

(08/11/13) wef

ASS. REC. BY: PAL

REF:

369K

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SHB 1688Dat Workshop m/s SMRTof 60, WOODLANDS Ind PK 44

Insured:

NTUC

Policy No.

Claims No.

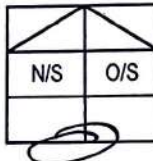
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SHB 1688D

Yr Regn:

2019 / DCC

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

TOYOTA PRIUS SDR H.B.Ac.c. 1798

Colour:

MAKON

A/C: Insured / Std / NI / NA

Sp. Reading

130905

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

3TDKB3FU903088 723

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/55R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

SAILUN

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

17/07/21

D.O.I.

19/07/21

Survey held at

SMRT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS, SI

) Photos

) Others

Report Format :

Lump Sum / I.B.I: (\$

TOTAL



Case Details

Case Reference Number :

TAX/07/21/2040

Type of Repair : Accident Repair

Vehicle Registration Number : SHB1688D

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-15449-ID

Assigned By : Taxi Claims Manager Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd

Accident Date and Time : 17/07/2021 05:00 AM

Vehicle Age(In Months) : 19

Documents / Photographs

View Documents / Photographs

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

SMRT Recommendation										Surveyor Approval				
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			COVER, RR BUMPER ASSY	1	485.60	485.60	25.00	364.20	Replace	<input type="text" value="1"/>	<input type="text" value="0"/>	Repair <input type="button" value="v"/>	<input type="text" value="R"/>
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 1	2	4.00	8.00	25.00	6.00	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="XAN"/>
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 2	2	4.00	8.00	25.00	6.00	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="XAN"/>
One Time Key In	Main			PAD, RR BUMPER, RH & LH , 3	2	11.00	22.00	25.00	16.50	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="XAN"/>
One Time Key In	Main			SEAL, RR BUMPER ARM, RH & LH	2	11.30	22.60	25.00	16.95	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="XAN"/>
One Time Key In	Main			CLIPS PIECE, FRT & RR BUMPER	10	4.50	45.00	25.00	33.75	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="XAN"/>
One Time Key In	Main			RETAINER, RR BUMPER, LH	1	132.60	132.60	25.00	99.45	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="XAN"/>
One Time Key In	Main			RETAINER, RR BUMPER, RH	1	132.60	132.60	25.00	99.45	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="XAN"/>
One Time Key In	Main			COVER, GUARD RR BUMPER LOWER	1	22.00	22.00	25.00	16.50	Replace	<input type="text" value="0"/>	<input type="text" value="0"/>	Not Give <input type="button" value="v"/>	<input type="text" value="XAN"/>
One Time Key In	Main			GUARD, RR BUMPER, LOWER	1	374.50	374.50	25.00	280.88	Replace	<input type="text" value="1"/>	<input type="text" value="280.88"/>	Replace <input type="button" value="v"/>	<input type="text" value="de -"/>

Total Spare Part Cost 4,427.56

Surveyor Total 425.63

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 4,427.56

Final Sur Total 425.63

SMRT Recommendation											Surveyor Approval			
Item Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			PAD, RR BUMPER, CTR	3	11.00	33.00	25.00	24.75	Replace	3	24.75	Replace	new
One Time Key In	Main			REAR BUMPER REINFORCEMENT	1	332.70	332.70	25.00	249.52	Replace	0	0	Check	?
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	new
One Time Key In	Main			REVERSE SENSOR, REAR BUMPER	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR FLOOR UNDER, RH	1	175.10	175.10	25.00	131.32	Replace	0	0	Not Give	Xan
One Time Key In	Main			COVER, REAR FLOOR UNDER CENTER	1	229.90	229.90	25.00	172.43	Replace	0	0	Check	?
One Time Key In	Main			COVER, REAR FLOOR UNDER, LH	1	241.90	241.90	25.00	181.43	Replace	0	0	Not Give	Xan
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, RH	1	39.00	39.00	25.00	29.25	Replace	0	0	Not Give	Xan
One Time Key In	Main			REAR BUMPER REFLECTOR ASSY, REFLEX, LH	1	39.00	39.00	25.00	29.25	Replace	0	0	Not Give	Xan
One Time Key In	Main			ANTENNA, ELECTRICAL KEY	1	72.00	72.00	10.00	64.80	Replace	0	0	Not Give	Xan
One Time Key In	Main			EXHAUST HEAT SHIELD INSULATOR, MAIN MUFFLER REAR	1	141.00	141.00	25.00	105.75	Replace	0	0	Not Give	Xan
One Time Key In	Main			PIPE ASSY, EXHAUST, TAIL	1	1,649.00	1,649.00	25.00	1,236.75	Replace	0	0	Not Give	Xan
One Time Key In	Main			SUPPORT, EXHAUST PIPE NO.5	1	49.10	49.10	25.00	36.83	Replace	0	0	Not Give	Xan
One Time Key In	Main			END PANEL SUB-ASSY, BODY LOWER BACK	1	651.00	651.00	25.00	488.25	Replace	0	0	Not Give	Xan
One Time Key In	Main			SPARE TYRE PANEL, PAN, REAR FLOOR	1	583.40	583.40	25.00	437.55	Replace	0	0	Not Give	Xan

Total Spare Part Cost 4,427.56

Surveyor Total 425.63

Lump Sum Discount (%) 0.00

Lump Sum Dis (%) 0

Final Spare Part Cost 4,427.56

Final Sur Total 425.63

Labour's Cost Detail

No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	676.00	200	
Total:			676.00	200.00	

Spray Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	Xan
3	Main	TO RESPRAY REAR PANEL	180.00	0	Xan
4	Main	TO RESPRAY REAR SPARE TYRE PANEL	180.00	0	Xan
Total:			918.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	0	Xan
2	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	40	
3	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0	Xan
4	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	Xan
5	Main	TO REMOVE & REFIT EXHAUST	120.00	0	Xan
6	Main	TO REPLACE SUNDRY PARTS	100.00	0	Xan
7	Main	TO WASH AND VACUUM	60.00	0	Xan
Total:			800.00	40.00	

Summary

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	4,427.56	425.63
Total Labour Cost	676.00	200.00
Total Spray Painting	918.00	200.00
Other	800.00	40.00

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Overall Total	6,821.56	865.63
Lump Sum Repair Option	<input type="checkbox"/>	<input type="checkbox"/>
Lump Sum Total	0.00	865.63
Surveyor Approved Amount		865.63
No of Repair Days*	6	2
Remarks	-	part by part repair / before paint photo.
Surveyor Name		Rasul
Signature		
Survey Date	19/07/2021	

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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	19/07/2021 13:49 (SGT)
Date of Accident	17/07/2021 13:00 (SGT)
Exact Location of Accident	Bukit Panjang Rd, Singapore
Additional Location Information	GANGSA ROAD TOWARDS BUKIT PANJANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1688D
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SMRT TAXIS PTE LTD
Company Reg No	1XXXXX369K
Email Address	AUTO-SVC-TRAC@SMRT.COM.SG
Mobile Phone No	(Phone) +65-68662671
Alternative Phone No	(Office) +65-68662672

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D-21097466MFSH
Cover Note Number	-

DRIVER

Name of Driver	SIMON NGIAM SHU LENG
NRIC No	SXXXX940G

19/11/1969
Outdoor
19/06/1996
25 YEARS AND 1 MONTH
Male
(Phone) +65-68662672
-
AUTO-SVC-TARC@SMRT.COM.SG
11
-
-
No
Hirer
No
-
-
Insurance Company of Other Vehicle Owned by Driver

19/11/1969
Outdoor
19/06/1996
25 YEARS AND 1 MONTH
Male
(Phone) +65-68662672
-
AUTO-SVC-TARC@SMRT.COM.SG
11
-
-
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
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? Yes
Was any injured conveyed to hospital by ambulance? No
Was any other vehicle 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 Yishun South Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18008522999
Alt. Police Station Phone No (Fax) +65-68522239
Police Station Address 32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210717/2111

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Reasons for not uploading a video of the accident FILE TOO BIG
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB7889R
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -

Vehicle Category	Private car
Name of Driver	TAN LON HIN
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	SIMON NGIAM SHU LENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHB1688D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

B - SKB 7889R

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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



Driver's Signature (If driver is not the policyholder) / Date & Time 19/7/21

Witnessed by Reporting Centre
Personnel

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 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. 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.


Policyholder's Signature / Date &
Time

Sketch Plan

 19/7/21
Driver's Signature (if driver is not the policyholder) / Date
& Time

 19/7/2021
Witnessed by Reporting Centre
Personnel



SINGAPORE
POLICE FORCE

SMART
684



T/20210717/2111

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No: T/20210717/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
17/07/2021 21:58

Vide Report No.:

Station Diary No.:
90

Informant's Particulars

Name of Informant: SIMON NGIAM SHU LENG		Address: APT BLK 468C ADMIRALTY DRIVE #05-13 SINGAPORE 753468	
ID Type / ID No: NRIC NO / S6940940G		Contact No.:	Mobile: 93873169
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 19/11/1969	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF-EMPLOYED TAXI DRIVER		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2021 13:00	Type of Location: T-Junction
Location: BUKIT PANJANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB1688D	Car			Maroon	Seriously Damaged	0
SKB7889R	Car			Silver	Slightly Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE

Police Station Of Origin
Yishun South N P C
32 Yishun Street #1 SINGAPORE 768458
Tel No: 1800-8522999



7020-10000000000000000000

Page 1

Report No: 7020-10000000000000000000

CONTINUATION OF REPORT

Driver			
Name	SIMON NGIAM SHU LING	O No	9894000000
Related Vehicle	SHB1688D (Car)	Contact No	9894000000
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	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	Serious
Driver			
Name	TAN HON LIN	O No	981298438
Related Vehicle	SKB7889R (Car)	Contact No	94884208
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B, 2A, 2, 3, 4, 5 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 17/07/2021 at about 1pm at Ganges Rd turning towards Bukit Panjang Rd, I was driving my taxi and waiting for the traffic light to turn green. I was at the left most lane waiting to make a left turn. At the point of time my vehicle was stationary. While I was waiting for the signal to change, a silver Mercedes hit my vehicle from behind. I alighted from my vehicle to make a check as to attain the damages caused by the accident. The driver of the Mercedes, Mr Tan Hon Lin, alighted from his vehicle and approached me. We exchange particulars and took photographs of the damages on both vehicle. I informed Mr Tan that I will be doing an insurance claim. I decided to drive away as I was expecting a passengers. I decided to call my company after sending my passengers off. After visit Doctors Inc Medical Group (clinic) for the injuries I sustained. I experienced tighter at my chest, a strained neck and back pain. The clinic issued a 4 days Medical Certificate for the injuries.



SINGAPORE
POLICE FORCE



T/20210717/2111

Police Station Of Origin
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20210717/2111

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:

L /

SCCPL IRFAN BIN MOKTAR

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
17/07/2021 21:58

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	369K
Vehicle No.:	SHB1688D
Vehicle to be Exported:	No
Intended Deregistration Date:	21 Jul 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Maroon
Manufacturing Year:	2019
Engine No.:	2ZR2F09605
Chassis No.:	JTDKB3FU903088723
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,807.00
Original Registration Date:	12 Dec 2019
First Registration Date:	12 Dec 2019
Transfer Count:	0
Actual ARF Paid:	\$14,530.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Dec 2027
PARF Rebate Amount:	\$10,897.00
COE Expiry Date:	11 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$25,581.00
COE Rebate Amount:	\$20,426.00
Total Rebate Amount:	\$31,323.00

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 21 Jul 2021

OK