

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

Date : 24.03.2021

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn: Motor Claim Department

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLES : GBD 362K / SMT 9516K AND OTHER ON 01.03.2021

We are the authorized repair workshop for the owner of motor vehicle no: **GBD 362K** , which was involved in the captioned accident with your insured vehicle no: **SMT 9516K** . The vehicle owner has requested and authorized us to assist him in presenting his/her claim against the party responsible for the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving, we are submitting these claims for your consideration on behalf of the owner/claimant.

1) Cost of Repair (inclusive of GST)	\$ 8,560.00
2) Loss of Use (6 Days + 1 Sunday x S\$ 100)	\$ 700.00
3) GIA Search Fee	\$ 2.00
	<u>\$ 9,262.00</u>

We enclosed herewith the following documents to support the claims:

- | | |
|------------------------------------|----------------------------------|
| a) Final Repair Invoice | b) GIA Search Result |
| c) Letter of Authorisation, etc... | d) GIA Report |
| e) Police Report | f) I/C & Driving License |
| g) Insurance Certificate | h) Vehicle Registration Log Card |

Kindly look into the matter and let us hear from you on the settlement of our customer's claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the owner/claimant.

Thank you.

Yours faithfully,

Jason Tang (jason@fastechauto.com.sg)
For FASTECH AUTO PTE LTD

TAX INVOICE

FASTECH AUTO PTE LTD

1 Kaki Bukit Ave 6 #01-48 Autobay

Singapore 417883

Tel No: 67452063 / 67467158 Fax No: 67458520

Tax Reg No: 200006262D

AXA Insurance Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

Attn : Motor Claim Department

Tax Invoice : 22277

Date : 24.03.2021

Vehicle No : GBD 362K

Make/Model : MITSUBISHI CANTER

Chassis/Eng# :

Accident Date : 01.03.2021

Claim No :

Reference : 0321 -22277

Policy No :

	Amount
To proceed on lump sum repair	S\$ 8000.00

E. & O. E.

Total : S\$ 8000.00

GST @ 7% : S\$ 560.00

Amount Due : S\$ 8560.00


for FASTECH AUTO PTE LTD

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SMT9516K

Date of Accident

01/03/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Axa

Period of Insurance 27/07/2020 - 26/07/2021

Requested By ALLAN TANG (KIM CHWEE AUT...

Requested Date 01/03/2021 19:14

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

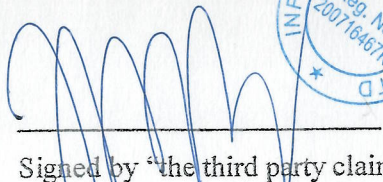
AUTHORISATION TO ACT


I/We, Inferno Kudus Pte Ltd (the third party claimant") of 20 Woodlands Link
#01-10 Singapore (738733) (address), owner of GBD 362K (vehicle no.) hereby
authorize Fastech Auto Pte Ltd ("the workshop") to act for me with respect
to my claim for repair costs and/or rental and/or loss of use ("claim") for my vehicle no.
GBD 362K that was damaged pursuant to the accident which occurred on 01.03.2021 (date)
along KJE, Singapore (location) involving
vehicle no/s SMT 9516K ("the accident").


I further authorize the workshop to settle my above mentioned claim in a manner that they
deem fit and the workshop is further authorized to receive payment further to settlement of my
claim with payment cheque/s being made in favour of the workshop.


I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.

Dated this 2nd (day) of March (month) 2021 (year)


Signed by "the third party claimant"
(with company stamp if applicable)




Signed by "the workshop"
(with company stamp)



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	02/03/2021 18:55 (SGT)
Date of Accident	01/03/2021 18:10 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD362K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INFERNO KUDOS PTE LTD
Company Reg No	2XXXXXX467K
Email Address	JASONKCAPL@GMAIL.COM
Mobile Phone No	(Phone) +65-96696484
Alternative Phone No	+65-96696484

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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 - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00123662000
Cover Note Number	-

DRIVER

Name of Driver	WONG YEW KWONG
NRIC No	SXXXX529J
Date Of Birth	13/09/1954
Occupation	Outdoor

Date Of Driving Pass	24/02/1977
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96696484
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 414 BUKIT BATOK WEST AVE 4 #02-238
Address complement	-
Postcode	650414
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210302/2046

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	SMT9516K
Vehicle Manufacturer	-
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC1392B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number YN1709M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMG8507L
 Vehicle Manufacturer -
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG YEW KWONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBD362K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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.



[Handwritten signature]

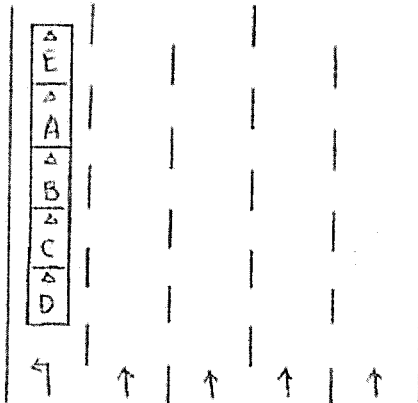
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBD 362K
B: SMT 9516 K
C: SHC 1392 B
D: YN 1709 M
E: SMG 8507 L

KJE

Describe Circumstances of the Accident

On 01.03.2021 at about 18:10pm, I was travelling along K1E towards TUAS (After Choa Chu Kong Balmie Brickland). In front vehicle stopped, I stopped. Suddenly, I felt an impact from my rear and my vehicle moved forward and hit the front vehicle. I was involved in a 5 vehicles chain collision.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

王光

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

Ant

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210302/2046

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

1 of 4

Report No. T/20210302/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 13:29	Vide Report No.: J/20210301/0111	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: WONG YEW KWONG		Address: APT BLK 414 BUKIT BATOK WEST AVENUE 4 #02-238 SINGAPORE 650414	
ID Type / ID No.: NRIC NO / S0147529J		Contact No.: Home/Office: Mobile: 96696484	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 13/09/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DRIVER		Driving Licence Information: Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2021 18:10	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

GBD362K	Lorry	MITSUBISHI	CANTER FEAD:BR18 DEB (CRJ)	White	Seriously Damaged	0
SHC1392B	Car	HYUNDAI	AEIONIC HEV 1.6 DCT	Blue	Seriously Damaged	3


**SINGAPORE
POLICE FORCE**


T/20210302/2048

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Report No. T/20210302/2048

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SMG8507L	Car	MAZDA	MAZDA3 HATCHBACK K 1.5 AT DELUXE EU6	Grey	Slightly Damaged	0
SMT9516K	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S	White	Seriously Damaged	0
YN1709M	Lorry	HINO	XZU415R 4.0 MT ABS TURBO	White	Seriously Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	WONG YEW KWONG		ID No. S0147529J
Related Vehicle	GBD362K (Lorry)		Contact No. 96696484
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: NIL
Date Treatment	02/03/2021		Date Discharge 02/03/2021
No. of Days granted Medical Leave	03		Degree of Injury Slight

Brief Details.

On 01/03/2021, at about 1810hrs, I was driving along KJE Expressway towards Tuas, after choa chu kang exit before brickland exit at the most left lane. The traffic was heavy at that point of time, the car bearing the registration number SMG8507L that was driving in front of me started to slow down and came to a stop. I proceed to slow down and came to a stop. Suddenly I heard a bang at my rear of my vehicle. I then realize that a vehicle bearing the registration number SMT9516K had hit on to my rear of the vehicle. Due to the impact of the collision, my vehicle move forward and hit on to the front of the vehicle.

I then came out of the vehicle and realise that it was a chain collision. The followings vehicle involve in the car accident are SMG8507L, GBD362K, SMT9516K, SHC1392B and YN1709M. Subsequently traffic police and ambulance arrive. I was then given a case card and asked to make a traffic police report.

I wish to state that I do not have any in-car camera. I also like to state that my vehicle suffered damage on the rear and the front of the vehicle. I am unsure of the repair fees.

As I was feeling pain on my neck and back today when I wake up, I went to Wong Family & Surgery Pte Ltd to seek for treatment. I was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210302/2048

3 of 4

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

Report No. T/20210302/20

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE



T/20210302/2046

4 of 4

Report No. T/20210302/2046

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

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G/
Sgt 3 CHUA CHANG YU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/03/2021 13:29

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No: 85476247

Authentication Stamp
NP168

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0147529J**

Name: **WONG YEW KWONG**

Birth Date: **13 Sep 1954**

Issue Date: **18 Dec 2002**

10009-18799E

**For Insurance Reporting And
Claim Purposes Only**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0147529J**

Name: **WONG YEW KWONG**

Race: **CHINESE**

Date of Birth: **13-09-1954**

Sex: **M**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Jan 1977
Class 2A	Motorcycles between 201 cc and 400 cc	15 Jan 1977
Class 2	Motorcycles exceeding 400 cc	15 Jan 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Feb 1977
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	02 Sep 1980
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	01 Nov 1980

Licence No: S0147529J

428A

**For Insurance Reporting And
Claim Purposes Only**

1866051

NRIC No: **S0147529J**

Blood Group: **B+**

Date of Issue: **07-04-1994**

Address: **APT BLK 414 BUKIT BATOK WEST AVENUE 4 #02-238 SINGAPORE 650414**

NRIC No: **S0147529J** Date: **26-12-1994** No: **2135745**



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

MZ300/C

N SN

BR0066A

Cov. Type:C

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)

CERTIFICATE No.

DMCVSNW00123662000

Engine No.: 4P10C40283

Cha. No.:FEA01BA20390

1. Index Mark and Registration
Number of Vehicle:

GBD362K

AUTOSAFE

2. Name of Policy Holder

INFERNO KUDOS PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

23/12/2020
(00:00:00)

Excess Sect I SS500.00
EX ON WINDSCREEN SS100.00

4. Date of Expiry of Insurance

22/12/2021

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with 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:

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

* 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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: PROMISELAND INDEPENDENT PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

467K

Vehicle Details

Vehicle No.:

GBD362K

Vehicle to be Exported:

No

Intended Deregistration Date:

02 Mar 2021

Vehicle Make:

MITSUBISHI

Vehicle Model:

CANTER FEA01BR1SDEB (CBU)

Primary Colour:

White

Manufacturing Year:

2016

Engine No.:

4P10C40283

Chassis No.:

FEA01BA20390

Maximum Power Output:

-

Open Market Value:

\$31,279.00

Original Registration Date:

23 Dec 2016

First Registration Date:

23 Dec 2016

Transfer Count:

0

Actual ARF Paid:

\$1,564.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

22 Dec 2026

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$43,258.00

COE Rebate Amount:

\$25,105.00

Total Rebate Amount:

\$25,105.00

The information contained herein is correct as at 02 Mar 2021

OK