

NATIONAL Assessment Centre Services

(Ref: Jan 2015)

MAA17168673

Date In: 23/12/2017 17:00	Job description	Date & Time Completed	Done by
Ref No: N/A/MC/2024333/V	SAS e-filing		
Veh No: GBE 685TE	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/12/2017 03:50	i-Motor Claim Form	MJ/0974950	23/12/2017 17:33
Ⓞ / TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (ZERO GRAVITY

Tel: 674/2845 / 674/77946

TP Particulars:	Veh No: —	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

MAA1707926	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt 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: Idac Mobile 30		
	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 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 ability.
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 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 Report	23/12/2017 17:00
Date Of Accident	23/12/2017 03:50
Exact Location Of Accident	ALONG SLIP RD A/F ECP EXIT 10B INTO STILL RD SOUTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6857E
Insured/Policyholder	
Name Of Registered Owner	LIM KEE SING
NRIC No	S1745834E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97346438
Alternative Phone No	OTHERS-97346438

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088291182
Cover Note Number	

Driver

Name of Driver	TAN AH CHWEE
NRIC No	S1518228H
Date Of Birth	03/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1983
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97346438
Fax Number	
Contact Number	OTHERS-97346438
EMail Address	NOEMAIL

Address	BLK 5 BEACH ROAD #05-4905
Postcode	190005
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171223/2090

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	TAN AH CHWEE
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	GBE6857E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

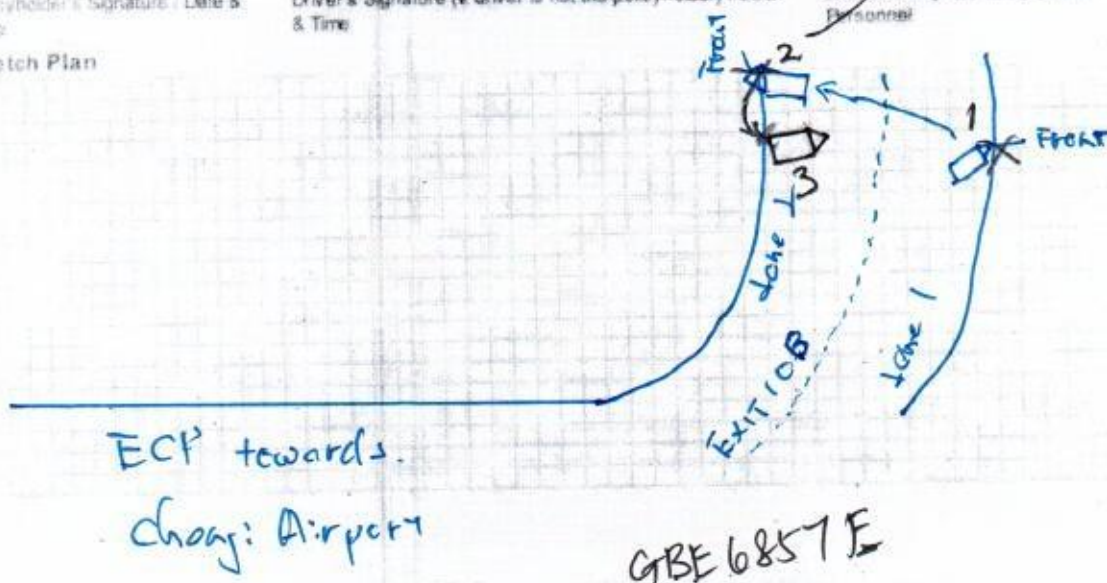
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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



23/12/2017

7 Toward
ST 11 RD

Describe Circumstances of the Accident

On 23/12/2017 at about 0350, I was driving my employer's van GSE 6857E along ECP expressway to Changi Airport. I have intend to drive to Marine Terrace

As such I then headed to Exit 10B. I then entered the bend towards still Rd south. I wished to inform that at that moment, it was drizzling & the road was wet. I wish to inform that I was driving along the 1st lane of the bend & was travelling at about 60 km/h. As I was about to merge from the Exit 10B, my vehicle skidded due to wet road & knocked into the metal railing which was located near to ~~the lane~~ lane 1

The impact of the collision to the metal railing have resulted my vehicle to sway left. I wish to inform that a passenger from a nearby car came towards me & ask me to get down from my car

I observed the passenger seat window of the van to be shattered. I have also observed the front bumper to be detached from my vehicle. I have observed the metal railing to be dented

Personnel were called but after the observation, I do not need to require to be convey

Police came & TIA police came & towed away my vehicle to Fort Rd By Car port

POLICE REPORT 7/2017/223/2090

Declaration

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

23/12/2017



SINGAPORE POLICE FORCE



T/20171223/2090

1 of 3

Report No. T/20171223/2090

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2017 14:11	Vide Report No.: G/20171223/0059	Station Diary No.: 17
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: TAN AH CHWEE			Address: APT BLK 5 BEACH ROAD #05-4905 SINGAPORE 190005	
ID Type / ID No.: NRIC NO / S1518228H			Contact No.: Home/Office:	Mobile: 97346438
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 03/12/1962	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 23/12/2017 03:50	Type of Location: Slip Road
Location: Along Road 1 Traveling Toward Road 2 EAST COAST PARKWAY STILL ROAD SOUTH Along Slip road after ECP exit 10B INTO STILL RD SOUTH				
Weather: Drizzling	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6857E	Van				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
GBE6857E	NTUC Income Insurance Co-Operative Limited	5088291182	05/03/2017	04/03/2018



Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3
Report No. T/20171223/2090

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN AH CHWEE	ID No.	S1518228H
Related Vehicle	GBE6857E (Van)	Contact No.	97346438
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/12/2017 at about 0350, I was driving my employer van GBE6857E along ECP expressway to Changi Airport. I have intend to drive to Marine Terrace.

As such I then headed to Exit 10B. I then entered the bend towards still road south. I wished to inform that at the moment, it was drizzling and the road was wet. I wish to inform that I was driving along the 1st lane of the band and was travelling about 60km/hr. As I was 20 metre from the Exit 10B, my vehicle have skidded and knocked into the metal railing which was located near to lane 1. The impact of the collision to the metal railing have resulted my vehicle to swayed left. I wished to inform that a passenger from a nearby car have then came towards me and ask me to get down from my car. I have observed the left passenger seat window of the van to be shattered. I have also observed the front bumper to be detached from my vehicle. I have observed the metal railing to be dented. I have then called my Boss about the incident.

The passerby have then informed me that I am bleeding from my face. The passerby have then called for ambulance. Paramedic have then came to give me medical attention. The paramedic told me that my face suffered some minor cuts and proceed to clean my wound. The paramedic told me I do not suffered any other injury other than the cut. and thus I do not require to be convey. I have tried starting my vehicle and It was able to start but however it was unable to reverse. LTA officer have came and told me that EMAS will towed away my car to the FORT road car park.

IO Bei Feng have then came to the scene and pass me a case card and asked me to lodge a Traffic incident report Vide G/20171223/0059

I wished to inform that I have in built CCTV in the vehicle.



**SINGAPORE
POLICE FORCE**



T/20171223/2090

3 of 3

Police Station Of Origin:

Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

Report No. T/20171223/2090

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:

G /

Staff Sgt TAY WEI SIANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325



**SINGAPORE
POLICE FORCE**

Authentication Stamp


NP168

Signature Of Informant:

Date/Time:

23/12/2017 14:11

Classification Of Case:


SIGNATURE

Accident MT/0974950

NewAttachment

23/12/2017

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 23/12/17 Time 0350 Hrs

Exact Location Of Accident * ECP EXIT 106

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * GBE 6857 E

Insured/Policyholder

Name of Registered Owner * LIM KEE SING

NRIC/FIN/Passport Number * 1745834E

Vehicle Particulars

Manufacturer * NISSAN

Model * MU350

Exact Purpose for which vehicle was being used at time of accident

* Private use ☒ Commercial use ☐ Hire & reward ☐
Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?

* Yes ☒ No ☐ Others

If No, please state action to be taken

* Third Party Claim ☐ Reporting Only ☐

Vehicle Category

* Private ☒ Commercial ☐ Motorcycle ☐

Insurance Company

Name of Insurance Company * NTUC

Type of Coverage

Fleet Policy

Yes ☐ No ☒

Policy Number

* 5088291182

Cover Note Number

Driver

Name of Driver * TAN AH CHONG

NRIC/FIN/Passport Number * S1518228 H

Date of Birth * 3/12/62

Occupation * Delivery Man

Date of Driving Pass * 29/9/1983

Gender

* Male ☒ Female ☐

Mobile Number

* 97346438

Address

* 50K 5 Beach Rd #65-4905
S190005

Email Address

Was driver an employee of the Insured's Company?

* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured

*

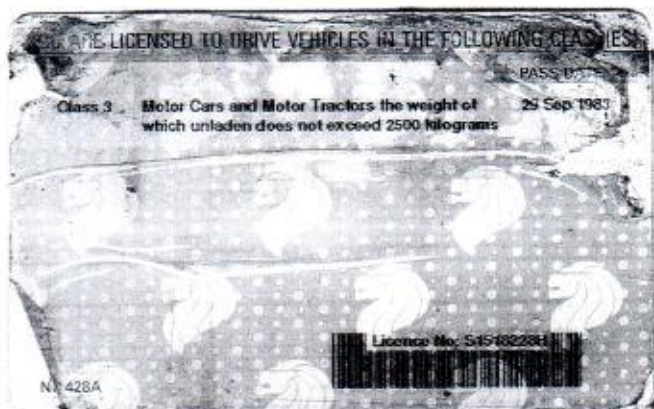
SAS 1

Zero Gravity & DIAGNOSTIC.COM.SG

Vehicle Registration Number of Driver's Own Vehicle (if applicable)		<input type="text"/>	
Insurance Company of Driver's Own Vehicle (if applicable)		<input type="text"/>	
General Information of the Accident			
Type of Accident	* <input type="text"/>		
Weather Conditions	* Clear <input type="checkbox"/>	Raining <input checked="" type="checkbox"/>	Others <input type="text"/>
Road Surface	* Dry <input type="checkbox"/>	Wet <input checked="" type="checkbox"/>	Others <input type="text"/>
Other Information			
Was any body injured in the Accident?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was any other material or property damaged?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Details of Injured Persons			
Name	* <input type="text"/>		
Address	<input type="text"/>		
Approximate Age	* <input type="text"/>		
Injuries Sustained	* <input type="text"/>		
If vehicle Occupants, state in which vehicle?	<input type="text"/>		
Were seat belts worn?	* Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Was injured conveyed to hospital by ambulance?	* Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Details of Police Action			
Was the Accident reported to the Police?	* Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
If Yes, please state which Police Station	Joo Chiat HPP		
Was notice of intended Prosecution given?	* Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
If Yes, against whom?	<input type="text"/>		
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)			
Vehicle Registration Number	* <input type="text"/>		
Vehicle Make / Model / Colour	<input type="text"/>		
Detail Of Properties	<input type="text"/>		
Name of Driver	* <input type="text"/>		
NRIC/Passport Number	<input type="text"/>		
Contact Number	* <input type="text"/>		
Email Address	<input type="text"/>		
Address	<input type="text"/>		
Insurance Company Name	<input type="text"/>		
Nature of Damage	<input type="text"/>		
Details of Witness			
Name	<input type="text"/>		
Phone Number	<input type="text"/>		
Email Address	<input type="text"/>		

SAS 2

Zero Gravity
67412845
67477946



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)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5088291182

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle : **GBE6857E**
Chassis Number : JN1MC2E26Z0006093
2. Name of Policyholder : LIM KEE SING
3. Effective Date of Insurance : 05 Mar 2017
4. Expiry Date of Insurance : 04 Mar 2018
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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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.

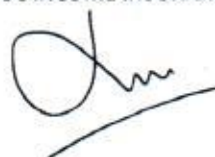
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HL BANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 : VICOM LTD (00000614946)
Date of Issue : 01 Mar 2017 11:20 hrs

 **VICOM LTD**
25 KAKI BUKIT AVENUE 4
SINGAPORE 415933
TEL: 6741 4803 FAX: 6741 0441

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer

Chief Executive

The owner and vehicle particulars for Vehicle No. GBE6857E as at 05 Mar 2016 are as follows:

1.	Name	: LIM KEE SING
2.	Identification No. Type	: Singapore NRIC
3.	Identification No.	: S1745834E
4.	Place Of Passport Issue	: -
5.	Registered Address	: APT BLK 60 DAKOTA CRESCENT #04-231 SINGAPORE 390060
6.	Mailing Address	: -
7.	Vehicle No.	: GBE6857E
8.	Effective Date of Ownership	: 05 Mar 2016
9.	Original Registration Date	: 05 Mar 2016
10.	First Registration Date	: 05 Mar 2016
11.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: NISSAN
17.	Vehicle Model	: NV350 PANEL VAN 2.5 5AT 5DR EURO V
18.	Year of Manufacture	: 2015
19.	Primary Colour	: Black
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: JN1MC2E26Z0006093 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: YD25390094A / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2488 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 1800
28.	Maximum Laden Weight(kg)	: 3300
29.	Open Market Value	: \$23,098.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016030505000495E
35.	COE Expiry Date	: 04 Mar 2026
36.	COE Category	:
37.	Quota Premium/Prevailing Quota Premium	: \$45,447.00
38.	Actual Quota Premium/PQP Paid	: \$40,168.00
39.	Actual ARF Paid	: \$1,155.00
40.	CO2 Emission(g/km)	: 219.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 04 Mar 2036
45.	Road Tax Amount	: \$426.00
46.	Road Tax Start Date	: 05 Mar 2016
47.	Road Tax End Date	: 04 Mar 2017
48.	Remarks	: This vehicle requires side marking.