

NATIONAL Assessment Centre Services (2nd Jan 2019)		NAH904726	
Date In: 26/06/2019 16:21	Job description	Date & Time Completed	Done by
Ref No: NAB/CT21901/2134	SAS e-filing		
Veh No: PA 79154	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 26/06/2019 03:35	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: ()	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: (\$)	Landing: \$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

NAH904726	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$20		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2019)		
Cal. 1:	6) TR: Re-inspection \$75		
Cal. 2/3:	7) N1: Idem DA + SMRT Survey \$160		
1/1 P. 1	8) NTUC Additional Services:		
	9) N12: Idem Mobile		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11) against INC \$20		
	Pen Charged		
	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	25/06/2019 16:21
Date Of Accident	21/06/2019 03:35
Exact Location Of Accident	ALONG LENTOR AVENUE NEAR TO EXIT TO TPE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7915U
Insured/Policyholder	
Name Of Registered Owner	POO SEE YEOW BUS SERVICES PTE LTD
Co Reg No	201530592E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94830003
Alternative Phone No	OFFICE-93751126

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN3067091800
Cover Note Number	

Driver

Name of Driver	KHAMARUDIN BIN ABDUL RAHMAN
NRIC No	S6929749H
Date Of Birth	11/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94830003
Fax Number	
Contact Number	OTHERS-93751126
Email Address	NOEMAIL

Address	BLK 289A COMPASSVALE CRESCENT #02-319
Postcode	541289
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	6

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190621/2112

Attachment(s)

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

DETAILS OF INJURED PERSON 1

Name	KHAMARUDIN BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PA7915U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NUR ASYURAH BINTE AMIR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PA7915U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	DAID PARAI BIN ALI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PA7915U
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 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.

POO SEE YEOW BUS SERVICES PTE LTD.

No. 25A Hillview Ave
#05-12 Glendale Park
Singapore 669617

Tel: 6310 1879 HP: 9643 0003
Fax: 6310 5925

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

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

SKETCH PLAN

A = PA79154

Lentor Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* P13 ref to police report * T/20190621/2112

DECLARATION

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

POO SEE YEOW BUS SERVICES PTE LTD

No. 25A Hillview Ave
#05-12 Glendale Park

Singapore 060512
Tel 8778 0244 Fax 1979 HP: 9843 0003
Reg. 201530592E

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

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

25/06/2019

Rodrick Jeyaraj



SINGAPORE POLICE FORCE



T/20190621/2112

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20190621/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2019 17:14	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: KHAMARUDIN BIN ABDUL RAHMAN		Address: APT BLK 289A COMPASSVALE CRESCENT #02-319 SINGAPORE 541289	
ID Type / ID No.: NRIC NO / S6929749H		Contact No.: Home/Office:	Mobile: 93751126
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 11/09/1969	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/06/2019 03:35	Type of Location: Flyover
Location: Along Road 1 LENTOR AVENUE				
Near to Exit to TPE (Changi)				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7915U	Van				Slightly Damaged	5

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190621/2112

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Report No. T/20190621/2112

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Passenger			
Name	NUR ASYURAH BINTE AMIR	ID No.	S9349737F
Related Vehicle	PA7915U (Van)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/06/2019	Date Discharge	21/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	KHAMARUDIN BIN ABDUL RAHMAN	ID No.	S6929749H
Related Vehicle	PA7915U (Van)	Contact No.	93751126
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2019	Date Discharge	21/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SAID PARAI BIN ALI	ID No.	S7211627E
Related Vehicle	PA7915U (Van)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/06/2019	Date Discharge	21/06/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was travelling along the Lentor Avenue Flyover. Suddenly I heard an explosion which I suspect that my tyre was burst. I then felt that my steering wheel was stiff and I could not brake properly. I then lost control my van and I hit the road side wall. I was conveyed to the Sengkang general hospital and was given 3 days MC due to injury sustained on my right ankle.

I wish to state that I have in-car camera.



**SINGAPORE
POLICE FORCE**



T/20190621/2112

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190621/2112

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190621/2112

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190621/2112

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:

J /
Sgt 2 CHUA KEE LENG

Signature Of Interpreter:

~~Not applicable~~

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:
21/06/2019 17:14

Classification Of Case:

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: _____

Usage of veh during of accident:

Does driver own a vehicle: yes / no

If yes, veh number plate: _____

veh insurance co: _____

Relationship with Insured: Employee x Employer

Witness (if any): yes / no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: _____

Name of third party driver: _____

IC of third party driver: _____

HP of third party driver: _____

Address of third party driver: _____

Insured/Co name of third party vehicle: _____

Contact number of Insured/Co: _____

Insurance co of third party vehicle: _____

Police report (if any): yes / no

Police report reported at which police station: Choa Chu Kang N.P.C

Any intended prosecution given: yes / no

If yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only

No of Pax: 6

Connect3 client vehicle no: PA7 915U

Owner contact no: 9843 0003


Date of accident: 21/06/2019

Location of accident: Lester Ave

Time of accident: 03:35

Any Injury: yes / no (If yes, must have police report)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6929749H



Name
KHAMARUDIN BIN ABDUL RAHMAN

Race
MALAY

Date of birth
11-09-1969

Sex
M

Country of birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S6929749H

Name
KHAMARUDIN BIN ABDUL RAHMAN


Birth Date
11 Sep 1969

Issue Date
19 Jan 2010

Barcode: D01822749A

For LKK/NAC Use Only

Land Transport Authority



VOCATIONAL LICENCE

Licence No : **S6929749H**

Name : **KHAMARUDIN BIN ABDUL RAHMAN**

Issue Date : **12/8/2011**

Please visit www.lta.gov.sg to check the status of this vocational licence

For LKK/NAC Use Only

HY 9375 1126

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 No.	DMD1BN3067091800	Engine No : 1KD1804818	Chassis No: KDH2230003619
1. Index Mark and Registration Number of Vehicle	PA79150		
2. Name of Policy Holder	M/S POO SEE YEOW BUS SERVICES PTE LTD		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 OCTOBER 2018 (15:13 HOURS)	EX SECT. II	\$53,000.00
Date of Expiry of Insurance	14 OCTOBER 2019		
Persons or Classes of Persons entitled to drive *			

ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR 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: *

USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.

THE POLICY DOES NOT COVER

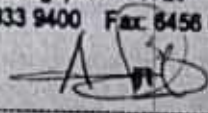
- (1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

* 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.

SG MOTOR TRADER PTE LTD
Reg No. 2015374670
172 Sin Ming Drive
Singapore 575720
Tel: 6933 9400 Fax: 6456 0678

Countersigned By:


Authorised Officer


Authorised Signatory

The owner and vehicle particulars for Vehicle No. PA7915U as at 16 Oct 2018 are as follows:

1. Name	: POO SEE YEOW BUS SERVICES PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201530592E
4. Country/Region	: -
5. Vehicle No.	: PA7915U
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 16 Oct 2018
8. Original Registration Date	: 11 Jul 2008
9. First Registration Date	: 11 Jul 2008
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: No Attachment
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: HIACE COMMUTER 3.0GL A
17. Year of Manufacture	: 2008
18. Primary Colour	: Silver
19. Secondary Colour	: -
20. Passenger Capacity	: 13
21. Chassis/Trailer Chassis No.	: KDH2230003619 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 1KD1804818 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 2180

Transaction ref 20181016145835384779

The owner and vehicle particulars for Vehicle No. PA7915U as at 16 Oct 2018 are as follows:

27. Maximum Laden Weight(kg)	: 3025
28. Open Market Value	: \$41,819.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 5
33. IU Label No.	: 1550221831
34. COE No.	: 2008060105000109N
35. COE Expiry Date	: 10 Jul 2023
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$16,100.00 / \$16,100.00
38. Actual Quota Premium/PQP Paid	: \$16,100.00
39. Actual ARF Paid	: \$2,091.00
40. CO2 Emission(g/km)	: -
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: 10 Jul 2028
49. Road Tax Amount	: -
50. Road Tax Start Date	: -
51. Road Tax End Date	: -
52. Remarks	: This is a public service vehicle.