NATIONAL Assessment Centr	e Services (metalon)			
Date In: 19/07/19	Jeb description	Date & Time Completed	Done	e by
Ref No. NA/A16/90/2742/13	SAS e-filing			
Veh No 5KW 78965	E-mail (within Slars, AIC 2lars)			
DOA 18/07/19 1010	i-Motor Claim Form			
OD TP (Reporting Only)	i-Motor W/O (Within: OD 2	hrs. TP 4hrs)		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (	J. Company of Editor Hills	Tel: Fax		
	DEDESTRION INC			
Owner / Driver: (		Tel:	)	ottes —
Policy No: ( ) Per	iod: (	Cover Type: (	,	
Confirmed by : (	Date:	Time:		** - * * * * * * * * * * * * * * * * *
Insured/Driver Liability: ( %) [1	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-100	0%]	
	Varranty: YES ( )/NO (	)		
Excess: (S ) Loading: \$1,00	00 ( )/\$2,000 ( )			
General Remarks:-	Acres Andreas			
( ) Walk-In Customer: Customer's infor	mation strictly Confidential & S	Strictly NO rafer of requirer		
Drive-In ( )/ Towed-In ( ); Invoice:  Remarks:- (INC hotline: 6788 6616)	YES( )/NO( );	Towing Co. (		)
		Date&Time Completed	Done	by
	ourtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
Upload Resurvey Photo [Repair Cost > \$30      Injury:	000] ( )			
Date/Time Actions				
			300000000000000000000000000000000000000	
	Total Control		7 2 2	
NA1905378	Invoice Pr	eparation Checklist	Amt (\$)	Amt (\$) Add Bill
laimant's Particulars :-	1) AR : Accide	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
river/Owner:	3) TF : Towing		5	
ontact No:		Through Survey \$12 Through Survey (Resurvey) \$3		
	For claiming	against INC Only (wef 10 Jan 2005)		
amaged Portion:	6) TR : Re-insp 7) N1 : Idae DA	A + SMRT Survey \$16		
		tional Services		
C Checked by (Engr-In-Charge):	THE PARTY OF THE P	sy Car / Tpt Allowance \$	-	
uditors' Comments :-		Co-ordination S1 pair Inspection S2	-	
t. 1:	*N8: DV / C	ollect Excess Coordination \$	5	
	9) N12: Idae M	P (Non INC) against INC \$2 obile 3	0	5
it. 2/3;	Invoice dated	Fee Charged	and the	7
	Invoice dated	Fee Charged	WALL TO SERVICE	

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.	
PSG_863	ACCIDENT STATEMENT
Date Of Report	19/07/2019 09:23
Date Of Accident	18/07/2019 12:10
Exact Location Of Accident	HOLLAND AVE TWD COMMONWEALTH AVE AFT HOLLAND CLOSE
Country/State of Loss	SINGAPORE
\$3-4-7 A	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW7896J
Insured/Policyholder	
Name Of Registered Owner	TWINCAR LEASING PTE LTD
Co Reg No	201533046C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83802233
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
Exact Purpose for which vehicle was being used a time of accident	t CHAUFFEUR
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994387
Cover Note Number	
Driver	

Name of Driver ABDUL RAHMAN BIN MOHAMED MAIDEEN

NRIC No S1351326J Date Of Birth 10/06/1959 Occupation OUTDOOR Date Of Driving Pass 08/09/1983

Driving Experience 35 YEARS AND 10 MONTHS

Gender

Mobile Number (LOCAL) +65-97921351

Fax Number Contact Number

EMail Address NOEMAIL

BLK 317C YISHUN AVE 9 Address

#04-252

Postcode 763317

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 PEDESTRIAN

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

YES

YES

YES

NO

3

: JING XUAN

GENDER: : FEMALE

Passenger 2

NAME:

PRECILLIA

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

COMMONWEALTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX), POSTCODE: Police Station Address 140111, COUNTRY: SINGAPORE

TEL NO: 1800-4749999 - FAX NO: 64715297

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Police Station Contact

Circumstances of Accident

PLS REFER TO THE POLIOCE REPORT:T/20190718/2085

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH TRAFFIC POLICE

Was there any audio recorded?

NO

**Details of Witness 1** 

Name Phone Number JING XUAN

97833233

Email Address

Details of Witness 2

Page 2 of 19

Name

PRECILLIA

Phone Number

81331825

**Email Address** 

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Make/Model/Colour

PEDESTRIAN

Details Of Properties

Vehicle Category

**NA/UNKNOWN** 

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

UNKNOWN

Approximate Age

Injuries Sustain

SLIGHT(PEDESTRIAN)

Injured person in which vehicle?

Were seat belts worn?

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.:

TCH PLAN			= 20/7
		a	(A) SKW 7896J
		Classe	(B) & Pedestrías
			97/100
		Allang	
		1 43 3	14 1 1 2
-			Holland Aur.
	1	٠,٠	
	$\rightarrow$	□ D	$\rightarrow$
			<↑
	<del>-</del>		<del>&lt; -</del>
RIBE CIRCUMSTA	NCES OF THE ACCIDENT		
1.	7	0.1	
Pls	refer To 1	Police Report	No:
		,	
	7/20190	718/2085.	
	1/ 301/10	110   0000	
		V	
RATION	NATIONAL (E)		
clare the foregoing	particulars are true in every res	pect.	
(S) AEX	1K)	1	0
4	( b) (	1	olyn 18/07/19
A Charles And Andread I .			

Policyholder signature Date & Time: VSV3

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

Name: NRIC/FIN No.:





T/20190718/2085

1 of 3

Report No. T/20190718/2085

Police Station Of Origin: Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

288A SINGAPORE 140111 Tel No: 1800-4749999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 13:44		Vide Report No.:	Station Diary No.: 7	
Informa	nt's Partic	ulars		
Name of Informant: ABDUL RAHMAN BIN MOHAMED MAIDEEN			Address: APT BLK 317C YISHUN AVENUE 9 #04-252 SINGAPORE 763317	
ID Type / ID No.: NRIC NO / S1351326J			Contact No.: Home/Office: Mobile: 97921351	
National SINGAP	lity: PORE CITIZ	ΈN	Email:	
Sex: Age: Date of Birth: Male 60 10/06/1959		Type of Informant: Driver		
Race: Indian		Language:	Institution / School Name:	
Occupation:			Driving Licence Inform	ation:

Type of Accident:  Accident:  Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 18/07/2019 12:10	Type of Location Straight Road
Location: Along Road 1 HOLLAND AV COMMONWE Near Holland	/ENUE EALTH AVENUE			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collis	ion: le Against - Pedestrian			Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKW7896J	Car				Slightly Damaged	2





2 of 3

Report No. T/20190718/2085

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

CONTINUATION OF REPORT

#### Brief Details.

On the 18/07/2019, I was travelling in my vehicle (SKW7896J) along Holland Avenue towards Commonwealth Avenue, near Blk 10 Holland Close. I was with two passengers who were in my vehicle. Subsequently while I was negotiating the road, an elderly man had dashed from my left hand side and it had happened so sudden. The man had hit onto my left side mirror, which caused slight damage.

I immediately stopped my vehicle and attended to the elderly man, who was conscious when I attended to him. The elderly man initially did not want me to call for the Ambulance or Police, however, I called nonetheless. When the ambulance and Traffic Police arrived shortly, the man was taken away by the ambulance, and Traffic Police had also taken my In-Car camera SD Card, and I was given a case number D/20190718/0052. I was then advised to lodge this traffic accident report.





3 of 3

Report No. T/20190718/2085

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

CONTINUATION OF REPORT

# Sketch Plan

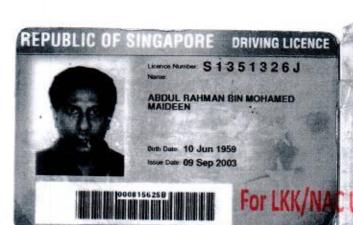
NP168

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? D / Sgt 2 MOHAMAD FARHAN BIN MOHAMED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2019 13:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	

Vehicle No.	SKW 7896 J. Model / Make Toyota AHLS.
Date of Accident	18/07/19
Time of Accident	(2/0 HRS
Location of Accident	Holland Ave towards Commonwealth Ave after Holland CA
Exact purpose use during acc	
Name of Owner	Twincar Leasing Ate Ltd.
Telephone No.	H/P: 8380 2233 Home: Office:
NRIC .	20433046 C.
Address	2. Kaki Buket Ave 2 #01-17, Kaki Buket Autohub (8) 4179
Claim type	OD THIRD PARTY (REPORTING ONLY)
Insurance Company	AIG.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	999994387
Tolicy No.	11/1/100
Name of Driver	As Above If No, Abdul Rahman Bin Mohamed Maideen.
NRIC	\$ 135 1326 ☐ · Any Passengers : 02 (F)
Date of birth	10/66/1959.
Occupation	Outdoor / Indoor
Driving License Pass Date	08/09/1983
Gender	Male / Female
Contact No.	H/P: 9792 (35 / Home: Office:
Address	BLES 317C Yeshun Ave 9 #04-252 (8) 763317.
Driver have any own vehicle	
Relationship	Employee, If no, state Harer
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where? Commanwealth NPP.
Vehicle B No.	Pedestrian . Any Passengers :
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Jing Xuan / Previllia Witness Contact: 9783 3233/8133 182
Accident Portion	Left side morer.
Camera Recorder	Yes/No with traffec Police.
Email Address	
Eman Address	
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Zi Tzng
FAX NO	6741 0510



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1351326J





ABDUL RAHMAN BIN MOHAML

INDIAN

10-06-1959

Country of Beth

SINGAPORE

Land Transport Authority



VOCATIONAL LICENCE

Licence No. \$1351326J Name : ABOUL RAHMAN BIN MOHAMED MAIDEEN

ard sup Date : 11/10/2017

Please will www.fts.gov.sg to check the status of this vocational licence

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

PASSIDATE

s 3 Motor Cars and Motor Tractors the weight of

08 Sep 1983

For LKK/NAC

Licence No: \$1351326J

<sup>€№</sup> \$1351326J

Blood Group Date of it

0+ 07-07-1993

APT BLK 317C YISHUN AVENUE 9 #04-252

SINGAPORE 763317 NRIC No: \$1351326J

Date

Date: 07/07/2015

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

11/10/2017

For LKK/NAC Use Only





# 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)

M.Z.400

COMPREHENSIVE

COMMERCIAL MOTOR

POLICY EXCESS

S\$2000.00 (Sect I & II)

CERTIFICATE NO.

SKW7896J

WINDSCREEN EXCESS

\$\$100.00

POLICY NO.

SUM INSURED INSURING WITH COE/PARF

YES

(The below excess is subject to GST)

999994387

SKW7896J

YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Twincar Leasing Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

19 October 2018

4) DATE OF EXPIRY OF INSURANCE

18 October 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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

552,000.00 Section | & 552,000.00 Section || Excess is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving experience in Singapore. Up to \$250.00 one-time waiver excess under section I for build in car camera and applicable on non at fault claim only. (Valid for 6 months).

Accident repair can be carried out at any of your preferred workshop for repair subjected that all claim matters does not involved any lawyer services.

An additional excess of \$1,000.00 per accident is applicable in the event of an accident occurring outside Singapore.

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) LIMITATION AS TO USE\*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for fultion, driving test, 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, 3) Use for any purpose in connection with the Motor Trade.

t is hereby agreed and acceptance that we would make special arrangement to this workshop known as N-51 Automotive Pte Ltd to be your accident claim reporting center based on the conditions below.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

NII

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).

Issued in Singapore 17 Oct 2018

AIG Asia Pacific Insurance Pte. Ltd.

Swift Link Insurance Agency - 502117

#08-04A Automobile Megamart

Singapore 408898

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL



The owner and vehicle particulars for Vehicle No. SKW7896J as at 16 Nov 2015 are as follows:

10	NT-	TWING A D I EARING DEE I TO
1.		: TWINCAR LEASING PTE LTD
2.		: Company
3.	Identification No.	: 201533046C
4.	A CONTRACTOR OF THE CONTRACTOR	1 to 100 to
5.	Registered Address	: 2 KAKI BUKIT AVENUE 2 #01-17
		KAKI BUKIT AUTOHUB
		SINGAPORE 417921
6.	TOTAL TOTAL CONTROL OF THE STATE OF THE STAT	; -
7.	Vehicle No.	: SKW7896J
8.	Effective Date of Ownership	: 16 Nov 2015
9.	Original Registration Date	: 16 Nov 2015
10.	First Registration Date	: 16 Nov 2015
11.		: Z10 - Private Hire (Chauffeur) Motor Car
12.	Vehicle Scheme	: Normal
13.	Attachment I	: No Attachment
14.	Attachment 2	<u></u> . =
15.	Attachment 3	<u>:</u> -
16.	Vehicle Make	: TOYOTA
17.	Vehicle Model	: COROLLA ALTIS CLASSIC 1.6 CVT
18.	Year of Manufacture	: 2015
19.		: Black
20.	Track to the second of the sec	10-
21.		: 4
22.		: MR053REH104536602 / -
23.		: Petrol / Euro IV
24.		: 1ZRY196837 / -
25.		: 1598 / -
26.	Maximum Power Output(kW/bhp)	: 90.0 / 120
27.	Unladen Weight(kg)	: 1205
28.		: 1640
29.	Open Market Value	: \$17,804.00
30.		: Yes
31.		: 15 Nov 2025
32.		: \$8,902.00
33.	IU Label No.	· -
34.		: 2015110101002700G
35.	COE Expiry Date	: 15 Nov 2025
36.	COE Category	: A - Car (up to 1600cc & 97kW (130bhp))
37.	Quota Premium/Prevailing Quota Premium	
38.	Actual Quota Premium/PQP Paid	: \$57,301.00
39.	Actual ARF Paid	: \$17,804.00
40.	CO2 Emission(g/km)	: 151.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	
43.	Actual Green Vehicle Rebate Utilised	
44.	Vehicle Lifespan Expiry Date	: -
45.		: \$297.00
46.		: 16 Nov 2015
47.		: 15 May 2016
48.		: This is a public service vehicle.
		This vehicle is eligible for PARF.
		To renew the COE, the Prevailing Quota Premium
		payable is that of Category A.
		ALCO DOSCO SEGULO DE SECULO DE SECUL