

NATIONAL Assessment Centre Services

(wef 1 Jan 2015)

31 MAY 2015 0043K

Date In: 31/07/2015 17:17	Job description	Date & Time Completed	Done by
Ref No: N3A/2PC/10/34567	SAS e-filing		
Veh No: X0 08664	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 31/07/2015 08:28	I-Motor Claim Form		
OD <input checked="" type="radio"/> TP : 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: (Tel:	Fax:
TP Particulars:	Veh No: SHC 72/7K	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

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Assessors' Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Cal 1:	For claiming against INC Only (wef 10 Jan 2015)		
Cal 2/3:	6) TR: Re-inspection	\$75	
	7) NI: Idan DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	9) NI: Idle Mobile	\$30	
	10) NI: Courtesy Car / Tpt Allowance	\$5	
	11) NI: Repair Co-ordination	\$10	
	12) NI: Post Repair Inspection	\$25	
	13) NI: DV / Collect Excess Coordination	\$5	
	14) TP (N11): TP (N-in INC) against INC	\$20	
	15) NI: Idle Mobile	\$30	
	Invoice dated	Pen Charged	
	Expiry date	Fee Charged	

07-MAY-2015 18:39

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	31/07/2019 17:17
Date Of Accident	31/07/2019 08:25
Exact Location Of Accident	ALONG JALAN EUNOS JUNCTION OF JALAN ISMAIL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6466U
Insured/Policyholder	
Name Of Registered Owner	HANSHIKA ENGINEERING & CONSTRUCTION PTE LTD
Co Reg No	201526125K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86223720
Alternative Phone No	OFFICE-86223720

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA-12.9 D (M)
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z19VC05002417
Cover Note Number	

Driver

Name of Driver	RAJENDIRAN SANKAR
NRIC No	G8375612N
Date Of Birth	20/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/09/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86223720
Fax Number	
Contact Number	OTHERS-86223720
EMail Address	NOEMAIL

Address	74 SUNGEI KADUT STREET 1
Postcode	729374
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 - CHANGE/CROSS LANE
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	2
Was any body injured in the Accident?	NO
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	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , 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/20190731/2032

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	SHC7217K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 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.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to police report (Report No. T/20190731/2032)

Declaration

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

 31/07/2019

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20190731/2032

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20190731/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2019 09:49	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: RAJENDIRAN SANKAR			Address: 74 SUNGEI KADUT STREET 1 SUNGEI KADUT INDUSTRIAL ESTATE SINGAPORE 729374	
ID Type / ID No.: FIN NO / G8375612N			Contact No.: Home/Office: Mobile: 86223720	
Nationality: INDIAN			Email:	
Sex: Male	Age: 31	Date of Birth: 20/02/1988	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2019 08:25	Type of Location: Straight Road
Location: Along Road 1 JALAN EUNOS	Along Jalan Eunios on the second from right lane in the vicinity of junction with Jalan Ismail		
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7217K	Car	MITSUBISHI	FV51JJD4R DEA	White	Slightly Damaged	0
XD6466U	Lorry	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Yellow	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20190731/2032

2 of 3

Report No. T/20190731/2032

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	RAJENDIRAN SANKAR	ID No.	G8375612N
Related Vehicle	XD6466U (Lorry)	Contact No.	86223720
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the abovementioned date, time and location, I was travelling along Jalan Eunus on the second from right lane near the junction of Jalan Ismail when a taxi (SHC7217K) on the right lane make a left turn out. I did not see the taxi turn and the driver did not signal before I passed him. When I heard a crash, I stopped my vehicle and he informed that he crashed into my right wheels area.

There is no damage to the wheels of my lorry nor are there any other damages to my vehicle.

That is all. I am lodging this report for my own record.



**SINGAPORE
POLICE FORCE**



T/20190731/2032

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20190731/2032

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 /

Sgt 2 POON HONG PIN JAMES *JHP*

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

31/07/2019 09:49

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Officer- In -Charge
Investigation Section
Traffic Police
No. 10 Ubi Avenue 3
Singapore 408865

Name: Rajendiran Sankar
Fin: G8375612N
Address: 74 Sungei Kadut Street 1
Sungei Kadut Industrial Estate
Singapore (729374)
Tel: 86223720

Dear Sir

ACCIDENT INVOLVING SHC7217K and XD6466U

ALONG JALAN EUNOS (NEAR TO JUNCTION OF JALAN ISMAIL)

ON 31/07/2019 AT 8.25AM

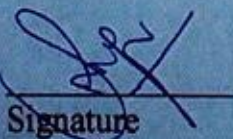
With reference to the above, I have on 31/07/2019 (date) at 0949HRS (time) make a police report at ROCHOR NPC (Name of police station / NPP) in NP 168 / T/20190731/2032

2 On 31/07/2019 (date), at 1342hrs (time), at ROCHOR NPC (Name of Police Station/NPP), I make the following amendments to the above report.

I am lodging this for the following amendment,

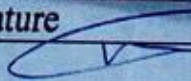
- 1) XD6466U – Mitsubishi white in colour
- 2) SHC7217K – Hyundai yellow in colour
- 3) My lorry "XD6466U" right rear tire damaged

Yours faithfully


Signature

If a police officer records this amendment, please complete the following:

Name / Rank No: SSSgt 95583 Khoo Chuan Hui Station Diary No. 111

Signature 



Rochor Neighbourhood
Police Centre
11 Kampong Kapur Road
Singapore 208678
Tel: 1800-294 9999

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	31/07/19	TIME:	0825 hrs	(hh:mm) 24 hrs Format
LOCATION	Jalan Eunos on the second from right lane in the vicinity of junction with Jalan Ismail			
VEHICLE NUMBER	XD 64664			
INSURED NAME	Hanshika Engineering & Construction Pte Ltd			
NRIC / FIN	201526125K	CONTACT:		
MAKE	Mitsubishi	MODEL	FV51JJD4R DE4	
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	Lonpac			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER :	Z19VC05602417			
NAME DRIVER :	Rajendiran Sankar	() SAME AS INSURED		
NRIC / FIN	G8375612-N	CONTACT:		
DATE OF BIRTH:	20/02/1988			
DRIVING PASS DATE :	25/03/2009			
OCCUPATION :	(<input checked="" type="checkbox"/>) INDOOR () OUTDOOR			
GENDER :	(<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	(<input checked="" type="checkbox"/>) NO EMAIL			
ADDRESS OF DRIVER:	74 Sungai Kadut St 1 Sungai Kadut Industrial Estate S(729374)			
Number Of Passenger Include Driver:	Driver Only			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) 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 (<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? () YES (<input checked="" type="checkbox"/>) NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report				
Police Report Number (if any) T/ 20190721 / 2030				
Details Of 3rd Party		Name / NRIC		Contact
Veh B	SHC 7217K			
Veh C				
Veh D				
Veh E				
Veh F				
Veh G				



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
HANSHIKA ENGINEERING & CONSTRUCTION PTE. LTD.



Name
RAJENDIRAN SANKAR

Work Permit No.
0 34487405

Sector
CONSTRUCTION



K1376775

For LKK/NAC Use Only

VISIT PASS

Immigration Regulations

25-04-2019

Name
RAJENDIRAN SANKAR

FIN
G8375612N

Date of Birth
20-02-1988

Sex
M

Nationality
INDIAN



Download SGWorkPass
App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



For LKK/NAC Use Only



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8375612N**
 Name: **RAJENDIRAN SANKAR**

For LKK/NAC Use Only

Birth Date: **20 Feb 1988**
 Issue Date: **01 Mar 2019**
 Valid Till: **24/03/2024**

002907071J

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	25 Mar 2009
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	25 Mar 2009
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg	05 Sep 2018

For LKK/NAC Use Only

NP 428A

Licence No: G8375612N

**LONPAC INSURANCE BHD** (S98FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7388 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

M2300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
ROAD TRANSPORT ACT 1987 (MALAYSIA).
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z19VC05002417

Type of Cover : COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

MITSUBISHI FV51JJD4RDEA
- XD6466U

2. Name of Policy Holder

HANSHIKA ENGINEERING & CONSTRUCTION PTE LTD

3. Effective Date of the Commencement of Insurance
for the purpose of the Act

16/05/2019

4. Date of Expiry of the Insurance

15/05/2020

5. Person To Drive

(A) THE POLICYHOLDER

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/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 IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

: S\$ 2,000.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 200.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

: ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered Inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE
(Singapore Branch)

User ID: XLCHEN

Date Issued: 06/05/2019

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	125K
Vehicle Details	
Vehicle No.:	XD6466U
Vehicle to be Exported:	Yes
Intended Deregistration Date:	31 Jul 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	FV51JJD4RDEA
Primary Colour:	White
Manufacturing Year:	2012
Engine No.:	6M70453343
Chassis No.:	FV51JJA00919
Maximum Power Output:	-
Open Market Value:	\$110,834.00
Original Registration Date:	03 Oct 2012
First Registration Date:	03 Oct 2012
Transfer Count:	2
Actual ARF Paid:	\$5,542.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Oct 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$59,334.00
COE Rebate Amount:	\$19,571.00
Total Rebate Amount:	\$19,571.00

The information contained herein is correct as at 31 Jul 2019

OK