



# 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	25/03/2021 17:24 (SGT)
Date of Accident	24/03/2021 17:15 (SGT)
Exact Location of Accident	Jurong Pier Way, Jurong Island Checkpt, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9035X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HIN HUP BUS SERVICE LLP
Company Reg No	TXXXXX775D
Email Address	admin@bus.com.sg
Mobile Phone No	(Phone) +65-96655371
Alternative Phone No	+65-81185197

## VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	Bus
Transmission	Auto
CC	7790

## INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5080947641-04
Cover Note Number	-

## DRIVER

Name of Driver	ONG BOON HONG
NRIC No	SXXXX982D

Date Of Birth	20/01/1954
Occupation	Outdoor
Date Of Driving Pass	19/08/1975
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81185197
Alt. Phone Number	-
Email Address	admin@bus.com.sg
Address	BLK 3 ALEXANDRA ROAD VIEW #13-10
Address complement	-
Postcode	158749
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

#### 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)	20
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	UNKNOWN
Gender	Male

#### PASSENGER 2

Name	UNKNOWN
Gender	Male

#### PASSENGER 3

Name	UNKNOWN
Gender	Male

#### PASSENGER 4

Name	UNKNOWN
Gender	Male

#### PASSENGER 5

Name	UNKNOWN
Gender	Male

#### PASSENGER 6

Name	UNKNOWN
Gender	Male

#### PASSENGER 7

Name	UNKNOWN
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ7020S
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHU JOC MICHAEL
NRIC No	SXXXX576F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### WITNESS DETAILS

WITNESS 1

Name	CHAN YEW KONG
Phone	(Phone) +65-92792260
Email	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

*ong Boon Hong.*  
Driver's Signature (If driver is not the policyholder) / Date & Time  
*25-3-21*

*25/03/2021*  
Witnessed by Reporting Centre Personnel

Sketch Plan

*REFER TO ATTACHMENT*



**Describe Circumstances of the Accident**

REFER to ATTACHMENT

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

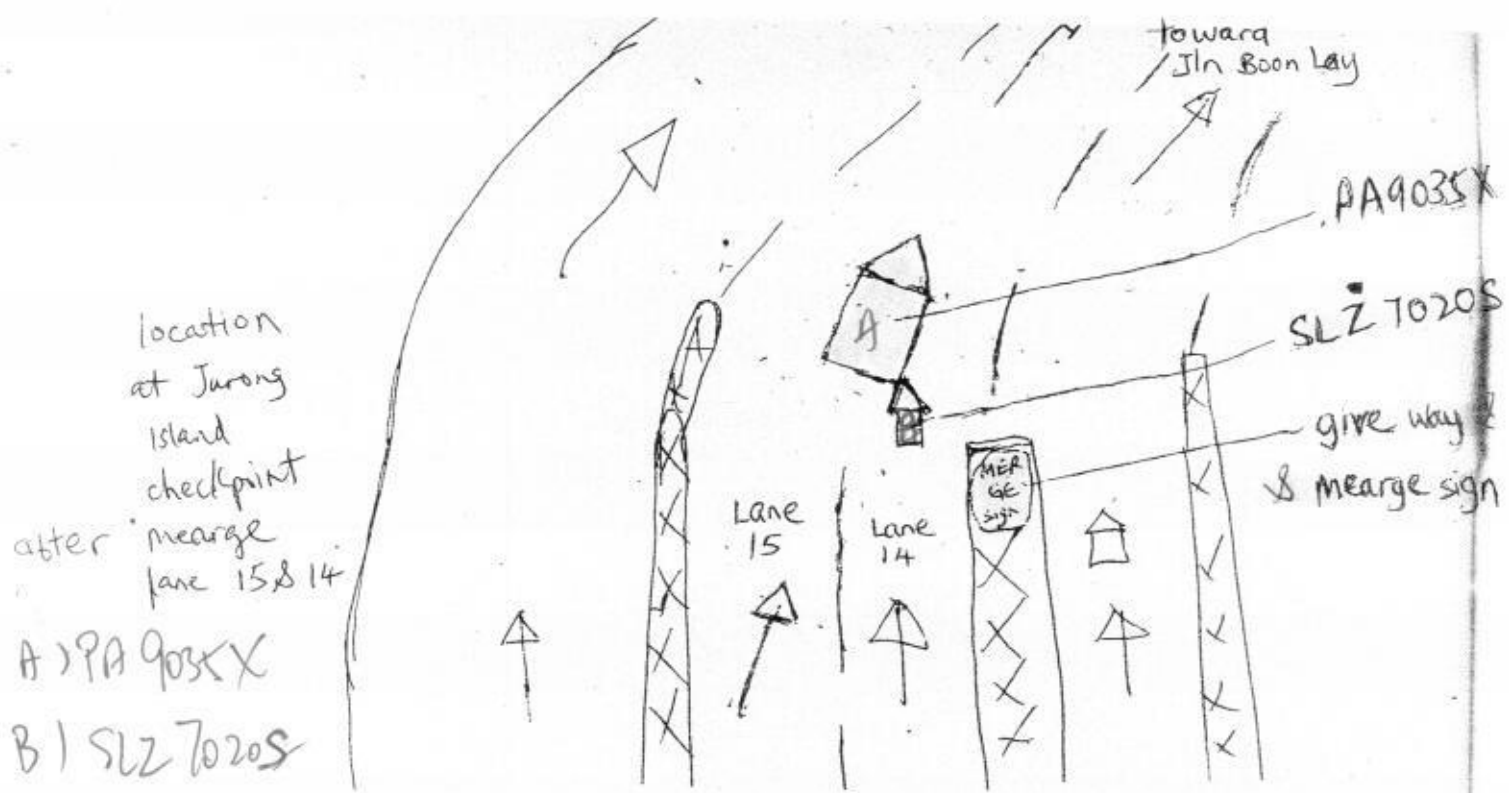
ONG BOON HONG.

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

25-3-21

Witnessed by Reporting Centre Personnel

28/03/2021



- ① On 24/3/21 at about 5:15pm, I was driving motor bus no PA 9035X at Jurong Island checkpoint.
- ② There were many vehicles queuing up at their respective lanes waiting to clear the checkpoint. When the vehicle in front of mine moved, I followed to move also in a slow speed, suddenly there was a loud bang at the rear of my bus. When I came down to check, I realised that a motor car no SLZ 7020S collided into the right rear of my bus.
- ③ No one is injured in this accident.
- ④ The checkpoint police asked us to reverse our vehicle to the side so that not to cause Jam



# ACCIDENT STATEMENT

ACCIDENT DATE: (26/03/2021) (DD/MM/YYYY), TIME: (19:15) (HH:MM)

LOCATION: Subway Station Catholic Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 90 9035 X  
 b) INSURANCE COMPANY: AMEC  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BMW  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work  
 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: HUMPHREY SUE SUE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96655371  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: only 9001 (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8118 5197  
 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)

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

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

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL2 7020 S MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Lim City Joe Michael  
 c) NRIC/FIN/PASSPORT: S13505 16F CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email: =

VIDEO

Winnase

Chan Yew Koon

92792260



## Claim Handling

## Accident MT/1125717

Policy No.	5080947641-04	Vehicle No.	PA9035X	GST Registration No.
Certificate No.				
Policyholder Name	HIN HUP BUS SERVICE LLP			Policyholder NRIC
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96655371	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

## ▼ Accident Details

Report Date	25/03/2021 17:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/03/2021	Time of Accident hh:mm	17:15	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	JURONG ISLAND CHECKPOINT			

## ▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	01/07/2009
GST Registration No.	M90363169R	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	1 QUEENSWAY	Address 2	#05-63 QUEENSWAY SHOPPING	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	05-63	Related Policy Number	5086584666-04	

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB
Unnamed driver Name	ONG BOON HONG	Driver NRIC	S0195982D	Driving Experience
Register Date of Driver License	19/08/1975	Driver Age	67	Contact No.(Home)
Contact No.(Mobile)	81185197	Contact No.(Office)		Address 3
Address 1	3 ALEXANDRA VIEW	Address 2	#13-10 ASCENTIA SKY	Post Code
Address 4		Address Type	Foreign address	
Unit No.	13-10			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	PA9035X	Driver Insurer Company

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	HIN HUP BUS SERVICE LLP	Insured NRIC
Contact No.(Mobile)	96655371	Contact No.(Home)		Contact No.(Office)
Email Address		OI Vehicle Number	PA9035X	TP Vehicle Number
Claim Description	PA9035X / SLZ7020S ON 24 Mar 2021			
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report
Date Registered	25/03/2021 17:32	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired

☐ Print AK letter


## Attachment

3/25/2021

## Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/1125717

Claim No.

001

Last Doc. Received

☒ Yes ☐ No

Upload Date

25/03/2021 17:35

Path \*

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Message Read

Category \*

Confidential

Urgen

Clear	Please Select	NO	Normal
Clear	Please Select	NO	Normal
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:35	Photos	Normal	Photos 2021-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:35	Photos	Normal	Photos 2021-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:34	Photos	Normal	Photos 2021-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:34	Photos	Normal	Photos 2021-3-25
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:33	Photos	Normal	Photos 2021-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:33	Photos	Normal	Photos 2021-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:33	Photos	Normal	Photos 2021-3-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:33	NRIC/ Driving License	Y	NRIC/ Driving License 2021-
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 25 Mar 2021 17:33	SAS	Normal	SAS 2021-3-25

## Video List

Uploaded By/Date	Folder Date	File Name	Sou
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Display in New Window

Scan and uploading

## 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 508094/641-04

**Cover** : Third Party, Fire & Theft

- |   |                           |
|---|---------------------------|
| 1. Index mark and Registration Number of Vehicle  | : PA9035X                 |
| Chassis Number  | : JALLT134P87000060       |
| 2. Name of Policyholder   | : HIN HUP BUS SERVICE LLP |
| 3. Effective Date of Insurance  | : 11 Jun 2020             |
| 4. Expiry Date of Insurance   | : 10 Jun 2021             |
| 5. Persons or Classes of Persons entitled to drive*   |                           |
| (a) The Policyholder.   |                           |
| (b) Any other person who is driving on the Policyholder's order or with his/her 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*   |                           |
| (a) Use for the carriage of passengers in connection with the Policyholder's business.  |                           |
| (b) Limited to carry 49 passengers  |                           |

**This Policy does not cover**

- (a) Use for racing, pace making, reliability trial or speed-testing.
- (b) 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 Vehicle (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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$1,500
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PART VALUE AT TIME OF LOSS

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)

Agency : NLE INSURANCE AGENCIES PTE LTD (00000614580)  
Date of Issue : 26 May 2020 15:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

**Enquire Vehicle Registration Details****Owner Particulars**

NRIC/Passport/Company Cert No.: T09LL0775D  
 Owner ID Type: Limited Liability Partnership  
 Owner Name: HIN HUP BUS SERVICE LLP  
 Registered Address: 1 QUEENSWAY #05-63 QUEENSWAY SHOPPING CENTRE SINGAPORE 149053  
 Mailing Address: -

Birth Date: -

**Vehicle Particulars**

Vehicle No.: PA9035X  
 Previous Vehicle No.: -  
 Effective Date of Ownership: 11 Jun 2009  
 Original Regn Date: 11 Jun 2009  
 Registration Date: 11 Jun 2009  
 Year of Manufacture: 2008  
 Vehicle Type: Private Hire (Chauffeur) Bus/Coach/Minibus  
 Vehicle Scheme: Public Service Vehicle (Others)  
 Vehicle Attachment 1: Air-Conditioned  
 Vehicle Attachment 2: -  
 Vehicle Attachment 3: -  
 Vehicle Make: ISUZU  
 Vehicle Model: LT134P  
 Primary Colour: Multi-Colored  
 Secondary Colour: -  
 Passenger Capacity: 49  
 Chassis No.: JALLT134P87000060  
 Engine No.: 6HK1467111  
 Engine Capacity/Power Rating: 7790 cc / -  
 Propellant: Diesel  
 Max Unladen Weight: 9840 kg  
 Maximum Laden Weight: 15200 kg  
 Open Market Value: \$94,714.00  
 PARF Eligibility: No  
 PARF Eligibility Expiry Date: -  
 Minimum PARF Benefit: -  
 No. of Transfers: 0  
 IU Label No.: 2050078962  
 COE No.: 2009040105000302W  
 COE Expiry Date: 10 Jun 2019  
 COE Category: C - Goods Vehicle & Bus