

NATIONAL Assessment Centre Services

1001 1/21/001 **11/01/8029915**

Date In: **02/03/2018 17:49**
 Ref No: **1108/104 210041017**
 Veh No: **GY 68 R**
 D.O.A: **01/03/2018 8.05**
 OD / TP / Reporting Only

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (within 2hrs, A/C 2hrs)		
E-Motor Claim Form		
E-Motor W/O (within 2hrs, 2hrs 1hr17)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/VWSP		

TP Insured:

Preferred Wkep / INC Assign Wkep / OW:

TP Particulars: Yeh No: **GBB 58666** Tel: Fax: INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: Time: ()
 Insured/Driver Liability: () % (Note: B/L Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: () Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeler.
 () Total Loss Case: To e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Removals: () Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date/Time	Action

Human Resources	Invoice Preparation Checklist	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)		
Assigned Portion:	3) TP: Towing Fee	\$40/\$42	
	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Recovery)	\$20	
	6) TR: Re-inspection	\$25	
	7) NI: NI/DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$3	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$25	
	12) NI: DY / Collateral Uncover Coordination	\$5	
	13) NI: TP (Non-INC) against INC	\$20	
	14) NI: NI/DA/DA	\$0	
	Invoice total		
	Net Charge		

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 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	02/03/2018 17:49
Date Of Accident	01/03/2018 18:05
Exact Location Of Accident	ALONG AYE TOWARDS JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY68R
Insured/Policyholder	
Name Of Registered Owner	SCT ENGINEERING PTE LTD
Co Reg No	1983057445W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96692385
Alternative Phone No	OFFICE-96692385

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	39763

Driver

Name of Driver	LIM KAH SENG
NRIC No	S1495798G
Date Of Birth	11/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	06/11/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96692385
Fax Number	
Contact Number	OTHERS-96692385
EMail Address	NOEMAIL

Address	APT BLK 128 KIM TIAN ROAD #10-125
Postcode	160128
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180302/2128

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB5866B
Vehicle Make/Model/Colour	OPEL VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUTHU
NRIC/Passport Number	
Contact Number	85116108
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM KAH SENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GY68R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 lodgment 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:

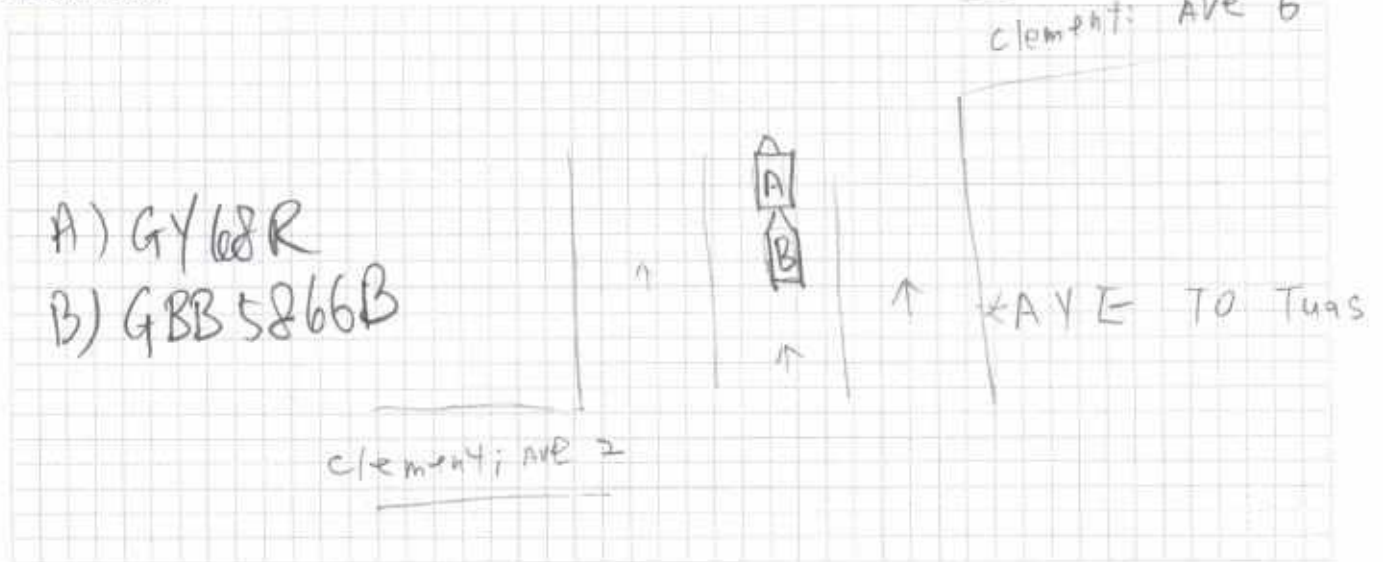
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note in blue ink across the section:

pls refer to Police Report
7/20180302/2126

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name: *Resat A. Othman*
NRIC/FIN No.:



Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No: T/20180302/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2018 17:06		Vide Report No.:		Station Diary No.: 24
Informant's Particulars				
Name of Informant: LIM KAH SENG		Address: APT BLK 128 KIM TIAN ROAD #10-125 SINGAPORE 160128		
ID Type / ID No.: NRIC NO / S1495798G		Contact No.: Home/Office: Mobile: 96692385		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 11/10/1961	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/03/2018 18:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY JURONG TOWN HALL ROAD after Clementi Ave 2 exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5866B	Van	OPEL		Silver	Slightly Damaged	0
GY68R	Van	TOYOTA	HIACE	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GY68R	EQ INSURANCE COMPANY LTD.	39763	30/10/2017	29/10/2018



**SINGAPORE
POLICE FORCE**



T/20180302/2126

2 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No: T/20180302/2126

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUTHU	ID No.	NIL
Related Vehicle	GBB5866B (Van)	Contact No.	85116108
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM KAH SENG	ID No.	S1495798G
Related Vehicle	GY68R (Van)	Contact No.	96692385
Hospital/Clinic	MARINA MEDICAL CENTRE (TIONG BAHRU)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 01/03/2018 at around 1804hrs, I was driving my company's van GY68R along AYE towards Jurong (After Clementi Ave 2 Exit). I was driving in the middle lane and it was a heavy jam along AYE. Suddenly, another vehicle GBB5866B hit onto the rear of my van, causing it to jerk forward due to the collision. The rear bumper and rear door of my van were dented and damaged. The other vehicle had a slight dent and scratches on its front portion. I took photos of the damages and exchanged details with the other driver. I suffered some pain on my neck due to the accident, and went to the Marina Medical Centre for treatment. I was given 3 days MC. That is all.



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**SINGAPORE
POLICE FORCE**



T/20180302/2126

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20180302/2126

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:

A /

Sr Staff Sgt MOHAMED FAREEQ BIN
MOHAMED BASRI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Signature Of Informant:

Date/Time:

02/03/2018 17:06

Classification Of Case:

Authentication Stamp

NP168

Signature

Singapore Police Force



MARINA MEDICAL CENTRE

Blk 78, Guan Chuan Street, #01-39, Singapore 160078
Tel: 6222 2177, 6224 8471 Fax: 6222 3380

ORIGINAL

MEDICAL CERTIFICATE

No. 67676

Name

Lim Kok Leng

NRIC No.

J14557534

- * This is to certify that the abovenamed is unfit for duty for a period of 2 day(s) from 2/3/18 to 4/3/18 inclusive.

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Diagnosis

Whiplash injury (neck)

- * Fit for normal / light duty from _____ to _____

- * The abovenamed patient attended my clinic at DR RANJAN SINGH am/pm and
left at _____ am/pm.

Date:

2/3/18

Doctor

DR RANJAN SINGH
M.B.B.S. (Singapore)
MSc (Voc. Med. & Healthcare Management)
MHSd (London)
Designated Workplace Doctor
Family Physician
MCR 00080

ACCIDENT STATEMENT

ACCIDENT DATE: 01/03/2018 (DD/MM/YYYY) TIME: 7.05 (HH:MM)

LOCATION: Ayer Bunker Jalan Besar Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: QY 68R
 b) INSURANCE COMPANY: PRU
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working purpose
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
(Including driver)

(1)

- DRIVER Lim Kay Seng (MALE / FEMALE)
 a) NAME: Lim Kay Seng CONTACT: 9669388
 b) NRIC/FIN/PASSPORT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS (YES / NO)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(Including driver)

()

- a) VEHICLE NUMBER: GBB 1866B MODEL: OPAC van
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

9. THIRD PARTY VEHICLE

No of passenger
(Including driver)

()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email =

fax =

✓ 1000

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1495798G



Name
LIM KAH SENG
林 加 成

Race
CHINESE

Date of birth
11-10-1961

Country/Place of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1495798G
Name
LIM KAH SENG

Birth Date 11 Oct 1961
Issue Date 12 Sep 2003



5355736



NRIC No. S1495798G



Date of issue
05-09-2014

Address
APT BLK 12B KIM TIAN ROAD
#10-125
SINGAPORE 160128

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	06 Nov 1978
Class 2A Motorcycles between 201 cc and 400 cc	06 Nov 1978
Class 2 Motorcycles exceeding 400 cc	06 Nov 1978
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Nov 1978

NP 429A

Licence No. S1495798G



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block, MND Complex, Singapore 060110
Tel: 65 6223 8433 | Fax: 65 6224 3903 | www.eqinsurance.com.sg
Reg no. 1979-04490-N

eqinsurance
*You're Got a Friend***EQ Motor Cover Note**

ORIGINAL

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 and Compensation) Rules 1959 (Malaysia)

N1318
#1443.06

Whereas the insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below 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 otherwise payable for such insurance will be charged for the time the Company has been on risk.

RW

SCHEDULE

Agent / Broker Code:	LQ BUSINESS PTE LTD	
Policy No.		Cover Note no.: 39763
Name of Insured	CST Engineering Pte Ltd	
Registration Number	GY68R	
Make / Model	Toyota HiAce Van Turbo 5 DR manual	
Year of Registration	2014	
Cubic Capacity	1.04 tonnage	
Engine Number	1KD2437038	
Chassis Number	JTFH702P200148307	
Cover Type	Comprehensive	
Value	As Per market Value	
Period of Insurance	From: 30.10.2017 (Time: 0001 am/pm) To: 29.10.2018	
Hire Purchase Company	United Overseas Bank Limited	
Excess	\$500.00	
Type Of Plan	<input type="checkbox"/> Classic <input checked="" type="checkbox"/> Premier	

We hereby certify that this Cover Note is issued in accordance with the provisions of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

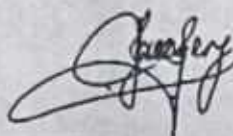
Not valid unless counter-signed by Authorised Agent

LQ BUSINESS PTE LTD

UEN NO. 201700648N
180B BENCOOLEN STREET
#04-02, THE BENCOOLEN
SINGAPORE 189648

Signature / Date: **Lee**
4/10/17

EQ Insurance Company Limited



Authorised Signatory

Important Notice:

- This Cover Note is valid for 30 days from the first day of the Policy Period.
- Premium Warranty (for individual Customers): Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

The owner and vehicle particulars for Vehicle No. GY68R as at 30 Oct 2014 are as follows:

1.	Name	: CST ENGINEERING PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 198305745W
4.	Place Of Passport Issue	: -
5.	Registered Address	: 30 SHAW ROAD #03-01 SINGAPORE 367957
6.	Mailing Address	: -
7.	Vehicle No.	: GY68R
8.	Effective Date of Ownership	: 30 Oct 2014
9.	Original Registration Date	: 30 Oct 2014
10.	First Registration Date	: 30 Oct 2014
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	: TOYOTA
17.	Vehicle Model	: TOYOTA HIACE VAN TURBO 5 DR MANUAL
18.	Year of Manufacture	: 2014
19.	Primary Colour	: Silver
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: JTFHT02P200148307 / -
23.	Propellant	: Diesel
24.	Engine No./Motor No.	: 1KD2437038 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 1740
28.	Maximum Laden Weight(kg)	: 2800
29.	Open Market Value	: \$27,502.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2014103005001082G
35.	COE Expiry Date	: 29 Oct 2024
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$50,265.00
38.	Actual Quota Premium/PQP Paid	: \$33,477.00
39.	Actual ARF Paid	: \$1,376.00
40.	CO2 Emission(g/km)	: 216.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 29 Oct 2034
45.	Road Tax Amount	: \$213.00
46.	Road Tax Start Date	: 30 Oct 2014
47.	Road Tax End Date	: 29 Apr 2015
48.	Remarks	: This vehicle requires side marking.