

NATIONAL Assessment Centre Services

Form 1-10-05

MNA418096225

Date In: 25/07/2018 15:47	Job description	Date & Time Completed	Done by
Ref No: NBA/CTI/80/3553/Y	SAS e-filing		
Veh No: SJA 6261A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/07/2018 07:55	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJA 4852P	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

<p>MNA418096225</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Dat. 1:</p> <p>Dat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR : Accident Reporting (\$30);</p> <p>2) DA : Damage Assessment (\$100); INC (\$80)</p> <p>3) TF : Towing Fee \$40/\$45</p> <p>4) FT : Follow-Through Survey \$120</p> <p>5) FT : Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR : Re-inspection \$75</p> <p>7) N1 : Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>OD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11) : TP (N11) against INC \$20</p> <p>9) N12: Idac Mobile \$0</p>		<p>Am't (\$)</p> <p>1st Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p> <p>Fee Charged</p>			
	<p>Invoice dated</p> <p>Fee Charged</p>			

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	25/07/2018 15:47
Date Of Accident	25/07/2018 07:55
Exact Location Of Accident	BISHAN ROAD TURNING INTO BISHAN STREET 14
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6261A
Insured/Policyholder	
Name Of Registered Owner	M/S DPE TRANSPORTATION SERVICES
Co Reg No	53367323B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91848608
Alternative Phone No	OFFICE-91848608

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 L I-VTEC (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1753171700
Cover Note Number	

Driver

Name of Driver	CHUI HOWE WAI
NRIC No	S70390321
Date Of Birth	05/11/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91848608
Fax Number	
Contact Number	OTHERS-91848608
Email Address	NOEMAIL

Address	BLK 108 RIVERVALE WALK #08-112
Postcode	540108
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180725/2015

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN4852P
Vehicle Make/Model/Colour	TOYOTA PICNIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JURAIMAN BIN RAHIM
NRIC/Passport Number	S1794638B
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name CHUI HOWE WAI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJA6261A

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.
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 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.:

25/07/2018

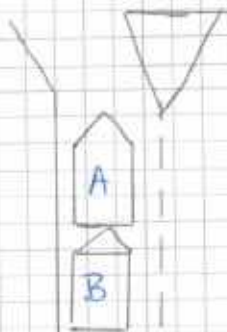
Resli Wadars

SKETCH PLAN

BISHAN ROAD TURNING INTO BISHAN ST 14

(A) SJA 6261A

(B) SJN 4852P



[Signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25 JUL 2018, 0756 HRS I WAS DRIVING ALONG BISHAN ROAD. WHILE I WAS STATIONARY WAITING TO TURN, VEHICLE B SUDDENLY COLLIDED INTO MY REAR.



[Signature]

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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



[Signature] 25/07/2018

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



SINGAPORE POLICE FORCE



T/20180725/2051

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180725/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2018 12:47	Vide Report No.:	Station Diary No.: 94
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Informant's Particulars

Name of Informant: CHUI HOWE WAI			Address: APT BLK 108 RIVERVALE WALK #08-112 SINGAPORE 540108		
ID Type / ID No.: NRIC NO / S70390321			Contact No.: Home/Office: Mobile: 91848608		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 05/11/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2018 07:55	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 BISHAN ROAD BISHAN STREET 14 Along Bishan Road, about to make a left turn to Bishan Street 14				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle against Stationary Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA6261A	Car	HONDA	HONDA CITY LX 1.5 I-VTEC AUTO	Black	Slightly Damaged	0
SJN4852P	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Silver	Slightly Damaged	0



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180725/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJA6261A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSN17531717 00	08/08/2018	27/08/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUI HOWE WAI		ID No.	S7039032I
Related Vehicle	SJA6261A (Car)		Contact No.	91848608
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2018		Date Discharge	25/07/2018
No. of Days granted Medical Leave		05	Degree of Injury	Slight
Driver				
Name	Juraiman Bin Rahim		ID No.	S1794638B
Related Vehicle	NIL		Contact No.	NIL
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

Brief Details.

On 25/07/2018 at about 0756hrs, I was travelling along Bishan Road about to make a left turn to Bishan Street 14. I stopped before making the turn to ensure that the traffic is clear. I then felt an impact and a loud bang coming from the back of my vehicle. I then alighted to make a check and realised that one vehicle (SPN4852P) have collided onto the rear of my vehicle.

The collision has caused the door of my car boot to be unable to close and there are cracks on the rear bumper. There are some scratches on the other vehicle and the car licence plate is slightly slanted. The driver apologised to me profusely and we exchanged particulars.

Due to the impact, I have some pain on my neck, shoulder and back and at that time of accident, I felt giddy. Hence I went to seek medical attention and I was then given 5 days' medical leave. I am not sure if there is any injury on the other driver. I am lodging this report for recording and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180725/2051

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

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Report No. T/20180725/2051



**SINGAPORE
POLICE FORCE**



T/20180725/2051

4 of 4

Report No. T/20180725/2051

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 JASMINE LEAU WEI LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Signature Of Informant:

Date/Time:

25/07/2018 12:47

Classification Of Case:

SN 168

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25 Jul 2018.	TIME: 0756 HRS	(hh:mm) 24 hrs Format
LOCATION BISHAN ROAD TURNING INTO BISHAN ST 14.		
VEHICLE NUMBER SJA 6261A.		
INSURED NAME M/S DPE TRANSPORTATION SERVICES		
NRIC / FIN 533673238	CONTACT:	
MAKE HONDA	MODEL CITY LX 1.5 I-VTEC AUTO	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (/) Third Party () Reporting Only		
INSURANCE COMPANY CHINA TAIPING INSURANCE		
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER : DMHCSN1753171700		
NAME DRIVER : CHU HOWE WAI.		() SAME AS INSURED
NRIC / FIN S70390321.	CONTACT: 91848608	
DATE OF BIRTH: 05 Nov 1970		
DRIVING PASS DATE: 05 Nov 1997		
OCCUPATION : () INDOOR (/) OUTDOOR		
GENDER : (/) MALE () FEMALE		
EMAIL ADDRESS:		() NO EMAIL
ADDRESS OF DRIVER: BLK 108 RIVERVALE WALK #08-112 S(540108)		
Number Of Passenger Include Driver: 1 DRIVER.		
Was driver an employee of the Insured's Company? (/) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES () NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (/) Clear () Raining () Drizzling () Others		
Road Surface : (/) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (/) NO		
Was Anybody Injured In The Accident? (/) YES () NO		
If YES, Injured details : CHU HOWE WAI, S70390321		
Convey By Ambulance: () YES (/) NO		
Was There Any Video Capture By Car Camera? (/) YES () NO WITH OWNER		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any) POLICE REPORT T/20180725/2051		
Details Of 3rd Party	Name / NRIC	Contact
Veh B SJA 4852P		
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70390321



Name

CHUI HOWE WAI



Race

CHINESE

Date of birth

05-11-1970

Country/Place of birth

SINGAPORE

Sex

M

S70390321

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S70390321

Photo

CHUI HOWE WAI

Birth Date: 05 Nov 1970

Issue Date: 15 Nov 2003



001003631C

5658138



NRIC No: S70390321



Date of issue

26-07-2016

Address

APT BLK 108 RIVERVALE WALK
#08-112
SINGAPORE 540108

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

05 Nov 1997



Licence No: S70390321

NP 428A

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, 1999 (Malaysia)

CERTIFICATE No.	2990001793173700	Engine No. 1115A71311710	CHASSIS No. 9H01006247039020488
1. Index Mark and Registration Number of Vehicle	0136251A		
2. Name of Policy Holder	N/S DFE TRANSPORTATION SERVICES		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	8 AUGUST 2017	EXCESS SECT. I	\$21,000.00
		EXCESS SECT. I (OUTSIDE SINGAPORE)	\$52,000.00
		EXCESS SECT. II	\$21,000.00
4. Date of Expiry of Insurance	7 AUGUST 2018	EXCESS SECT. II (OUTSIDE SINGAPORE)	\$52,000.00
		EX OR WINDSCREEN	\$100.00
5. Persons or Classes of Persons entitled to drive *	<p>ANY EMPLOYEE OR ANY PERSON WHO IS DRIVING WITH THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.</p> <p>PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT REGARD FROM DRIVING THE MOTOR VEHICLE.</p>		
6. Limitations as to use *	<p>(1) USE FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>(2) USE FOR SOCIAL DOMESTIC PLEASURE PURPOSES.</p> <p>THE POLICY DOES NOT COVER</p> <p>(1) USE FOR RACING, RACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>		
<p>HIKE PURCHASE CO. / HONG LEONG FINANCE LTD AS HP OWNER</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>			

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPIING INSURANCE (SINGAPORE) PTE. LTD.

undersigned By



Authorised Officer

Authorised Signatory

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Business
Owner ID:	7323B
Vehicle Details	
Vehicle No.:	SJA6261A
Vehicle to be Exported:	No
Intended De-registration Date:	31 Jul 2018
Vehicle Make:	HONDA
Vehicle Model:	HONDA CITY LX 1.5 I-VTEC AUTO
Primary Colour:	Black
Manufacturing Year:	2009
Engine No.:	L15A71811750
Chassis No.:	MRHGM26709P020488
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$17,735.00
Original Registration Date:	28 Feb 2011
First Registration Date:	28 Feb 2011
Transfer Count:	2
Actual ARF Paid:	\$17,735.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Feb 2021
PARF Rebate Amount:	\$10,641.00
Intended COE Rebate Details	
COE Expiry Date:	27 Feb 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$37,124.00
COE Rebate Amount:	\$9,579.00
Total Rebate Amount:	\$20,220.00

The information contained herein is correct as at 25 Jul 2018

OK