

# NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

2/2000/1682

Date In: 31/01/2020 16:22	Job description	Date & Time Completed	Done by
Ref No: 2/2000/1682/1	SAS e-illing		
Veh No: PC 2448Z	E-mail (2 jobs 2hrs, AIC 2hrs)		
D.O.A. 02/01/2020 10:30	I-Motor Claim Form	ml/078647002	31/01/2020 16:47
OID: TP / Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 2MB3524S	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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.
( ) 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: \_\_\_\_\_

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$20	
6) TR: Re-inspection \$75	
7) NI: Idea DA + SMRT Survey \$140	
8) NTUC Additional Services	
9) NI: Idea Mobile	

Driver/Owner:	2/2000/1106
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	
Additional Comments:	
Tel: 1:	
2/2/2	

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee \$40/45	
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5) PT: Follow-Through Survey (Resurvey) \$20	
6) TR: Re-inspection \$75	
7) NI: Idea DA + SMRT Survey \$140	
8) NTUC Additional Services	
9) NI: Idea Mobile	
Fee Charged	
Invoice dated	
Fee Charged	
Invoice dated	



## 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 willful 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	31/01/2020 16:22
Date Of Accident	02/01/2020 10:30
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2448Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASCENTIA BUS SERVICES
Co Reg No	-
Email Address	HINHUP@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91790293
Alternative Phone No	OFFICE-91790293

### Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6902K-6.7 D (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109463322
Cover Note Number	

### Driver

Name of Driver	ZHANG ZHIQUAN
Passport No/FIN	GXXXX392P
Date Of Birth	17/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2009
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91790293
Fax Number	
Contact Number	OTHERS-91790293
Email Address	HINHUP@SINGNET.COM.SG

Address	3 ALEXANDRA VIEW #13-10 ASCENTIA SKY
Postcode	156749
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	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	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)	20

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHMENT

#### 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	SMB3534S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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.



Policyholder's Signature  
Date & Time:

ZHANG ZHIQUAN

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

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

REFER W ANACHNEM?

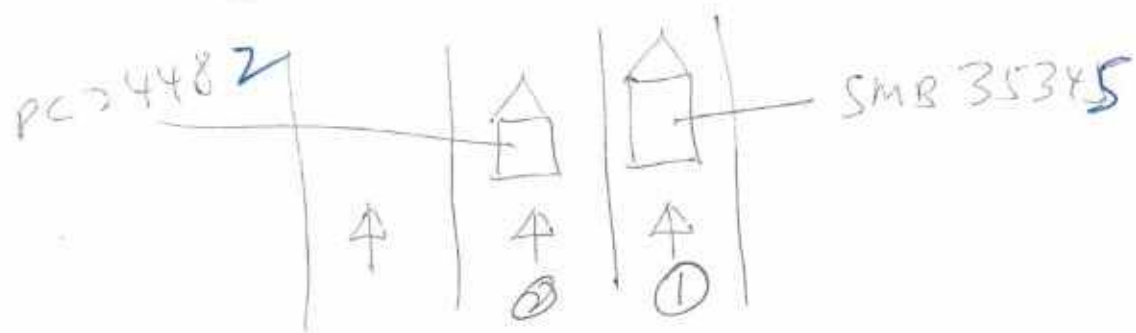
REFAL to GROMKIN!

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



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

Reporting Centre Personnel's Signature  
Name: Khalid bin Hossain  
NRIC/FIN No.: 310100000



- ① I was driving on centre lane ② SMB35345 was coming from my behind lane ①
- ② SMB35345 bus suddenly drive too near to my lane, the bus hit on my bus right hand side mirror and drove off.
- ③ I horn at him and chase him and he finally stop ahead.
- ④ I went down to inspect my bus the side mirror was misalign. I ask why so stop he say he do not know he got hit my bus.
- ⑤ We inspect his bus but see no damage to his bus.

21/01/2020  
Rashid Hussain





# ACCIDENT STATEMENT

ACCIDENT DATE: 02.01.2020 (DD/MM/YYYY) TIME: 12.30 (HH:MM)  
LOCATION: Along Commonwealth Ave WPS7

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: PC 2448 Z  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
B) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
C) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER

DRIVER  
a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)  
e) OCCUPATION: (INDOOR / OUTDOOR)  
f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO  
7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SMB 3534S MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver) 2

\* No of passenger  
(including driver) ( )

\* No of passenger  
(including driver) ( )

email: hm/hp  
VIDEO

## Claim Handling

Accident MT/1078647

Policy No.	S109463322	Vehicle No.	PC2448Z	GST Registration No.
Certificate No.				
Policyholder Name	ASCENTIA BUS SERVICES			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	06/01/2020 13:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/01/2020	Time of Accident hh:mm	23:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	COMMONWEALTH AVE WEST APT B/S 20101			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	500.00	
OD Standard Excess	3,000.00	TP Standard Excess	1,500.00	
YIED OD Excess		YIED TP Excess		Driver is Covered?
Additional Excess				
Total OD Excess Applicable	3000.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	3 ALEXANDRA VIEW	Address 2	#13-10 ASCENTIA SKY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	13-10	Related Policy Number	S109463322	

## ▼ OT Driver Info

Driver Name		Driver Type		
Unnamed driver Name		Driver NRIC		Driver DOB
Register Date of Driver License		Driver Age		Driving Experience
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)
Address 1		Address 2		Address 3
Address 4		Address Type	Foreign address	Post Code
Unit No.				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company

Modification History

Claim 002 **New**

Claim Type *	OD-MX	Insured Name	ASCENTIA BUS SERVICE
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		OT Vehicle Number	PC2448Z
Claim Description	PC2448Z / SM835345 ON 2 Jan 2020		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	11/01/2020 16:39
			RDSLI WAHAB

☒ Print AK letter

Save Submit

## Attachment

Accident No.	MT/1078647	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	31/01/2020 16:47
Path *		Category *	
Choose File No file chosen		Clear	Please Select
Choose File No file chosen		Clear	Please Select
		Confidential	NO
		Urgency *	Normal



Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Clear

Please Select ▼

NO ▼

Normal

Clear

Please Select ▼

NO ▼

Normal

Clear

Please Select ▼

NO ▼

Normal

Clear

Please Select ▼

NO ▼

Normal

## Attachment List

Attachment	Uploaded By/Date	Category	?	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:47	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:47	SAS		Normal	SAS 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:47	Photos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:39	Photos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:39	Photos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:39	Photos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:39	Photos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:39	Photos		Normal	Photos 2020-1-31
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 31 Jan 2020 16:39	Photos		Normal	Photos 2020-1-31

## Video List

Uploaded By/Date	Folder/Date	File Name	?	Source
		Display in New Window	Scan and uploading	

## THE SCHEDULE

### Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5109463322		
The Policyholder	: ASCENTIA BUS SERVICES 3 ALEXANDRA VIEW #13-10 ASCENTIA SKY SINGAPORE 158749		
Period of Insurance	: 24 May 2019 To 23 May 2020		
Sum Insured	: Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss		
Premium (inclusive GST)	: S\$3,157.12		
<b>Interest Insured</b>			
Cover Type	: Comprehensive		
Make/Model	: KING LONG/OTHERS		
Capacity	: 3.44 ton(s)	Number of Seater	: 39
Registration Number	: PC2448Z	Registration Date	: 24 May 2014
Chassis Number	: LA6R1D5C6E8101726	Insure with COE	: No
Excess (Section I)	: S\$3,000	NCD Entitlement	: 0%
Excess (Section II)	: S\$1,500		
Windscreen Excess	: S\$500		
Geographical Limit	: WITHIN THE REPUBLIC OF SINGAPORE ONLY		
Hire Purchase Company	: N/A		

Memo A : Model : XMQ6902K

Endorsement Operative : M3

Agency	: NLE INSURANCE AGENCIES PTE LTD (00C0614580)
Date of Issue	: 09 May 2019 16:54 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

Transaction ref 20190524054410831487

Please check that the owner and vehicle details are correct:

1. Name	: ASCENTIA BUS SERVICES
2. Identification No. Type	: Business
3. Identification No.	: 53397708L
4. Country/Region	: -
5. Vehicle Registration No.	: PC2448Z
6. Previous Vehicle Registration No.	: -
7. Effective Date of Ownership	: 24 May 2019
8. Original Registration Date	: 24 May 2014
9. First Registration Date	: 24 May 2014
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Public Service Vehicle (Others)
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: KING LONG
16. Vehicle Model	: XMQ6902K DIESEL MANUAL
17. Year of Manufacture	: 2014
18. Primary Colour	: Multi-Colour
19. Secondary Colour	: -
20. Passenger Capacity	: 39
21. Chassis/Trailer Chassis No.	: LA6R1DSC6EB101726 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: ISB67E522522109935 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 6690 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 9060
27. Maximum Laden Weight(kg)	: 12500
28. Open Market Value	: \$107,529.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 1



Transaction ref 20190524054410831487

Please check that the owner and vehicle details are correct:

33. IU Label No.	: 2050097475
34. COE No.	: 2014060105000259M
35. COE Expiry Date	: 23 May 2024
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$36,301.00 / -
38. Actual Quota Premium/PQP Paid	: \$36,301.00
39. Actual ARF Paid	: \$5,377.00
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	: 23 May 2034
49. Road Tax Amount	: \$108.00
50. Road Tax Start Date	: 24 May 2019
51. Road Tax End Date	: 23 May 2020
52. Remarks	: This is a public service vehicle.