

NATIONAL Assessment Centre Services. [ver 1 Jan 05] **NA11901466**

Date In: <b>11/06/2009 11:53</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/C9/19009703/4</b>	SAS e-Mailing		
Veh No: <b>GO 334</b>	E-mail (Admin 2hrs, AIC 2hrs)		
D.O.A: <b>21/05/2009 13:20</b>	I-Motor Claim Form		
OD <b>TP</b> 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: ( ) Toll: ( ) Fax: ( )

TP Particulars: Veh No: **FBG 845PK** 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%. P: 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: ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Actions

<b>NA1904021</b>		
Client's Satisfaction:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:	3) TP: 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 (ver 10 Jan 2005)	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$35	
	*NG: Repair Co-ordination \$10	
	*NF: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$5	
	TP (NI); TP (N-in INC) against INC \$30	
	9) NI2: Idas Mobile \$0	
	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 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 Report	01/06/2019 11:53
Date Of Accident	31/05/2019 13:30
Exact Location Of Accident	CLEMENTI ROAD TOWARDS UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ33H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANTHURIUM GARDEN & LANESCAPE DESIGN
Co Reg No	39081800C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91126151
Alternative Phone No	OFFICE-91126151

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMCVSN3002921901
Cover Note Number	

### Driver

Name of Driver	CHUA LAI WHATT
NRIC No	S1185503B
Date Of Birth	09/06/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91126151
Fax Number	
Contact Number	OTHERS-91126151
Email Address	NOEMAIL

Address	BLK 248 COMPASSVALE ROAD #14-622
Postcode	540248
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190531/2146

#### 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	FBG8454K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJW1234X  
Vehicle Make/Model/Colour BMW  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHUA LAI WHATT  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? GQ33H  
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)**

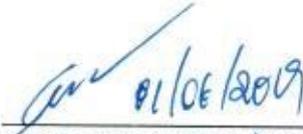
I understand, acknowledge, agree and consent that:

- (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.

**ARTHUR WARDEN & LANDSCAPE DESIGN**

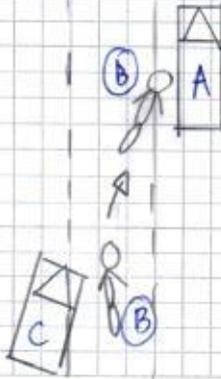
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Claremont Rd  
Tud's  
Upp  
Bkf  
Timah Rd  
Beside  
Ulu Pandan  
Camp



- Ⓐ GQ 33H
- Ⓑ FBG 8454K
- Ⓒ SJW 1234X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20190531/2146

ANTHURON GARDEN & LANDSCAPE DESIGN

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:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190531/2146

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20190531/2146

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/05/2019 16:56	Vide Report No.: D/20190531/0080	Station Diary No.: 38
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**Informant's Particulars**

Name of Informant: CHUA LAI WHATT		Address: APT BLK 248 COMPASSVALE ROAD #14-622 SINGAPORE 540248	
ID Type / ID No.: NRIC NO / S1185503B		Contact No.: Home/Office: Mobile: 91126151	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 25/09/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GARDENER		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/05/2019 13:30	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD  CLEMENTI ROAD TOWARDS UPPER BUKIT TIMAH ROAD BESIDE ULU PANDAN CAMP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8454K	Motorcycle			Blue	Seriously Damaged	0
GQ33H	Van	NISSAN	NV350	Brown	Slightly Damaged	0
SJW1234X	Car	BMW		Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GQ33H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMCVSN30029219 01	10/02/2019	09/02/2020

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHUA LAI WHATT	ID No.	S1185503B
Related Vehicle	GQ33H (Van)	Contact No.	91126151
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 31/05/19 at about 1330hrs, I was travelling and coming to a stop before the traffic junction on the third lane along Clementi Road towards Bukit Timah Road direction when I felt an impact from the left side of my van (GQ33H). I stopped and alighted from my vehicle and realized that a blue in colour motorcycle (FBG8454K) had collided into the left door of my van. I found out later that the motorcycle was travelling between the third and fourth lane when it collided into a black in colour BMW (SJW1234X) sent the motorcycle skidding to the front. The rider was subsequently conveyed to hospital by ambulance.

I felt pain in my neck as a result of the accident, and I will seek medical attention after lodging the report.



**SINGAPORE  
POLICE FORCE**



T/20190531/2146

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

3 of 3

Report No. T/20190531/2146

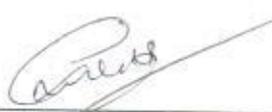
**CONTINUATION OF REPORT**

**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 NG ZHENG YANG
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT /
Contact No.:

Signature Of Informant: 
Date/Time: 31/05/2019 16:56
Classification Of Case:

Authentication Stamp  
NP168

  
SIGNATURE

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 31-05-2019		TIME: 13:30hrs (hh:mm) 24 hrs Format	
LOCATION: Clementi Rd Tms Upper Bukit Timah Road Beside Ulu Pandan Camp			
VEHICLE NUMBER: GQ 33H			
INSURED NAME: Anthurium Garden & Landscape Pte Ltd			
NRIC / FIN: 39081800C		CONTACT:	
MAKE: Nissan NV350		MODEL: Panel Van 2.5 BMT 5DR EURO V	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only			
INSURANCE COMPANY: CHTna			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER: DmcrsN3002921901			
NAME DRIVER: Chud Lai Whatt ( ) SAME AS INSURED			
NRIC / FIN: S1185603B		CONTACT: 91126151	
DATE OF BIRTH: 25-09-1956			
DRIVING PASS DATE: 20-06-1977			
OCCUPATION: ( ) INDOOR ( <input checked="" type="checkbox"/> ) OUTDOOR			
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: ( ) NO EMAIL			
ADDRESS OF DRIVER: 248 Compassvale Rd #14-62 S(540248)			
Number Of Passenger Include Driver: Driver only			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
<b>If No, Relationship Of The Driver With The Insured</b>			
( ) Owner ( ) Spouse ( ) Friend ( <input checked="" type="checkbox"/> ) Relative ( ) Children ( <input checked="" type="checkbox"/> ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle:			
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
If YES, Injured details :			
Convey By Ambulance: ( <input checked="" type="checkbox"/> ) YES ( ) NO			
Was There Any Video Capture By Car Camera? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
Was There Accident Reported To The Police? ( <input checked="" type="checkbox"/> ) YES ( ) NO If Yes Attach Police Report			
Police Report Number (if any)			
<b>Details Of 3rd Party</b>			
	Name / NRIC	No.of Paxs (incl'driver)	Contact
Veh B	F86 8454K (NTUC)	( ) / Not Sure ( )	
Veh C	SW 1234X	( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1185503B



Name  
CHUA LAI WHATT



Race  
CHINESE

Date of Birth  
25-09-1956

Country of Birth  
SINGAPORE

Sex  
M



For LKK/NAC Use Only

206



NRIC No. S1185503B



Blood Group  
B+

Date of Issue  
27-05-1994

NRIC No. Date

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1185503B**  
 Name: **CHUA LAI WHATT**  
 Birth Date: **25 Sep 1956**  
 Issue Date: **28 Apr 2003**

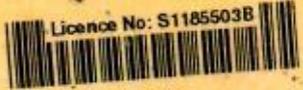



For LKK/NAC Use Only

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 Jun 1976
Class 2A	Motorcycles between 201 cc and 400 cc	17 Jun 1976
Class 2	Motorcycles exceeding 400 cc	17 Jun 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	20 Jun 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Nov 1978
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	29 May 1979

Licence No: S1185503B



NP 428A

MOTOR COMMERCIAL VEHICLE

**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)

ORIGINAL

CERTIFICATE No.	DMCVSN3002921901	Engine No : YD25406625A ChaNo: JN1MC2E26Z0007229
1. Index Mark and Registration Number of Vehicle	GQ33H	AUTOSAFE
2. Name of Policy Holder	ANTHURIUM GARDEN & LANDSCAPE DESIGN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	10 February 2019	Excess Sect I ..... S\$500.00 EX ON WINDSCREEN ..... S\$100.00
4. Date of Expiry of Insurance	09 February 2020	
5. Persons or Classes of Persons entitled to drive*		

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

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

- (1) Use in connection with the Policyholder's business.
  - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
  - (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover.
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
  - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

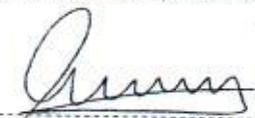
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**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 TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ..... WEE GIAP ENTERPRISE LLP .....  
Authorised Officer

  
.....  
Authorised Signatory

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	1800C
<b>Vehicle Details</b>	
Vehicle No.:	GQ33H
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Jun 2019
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	Brown
Manufacturing Year:	2016
Engine No.:	YD25406625A
Chassis No.:	JN1MC2E26Z0007229
Maximum Power Output:	-
Open Market Value:	\$23,668.00
Original Registration Date:	10 Feb 2017
First Registration Date:	10 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$1,184.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	09 Feb 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$44,546.00
COE Rebate Amount:	\$33,900.00
<b>Total Rebate Amount:</b>	<b>\$33,900.00</b>

The information contained herein is correct as at 01 Jun 2019

OK