NATIONAL Assessment Centre	Services :	f 1 Jan/961		1		
Date In: 21/08/19	Jeb description		Date &Time Comple	eted	Done b	ĵ.
Res No NA 17 mi 19014604/13	SAS e-filing					
Veh No: 56549016	E-mail (within 8hrs	s, AIC 2hrs)				
D.O.A 20/08/08 0815	i-Motor Claim					
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	i-Motor W/O (\)		TP 4hrs)		Mark on the principle and delicate	
OD (P) Reporting Only	i-Photo Upload		1			
	Assessment/Surv					
TP Insurer:	Ass't Report by I	Fax / Hand t	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (MGARAG	E	Tel:	Fax:		
TP Particulars: Veh No:	JTK8246	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	ote-Est. Status (WC)): N: 0-2	0%; P: 21-79%. F:	80-100%]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,00	0 () / \$2,000 ()				
General Remarks:-					e de	
() Walk-In Customer: Customer's inform	nation strictly Confi	dential & St	rictly NO refer of rep.	airer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.	6				
Drive-In () / Towed-In (); Invoice:	YES () / NO	(); T	owing Co. ()
Remarks:- (INC horline: 6788 6616)			Date&Time Comple	eted	Done	by
	ourtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()					-4
Injury:						
						
Date/Time Actions						
						-
1.3	T		paration Checklist		Anit (\$)	Amt (\$
NA1906174	13				1st Bill	Add Bi
laimant's Particulars :-) AR : Accider 2) DA : Damage		INC (\$80)		
river/Owner:		TF: Towing FT: Follow-	Fee Through Survey	\$40/\$45 \$120		
ontact No:		FT : Follow-	Through Survey (Resurvey)	\$30		
			against INC Only (wef 10 ection	\$75		
amaged Portion:			+ SMRT Survey	\$160		
C Checked by (Engr-In-Charge):		OD*		0.7		
Checked by (Engr-In-Charge):			sy Car / Tpt Allowance Co-ordination	\$5 \$10		
uditors' Comments :-		*N7: Post Re	pair Inspection ollect Excess Coordination	\$25 \$5		
at. 1:			P (Non INC) against INC	\$20		·
		9) N12: Idac M	obile	30 Charged		Tak ner y
at. 2 / 3:	1	Invoice dated		Charged		THE RESIDENCE OF THE PARTY AND

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender Mobile Number

Fax Number Contact Number

EMail Address

- 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 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.

经有关的 医阴茎的 医阴茎性 医皮肤	ACCIDENT STATEMENT
Date Of Report	21/08/2019 09:17
Date Of Accident	20/08/2019 08:15
Exact Location Of Accident	SLE TWDS BKE BESIDE UPP THOMSON RD EXIT 5
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS4901G
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MI000894-R02
Cover Note Number	
Driver	
Name of Driver	CHAN SENG FATT
NRIC No	S6904070E
Date Of Birth	07/02/1969
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1993
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE

(LOCAL) +65-96173788

NOEMAIL

BLK 646 PUNGGOL CENTRAL

Address #13-348

820646 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

2

YES

YES

YES

NO

1

YES

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? YES

JTK8246 (MOTORCYCLE) Foreign Vehicle Registration Number

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

EUNOS NPP ROAD: 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629,

Police Station Address **COUNTRY: SINGAPORE**

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190820/2075

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

JTK8246 Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

KANADASS KERISNAN Name of Driver

G2350184N NRIC/Passport Number 81555130 Contact Number

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

No. Of asseriger (moraling 2.11.5.)	· · · · · · · · · · · · · · · · · · ·	100000
THE PERSON OF TH	DETAILS OF INJURED PERSON 1	
Name	CHAN SENG FATT	
Approximate Age		
Injuries Sustain	SLIGHT	
Injured person in which vehicle?	SLS4901G	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	

Address

Postcode

在我们的一个人的现在分词,然后就是一个人的	DETAILS OF INJURED PERSON 2	
Name	KANADASS KERISNAN	
Approximate Age		
Injuries Sustain	SLIGHT	
Injured person in which vehicle?	JTK8246	
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	YES	
Was this injured conveyed to hospital by	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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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)
 - t 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) rell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/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.
 - (6) 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 dalms.
 - (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:

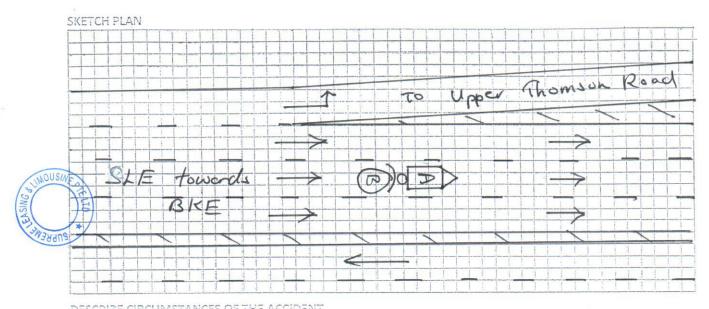
USINE P

DKFWE

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

Reptang Centre Personnel's Signature Name:

NRIC/FIN No.:



about 0815 hrs at along SIE

towards BKE beside Upper Thomson Road exit. I was

Lone 2 and when my front vehicle slow

down and stop hence I follow suit . Suddent

impact from the rear and when

if was Uchiele (B) who

my vehicle (A) causing damages to

of vehicle (B) was conveyed

hospital

(A) SLS 4901 G (B) JTK8246

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reportin

Name NRIC/FIN No.:





1 of 3

Report No. T/20190820/2075

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2019 13:48		lade:	Vide Report No.: F/20190820/0048	Station Diary No 15).:
Informant	's Particu	ılars			
Name of Ir CHAN SEI			Address: APT BLK 646 PUNGGOL CE 820646	NTRAL #13-348 SINGAPORE	
ID Type / ID No.: NRIC NO / S6904070E			Contact No.: Home/Office: Mobile: 9617 3788		
Nationality: SINGAPORE CITIZEN		ΞN	Email:	9	
Sex: Age: Date of Birth: Male 50 07/02/1969			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

General Infor	mation of the Acciden			
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 20/08/2019 08:15	Type of Location:
Location: Along Road 1 SELETAR EX		To the second se		
Weather:	I Class for the OT D lass OT T lass N T T	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:	;	Traffic Volume:
Type of Collis	ion:	1		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTK8246	Motorcycle					0
SLS4901G	Car	TOYOTA	SIENTA	Black	Seriously	0

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





2 of 3

Report No. T/20190820/2075

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

CONTINUATION OF REPORT

Rider			stance of			
Name	KANADASS KERISNAN		ID No.		G2350184N	
Related Vehicle	JTK8246 (Motorcycle)			Contac	ct No.	8155 5130
Hospital/Clinic	NIL			Class of Class: NIL Date of Expir Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	ted Medical Leave N	IIL	Degree of	Injury	NIL	
Driver	The second second second second		Halast			。在中国中国的国际中国的
Name	CHAN SENG FATT		ID No.		S6904070E	
Related Vehicle	SLS4901G (Car)			Conta	ct No.	9617 3788
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY			Class Driving Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/08/2019		Date Disc	harge	20/08	3/2019
No. of Days granted Medical Leave 03			Degree of	Injury	Sligh	t

Brief Details.

On 20/8/19 at about 0815hrs at along SLE towards BKE beside Upper Thomson Road exit. I was travelling in the lane 2 and when front vehicle slow down and stop hence I follow suit. Suddenly I felt a great impact from the rear and when I alighted, I realized that it was a motorcycle (JTK8246) who hit onto my rear portion of my vehicle (SLS4901G) causing damages to my vehicle. The damages are, crack rear right lights, crack on the bumper and multiple scratches on the rear bumper.

I went to the nearby clinic as I felt concussed and breathing difficulties and was given 3 days MC.





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

3 of 3 Report No. T/20190820/2075

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 / SI ABDUL RAHMAN BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/08/2019 13:48
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

SINGAPORE ACCIDENT STATEMENT

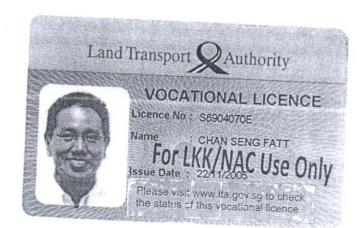
Accident Date: 20/08/2019 Time: 08/15 hr formation (hh:mm) 24 hr formation
Location SLE towards BKE beside Upper Thomson Rd
Vehicle Number SLS 4901 G
Insured Name supreme legging & Limousine He Ltd
NRIC/FIN 201710190 R Contact Number
Make Toyota Model Sienta hybrid
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company TokiD Manne
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only
Policy Number 19 - M1000894 - R02
Name of Driver Chan seng Fatt ()Same as Insured
Traine of Direct (Navi Avid 1841)
NDIC/EDI (10.1.7)
NRIC/FIN 5 690 40 70 E Contact Number 9617 3788
Date of Birth 07/02/1969
Driving Pass Date 14 (01 / 1993
Occupation () Indoor (/) Outdoor
Gender (/) Male () Female
Email Address (>)NO EMAIL
Address of Driver BIN 646 punggol central #13-348 5 (820646)
W. 1:
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured Hirer
() Owner () Spouse () Friend () Relative () Children () Sibling 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 () 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 detail Back & new
Was there any video captured by Car Camera? () Yes (/) No
Was the Accident reported to the Police? () Yes () No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B JTK 8746
Veh C
Veh D
Veh E
Veh F

driver SLS 4901G





driver sus 49016



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

TAXI VL

Issue Date

22/11/2005

For LKK/NAC Use Only



Juver SLS 49016



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

Class 28 Motorcycles =< 200 CC Class 24 Motorcycles between 201 CC and 400 CC Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2506 kg

For LKK/NAC Use Only

\$/No. 9000039347

\$69040 "0F.

1, 1,P428A

Marine Insurance Singapore Ltd

any Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4) IcCallum Street #09-01 Tokio Marine Centre Singapore 069046 ,65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W www.tokiomarine.com TOKIOMARINE INSURANCE GROUP

Certificate of Insurance

FORM MX1 H

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)

Policy No.: 19-MI000894-R02 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SLS4901G

Chassis No.: NHP1707098769

2. Name of Policyholder

SUPREME LEASING & LIMOUSINE PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act

25/05/2019

4. Date of Expiry of Insurance

14/10/2019

5. Persons or Class of Persons entitled to drive*

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

The hirer.

Any other person who is driving on the hirer'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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

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.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account: 2500DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft: Policy Excess:

Prevailing Market Value Excess - All Claims

SGD 1,800

Financial Interest:

Windscreen Excess

SGD 100

MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

The owner and vehicle particulars for Vehicle No. SLS4901G as at 26 Sep 2017 are as follows:

111	e owner and vehicle particulars for vehicle N	6. SLS4901G as at 26 Sep 2017 are as follows:
1.	Name	: SUPREME LEASING & LIMOUSINE PTE. LTD.
2.	Identification No. Type	: Company
3.	Identification No.	: 201710190R
4 . 5 .	Place Of Passport Issue	1
) ,	Registered Address	: 61 UBI AVENUE 2
		#01-03/04
		AUTOMOBILE MEGAMART
6	Mailing A.1.1	SINGAPORE 408898
6. 7.	Mailing Address	: -
8.	Vehicle No.	: SLS4901G
9.	Effective Date of Ownership	: 26 Sep 2017
10.	Original Registration Date First Registration Date	: 26 Sep 2017
11.	Vehicle Type	: 26 Sep 2017
11.	venicle Type	: Z11 - Private Hire (Chauffeur) Station
12.	Vehicle Scheme	Wagon/Jeep/Land Rover
13.	Attachment 1	: Normal
14.	Attachment 2	: No Attachment
15.	Attachment 3	-
16.	Vehicle Make	: -
17.	Vehicle Model	: TOYOTA
18.	Year of Manufacture	: SIENTA HYBRID 1.5G CVT : 2017
19.	Primary Colour	: Black
20.	Secondary Colour	: -
21.	Passenger Capacity	: 6
22.	Chassis/Trailer Chassis No.	: NHP1707098769 / -
23.	Propellant/Emission Standard	: Petrol-Electric / Euro VI
24.	Engine No./Motor No.	: 1NZ8277758 / H17700579
25.	Engine Capacity(cc)/Power Rating(kW)	: 1496 / 45.0
26.	Maximum Power Output(kW/bhp)	: 73.0 / 97
27.	Unladen Weight(kg)	: 1380
28.	Maximum Laden Weight(kg)	: 1765
29.	Open Market Value	: \$23,940.00
30.	PARF Eligibility	: Yes
31.	PARF Eligibility Expiry Date	: 25 Sep 2027
32.	Minimum PARF Benefit	: \$2,500.00
33.	IU Label No.	1 -
34. 35.	COE No.	: 2017090101001770D
36.	COE Expiry Date	: 25 Sep 2027
37.	COE Category	: A - Car up to 1600cc & 97kW (130bhp)
38.	Quota Premium/Prevailing Quota Premium	: \$46,778.00
39.		: \$46,778.00
40.	CO2 Emission/- /	: \$5,000.00
41.	A street CEVIC D. I	: 92.00
42.	CEVS Surcharge Poid	: \$20,516.00
43.	Actual Green Vehicle Rebate Utilised	: -
	Vehicle I iformer F: D	-
45.	D 1 TC 4	. 4692.00
	Pood Ton Ct D	: \$682.00
	Dood Tour E ID	: 26 Sep 2017
	Remarks	: 25 Sep 2018