

NATIONAL Assessment Centre Services. [part 1 Jan'03]

SN092/2K0002

Date In: 27/01/2021 13:59	Job description	Date & Time Completed	Done by
Ref No: N/A INC 210026844	SAS e-filing		
Veh No: G2 3894Y	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 14/01/2021 18:00	I-Motor Claim Form	m1/117687002	27/01/2021 14:18
OP: 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: SC 79K	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 ()	

General Remarks:

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

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks	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

<p>NA2101448</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ed. 1:</p> <p>2/2:</p>	<p>Invoice / Itemization Check:</p> <p>1) AIR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (w/c 10 Jan 2023)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>QD:</p> <p>*NS: Courtesy Car / Tpl Allowance \$5</p> <p>*NG: Repair Co-ordination \$10</p> <p>*NF: Post Repair Inspection \$25</p> <p>*NI: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>
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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 Submission	27/02/2021 13:59 (SGT)
Date of Accident	14/01/2021 18:00 (SGT)
Exact Location of Accident	92 Whampoa Dr, Singapore 320092
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3894Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YASHIKA ENGINEERING PTE. LTD.
Company Reg No	2XXXXX277W
Email Address	admin@yashikaeng.com.sg
Mobile Phone No	(Phone) +65-83937684
Alternative Phone No	+65-87316116

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108394408-01
Cover Note Number	-

DRIVER

Name of Driver	KOPPISETTI DURGA RAO
Passport No/FIN	GXXXX162U
Date Of Birth	21/03/1980
Occupation	Outdoor

Date Of Driving Pass	20/09/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87316116
Alt. Phone Number	-
Email Address	admin@yashikaeng.com.sg
Address	9 DEFU LANE SOUTH STREET 1 #06-029
Address complement	TEAMBUILD CONNECT
Postcode	533844
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210201/2116

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	SCL747E
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.



K. Durga Rao

Policyholder's Signature / Date & Time

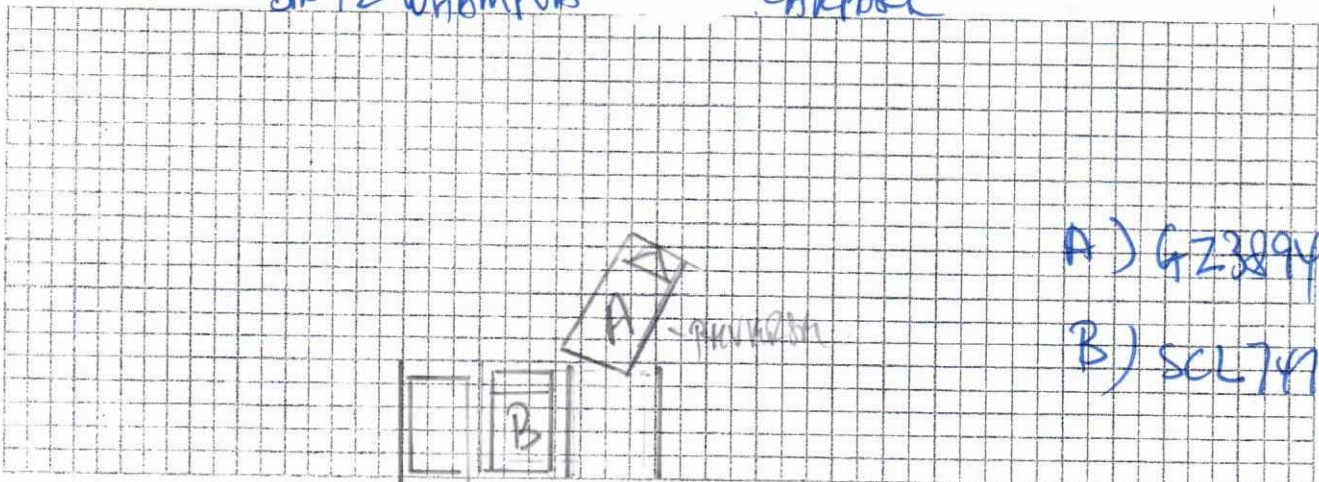
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

BK92 WHAMPOA

CAR PARK



Describe Circumstances of the Accident

on 14/01/2021 AT ABOUT 18:00HRS I ACCIDENTALLY
BUMP IN A CAR SCL TYPE WHILE DOING REVERSING
REFER TO POLICE REPORT 7/20210201/2116

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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

27/01/2021
Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (14/01/21) (DD/MM/YYYY), TIME: (18:00) (HH:MM)

LOCATION: WHAMPOA ROAD BK 92 CARPORIC

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GZ 3894Y
b) INSURANCE COMPANY: UNIC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN CABSTAR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 14/01/2021 18:00 WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KOPPISETTI DURGA RAO (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G 77281620 CONTACT: 87313116
c) ADDRESS: 9 DEFU SOUGHT STREET 1 TEAM BUILD 533844

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YASHIKA KUMAR PL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 20404277W CONTACT: 83937684
c) ADDRESS:

*d) DATE OF BIRTH: () (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL747E MODEL: BMW

- b) DRIVER'S NAME:

- c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:

- e) DRIVER'S NAME:

- f) NRIC/FIN/PASSPORT: CONTACT:

Email = admin ca yashikaeng.com.sg

Fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20210201/2116

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210201/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2021 17:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOPPISETTI DURGA RAO			Address: 9 DEFU SOUTH STREET 1 #06-09 TEAMBUILD CONNECT SINGAPORE 533844		
ID Type / ID No.: FIN NO / G7728162U			Contact No.: Home/Office: Mobile: 87313116		
Nationality: INDIAN			Email:		
Sex: Male	Age: 40	Date of Birth: 21/03/1980	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Working proprietor (construction)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 14/01/2021 18:00	Type of Location:
Location: WHAMPOA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3894Y	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210201/2116

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210201/2116

CONTINUATION OF REPORT

Driver				
Name	KOPPISETTI DURGA RAO		ID No.	G7728162U
Related Vehicle	GZ3894Y (Lorry)		Contact No.	87313116
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 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 ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS DOING VERTICAL PARKING AND MY LEFT REAR SIDE OF MY VEHICLE HIT A PARKING CAR BEHIND ME AS I COULD NOT SEE MY SIDE MIRROR PROPERLY. THAT IS ALL

Claim Handling

Accident MT/1117682

Policy No.	5108394408-01	Vehicle No.	GZ3894Y	GST Registration No.	201404277W
Certificate No.					
Policyholder Name	YASHIKA ENGINEERING PTE. LTD.			Policyholder NRIC	201404277W
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	No

Accident Details

Report Date	18/01/2021 12:01	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	14/01/2021	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 92 WHAMPOA DRIVE CARPARK LOT 92				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Not Applicable
YIED OD Excess		YIED TP Excess			
Additional Excess					
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	24/04/2017
GST Registration No.	201404277W	GST Status Verified	Yes
Modification History	18/01/2021 12:02:21 System changed GST Registered from No to Yes 18/01/2021 12:02:21 System changed GST Registration No. from null to 201404277W 18/01/2021 12:02:21 System changed GST Registration Date from null to 24/04/2017		

Policyholder Mailing Address

Address 1	80 PLAYFAIR ROAD	Address 2	#01-03 KAPO FACTORY BUILDI	Address 3	SINGAPORE 367998
Address 4		Address Type	Singapore address	Post Code	367998
Unit No.	01-03	Related Policy Number	5118591660		

OI Driver Info

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

Modification History

Claim 002 New

Claim Type *	OD-MX	Insured Name	YASHIKA ENGINEERING PTE. LT	Insured NRIC	201404277W
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GZ3894Y	TP Vehicle Number	SCL747E
Claim Description	GZ3894Y / SCL747E ON 14 Jan 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	27/02/2021 00:00
Date Registered	27/02/2021 14:01	Claim Close Date			
Report Taken By					
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1117682	Claim No.	002		
Last Doc. Received	Yes No	Upload Date	27/02/2021 14:15		
Path *		Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	
Choose File	No file chosen	Clear Please Select	NO	Normal	

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CO)	A
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:15	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:15	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:15	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:15	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:02	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:02	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:02	Photos		Normal	Photos 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:02	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2021-2-27		!
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 27 Feb 2021 14:02	SAS		Normal	SAS 2021-2-27		!

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action
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Display in New Window

Scan and uploading

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

14/01/2021 14:00

Vehicle No.(For Motor)

GZ3894Y

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5108394408-01		YASHIKA ENGINEERING PTE. LTD.	201404277W	GCV	Comprehensive	GZ3894Y	GZ3894Y	24/03/2020	23/03/2021

The owner and vehicle particulars for Vehicle No. GZ3894Y as at 03 Mar 2015 are as follows:

1.	Name	: YASHIKA ENGINEERING PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 201404277W
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: GZ3894Y
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 03 Mar 2015
8.	Original Registration Date	: 24 Mar 2006
9.	First Registration Date	: 24 Mar 2006
10.	Vehicle Type	: B31 - Goods (Open) Lorry (Metal Body)/Pickup
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: With Hood
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: NISSAN
16.	Vehicle Model	: CABSTAR G
17.	Year of Manufacture	: 2006
18.	Primary Colour	: Silver
19.	Secondary Colour	: -
20.	Passenger Capacity	: 2
21.	Chassis/Trailer Chassis No.	: JN1SF4F23Z0860912 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: QD32220827 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 3153 / -
25.	Maximum Power Output(kW/bhp)	: - / -
26.	Unladen Weight(kg)	: 1500
27.	Maximum Laden Weight(kg)	: 3350
28.	Open Market Value	: \$18,866.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	: \$0.00
32.	No. of Transfers	: 3
33.	IU Label No.	: 1042200187
34.	COE No.	: 2006030105000849N
35.	COE Expiry Date	: 23 Mar 2016
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$8,313.00 / -
38.	Actual Quota Premium/PQP Paid	: \$8,313.00
39.	Actual ARF Paid	: \$944.00
40.	CO2 Emission(g/km)	: -
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 23 Mar 2026
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.