does not cover:-

- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 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 provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION Account: 1531DDA

Insurance Plan: Comprehensive Approved Workshop Plan

Limit for total loss or theft: Prevailing Market Value

Policy Excess:Own Damage ClaimsSGD 600Policy Excess:Windscreen ExcessSGD 100

Financial Interest: TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli Printed: 21/02/2024

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID: Vehicle Details	655M
Vehicle No.:	GBL2136S
Vehicle to be Exported:	No
Intended Deregistration Date:	12 Jun 2024
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 4DR AT
Primary Colour:	White
Manufacturing Year:	2021
Engine No.:	1KDB068424
Chassis No.:	JTFHT02P900251949
Maximum Power Output:	*
Open Market Value:	\$29,353.00
Original Registration Date:	31 Mar 2021
First Registration Date:	31 Mar 2021
Transfer Count:	1
Actual ARF Paid:	\$1,468.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00
COE Expiry Date:	30 Mar 2031
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$35,900.00
COE Rebate Amount:	\$24,406.00
Total Rebate Amount: Message	\$24,406.00
You will not be eligible for any COE rebate from the curre	nt COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 12 Jun 2024