

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 : 12.09.2024

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 : SGV 1509U / SMN 2988J ON 03.08.2024

We are the authorized repair workshop for the owner of motor vehicle no: **SGV 1509U** , which was involved in the captioned accident with your insured vehicle no: **SMW 2988J** . 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.

1) Cost of Repair (inclusive of GST)	\$ 13,625.00
2) Loss of Rental	\$ 2,520.00
3) GIA Search Fee	\$ 2.18
4) Towing Fee	\$ 70.00
	<u>\$ 16,217.18</u>

We enclosed herewith the following documents to support the claims:

- | | |
|--------------------------|------------------------------------|
| a) Final Repair Invoice | b) Car Rental Invoice / Agreement |
| c) GIA Search Result | d) Letter of Authorisation, etc... |
| e) Towing Receipt | f) GIA Report |
| g) Police Report | h) I/C & Driving License |
| i) Insurance Certificate | j) 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@fastechauto.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 : 24063

Date : 10.09.2024
Vehicle No : SGV 1509U
Make/Model : TOYOTA WISH 1.8X
Chassis/Eng# :
Accident Date : 03.08.2024
Claim No :
Reference : 0824 -24063
Policy No :

	Amount
To proceed on lump sum repair	S\$ 12500.00

E. & O. E.	Total : S\$	12500.00
	GST @ 9% : S\$	1125.00
	Amount Due : S\$	13625.00


for FASTECH AUTO PTE LTD

All Invoices are subjected to GST

DYNAMIC CAR RENTAL

1 Kaki Bukit Ave 6 #01-46 Autobay

Singapore 417883

Tel No: 6741 7244 / 6746 5405 Fax No: 6745 8520 / 6746 5786

Co. Reg No: 52928467K

To: QUEK DE DE

Invoice : DCR-2024-08-06

Date : 20.08.2024

Agreement No : 23410

Payment Terms : LOD

DESCRIPTION

AMOUNT

Rental charges for vehicle : SLJ 5059D (0824-24063) \$ 2,520.00

Rental Period from 07.08.2024 to 20.08.2024

E. & O. E.

Total \$ 2,520.00

Lee Fang

for Dynamic Car Rental

No. 23410

X _____ *Mas.*
DYNAMIC CAR RENTAL

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMN2988J

Date of Accident

03/08/2024 📅

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG Asia Pacific Insurance Pte....**

Period of Insurance **31/07/2024 - 30/07/2025**

Requested By **ALLAN TANG (KIM CHWEE AUT...**

Requested Date **05/08/2024 16:54**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



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


I, Quek De De ("the third party claimant")
of APT BLK 875 Woodlands Street 82 # 10-544 (S) ⁷³⁰⁸⁷⁵ (address),
owner of SGV 15094 (vehicle no.) hereby authorize
Fastech Auto Pte Ltd
("the workshop") to act for me with respect to my claim for repair costs and/or
rental and/or loss of use ("claim") for my vehicle no. SGV 15094 that was
damaged pursuant to the accident which occurred on 03.08.24 (date) along
Woodlands Street 13 (location)
involving vehicle no/s SMN 2988J ("the accident").

I further authorize the workshop to settle the above mentioned claim in a
manner that they deem fit and the workshop is further authorized to receive
payment further to settlement of my claim with payment cheque/s being made in
favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my
behalf is on a without prejudice and without admission of liability basis insofar
as the driver/owner/insurers of the other vehicle/s is concerned.

Date this 05 day of Aug (month) 20 24 (year)




Signed by "the third party claimant"

Signed by "the workshop"



PEOPLE TOWING

120A Canberra Crescent #03-357
Eastwave@Canberra Singapore 751120
Email: peopletowing24hours@gmail.com
Reg No : 53481596X

Hotline : 85533344

CASH SALE / WORK ORDER

No: 4063

Date: 6/8/24

宝号

Messrs: CASH

车号

Vehicle No: SGV 1509 U

由

From: SM AIRPORT

到

To: AUTO BAY

其他

Remark:

时间

Time: : - : :

AMOUNT: \$ 50.

注意 : 本公司对所拖之车辆, 在进行中如有任何损失或破坏, 一概由车主自行负责。
NOTE : Vehicle is towed at owner's risk. The Company accepts no responsibility for damages or other misdemeanour to your vehicle whilst being towed.

经手人

Authorised by: S.G. (844)

收货人

Received by: RECEIVED

- ☒ Accident / Breakdown
- ☐ New Car / Scrap Car
- ☐ Multi / Basement
- ☐ Jump Start
- ☐ Tyre Replacement / Patching
- ☐ Crane Up / Winch Out
- ☐ With Load / Cargo Box
- ☐ Freezer / Tailgate
- ☐ Flat Bed
- ☐ King Dolly to lift up
- ☐ Low Body Kit
- ☐ Repo
- ☒ Compound (TP/LTA) 7 + 10
- ☐ Door Opening Service
- ☐ Collect Document / Key
- ☐ Jurong Island / Cargo Complex
- ☐ Woodlands / Tuas Checkpoint
- ☐ Cancellation Charge (Reach Location)
- ☐ Cancellation Charge (After 15 minutes)

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 First Submission	06/08/2024 17:41 (SGT)
Reported by	Actual Driver
Date of Accident	03/08/2024 17:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Woodlands Street 13
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV1509U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	QUEK DE DE
NRIC No	SXXXX881F
Email Address	haominglol@gmail.com
Mobile Phone No	(Phone) +65-98593113
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	WISH 1.8X A
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	Private car
Transmission	Auto
CC	1794
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5043789247-14

DRIVER

Name of Driver	KOH HAO MING
NRIC No	SXXXX724C
Date Of Birth	23/03/1995
Occupation	Outdoor
Driving Pass Date	14/11/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98593113
Alt. Phone Number	-
Email Address	haominglol@gmail.com
Address	875 Woodlands Street 82 #10-544 S 730875
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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?	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) 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	-

PASSENGER 1

Name	KOH CAI LING
Gender	Female

PASSENGER 2

Name	HOO KA HIANG
Gender	Female

PASSENGER 3

Name	KOH FENG EN LENA
Gender	Female

PASSENGER 4

Name	NOOR ANJAR SAFITRI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999

3 Woodlands Drive 63 Singapore 737890
No
-

Refer to attached Police Report

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	File with owner

Vehicle Registration Number	SMN2988JJ
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
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 1

Name of injured person	KOH HAO MING
Gender	Male
Phone No	(Phone) +65-98593113
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGV1509U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	KOH CAI LING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGV1509U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	HOO KA HIANG
Gender	Female

Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SGV1509U
Yes
Yes

INJURED 4

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

KOH FENG EN LENA
Female
-
-
-
-
-
SGV1509U
Yes
Yes

INJURED 5

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

NOOR ANJAR SAFITRI
Female
-
-
-
-
-
SGV1509U
Yes
Yes

SKETCH PLAN

IMPORTANT NOTICE

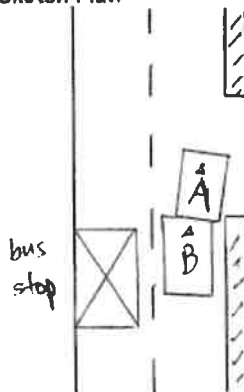
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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



Woodlands
Street 13

A: SGV 1509U
B: SMN 2988J

Describe Circumstances of the Accident

Please refer to the police report:
T/ 2024 0803 / 2093.

Declaration

We declare the foregoing particulars are true in every respect.

1600hrs
6/8/2024

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/20240803/2093

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20240803/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2024 23:32		Vide Report No.: L/20240803/0101		Station Diary No.: 100	
Informant's Particulars					
Name of Informant: KOH HAO MING			Address: APT BLK 875 WOODLANDS STREET 82 #10-544 SINGAPORE 730875		
ID Type / ID No.: NRIC NO / S9509724C			Contact No.: Home/Office: 98593113 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 23/03/1995	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/08/2024 17:35	Type of Location: Straight Road
Location: WOODLANDS STREET 13				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV1509U	Motor car				Seriously Damaged	5
SMN2988J	Motor car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240803/2093

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20240803/2093

CONTINUATION OF REPORT

Driver			
Name	KOH HAO MING	ID No.	S9509724C
Related Vehicle	SGV1509U (Motor car)	Contact No.	98593113
Hospital/Clinic	Woodlands Health Campus	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	03/08/2024	Date Discharge	03/08/2024
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 3rd August 2024, at around 1737hrs, I was driving at Woodlands St 13 nearby block 101, turning into the carpark. I had signaled and came to a full stop, the vehicle behind accelerated. The vehicle then crashed into my car. The damaged are back window crashed, bonnet was badly damaged, side rear window crashed, passenger rear door was shut in causing it hard to open the door during the incident. My grandmother's wheelchair is also damaged, the pedal leg is broken off. There were 5 passengers inside the car including me. All were conveyed to Woodlands Health Campus. Me, my cousin and my maid were discharged and given three days MC. My grandmother and my aunt are currently hospitalized in WHC. I have front and rear dash camera which recorded the incident. I also have third party driver dash camera video. The third party was behind the driver that crashed into me. I do not have the particulars of the driver that hit me however the TP officers which attended to me has it.



**SINGAPORE
POLICE FORCE**



T/20240803/2093

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20240803/2093

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SGT 2 NURJANNAH BINTE
ISKANDAR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI FADLI SHAFUDDIN BIN MOHAMED SANI
Contact No.: 65476845

Signature Of Informant:

Date/Time:
03/08/2024 23:32

Classification Of Case:

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1272881F**



Name

QUEK DE DE

郭 莉 莉

Race

CHINESE

Date of birth

09-11-1957

Country/Place of birth

SINGAPORE

Sex

F

S1272881F

6362296



IRIS No. **S1272881F**



Date of issue

08-01-2020

Address

APT BLK 875 WOODLANDS STREET 82
#10-544
SINGAPORE 730875

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9509724C



Name
KOH HAO MING

新 浩 銘

Race
CHINESE

Date of birth
23-03-1995

Country of birth
SINGAPORE

Sex
M

S9509724C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9509724C**

Name
KOH HAO MING

Birth Date: **23 Mar 1995**

Issue Date: **14 Nov 2013**




002245629J

4616769



NPIC No. **S9509724C**



Date of issue
25-07-2010

Address
**APT BLK 875 WOODLANDS STREET 82
#10-544
SINGAPORE 730875**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 14 Nov 2013

NP 428A

Licence No. S9509724C



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 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5043789247-14

Cover : Third Party, Fire & Theft

- | | |
|--|-----------------------|
| 1. Index mark and Registration Number of Vehicle | : SGV1509U |
| Chassis Number | : ZNE100370344 |
| 2. Name of Policyholder | : QUEK DE DE |
| 3. Effective Date of Insurance | : 05 Jun 2024 |
| 4. Expiry Date of Insurance | : 04 Jun 2025 |

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/her 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#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
PRIMARY DRIVER	: QUEK DE DE
NAMED DRIVER (1)	: KOH HAO MING
NAMED DRIVER (2)	: KOH POH SENG
HIRE PURCHASE COMPANY	: HENLY ENTERPRISES CO PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : TENG GIM HEONG SEAN (00000517124)

Date of Issue : 28 May 2024 23:45 hrs

For INCOME INSURANCE LIMITED



Chief Executive

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC
Owner ID: 881F

Vehicle Details

Vehicle No.: SGV1509U
Vehicle to be Exported: No
Intended Deregistration Date: 06 Aug 2024
Vehicle Make: TOYOTA
Vehicle Model: WISH 1.8X A
Primary Colour: White
Manufacturing Year: 2007
Engine No.: 1ZZ2927261
Chassis No.: ZNE100370344
Maximum Power Output: 97.0 kW (130 bhp)
Open Market Value: \$18,020.00
Original Registration Date: 05 Jun 2007
First Registration Date: 05 Jun 2007
Transfer Count: 1
Actual ARF Paid: \$19,822.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 May 2027
COE Category: E - Open Category
COE Period(Years): 10
PQP Paid: \$52,491.00
COE Rebate Amount: \$14,787.00
Total Rebate Amount: \$14,787.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 06 Aug 2024

OK