

ASS. REC. BY:

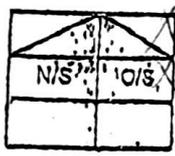
Steve T

CS/LPC 21008717/ET43

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 ul \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Velt: \_\_\_\_\_

Veh No: XE 9525 Yr Regn: 24/8/15  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / (Prime Mover) /  
 Truck / Trailer or \_\_\_\_\_  
 Make: SCANIA P400 cc 1344  
 Colour: multi-colour AJO: Insured / Std / NI / N  
 Sp. Reading: 358216 T/Radio: Insured / Std / NI / N  
 Eng/No: \_\_\_\_\_  
 C/No: YS2P4X-2-0005391561  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Locked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD / R/Rim or  
 Tyre Size: F: 295/80R225  
 R: \_\_\_\_\_



(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.  
 Bal. or Market Value: MV 110k  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seer: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repair: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front Rear  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 8/8/21 D.O.C. 20/8/21  
 Survey held at Mora  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roof/Top or  
Front RH.  
 The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV 110k</u>
	<u>Finalise at lump sum \$24,750.</u>
	<u>RED: 8732.25:26%</u>

Time/Time, File, Pass to:  : Prell. Report  
 : Final Report  
 Days Of Repair: 25  
 Resurvey No. of Trip: \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Inve (\$ \_\_\_\_\_)  
 : Wheel end (\$ \_\_\_\_\_)  
 Others: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

**Main Office:**

 Mova Building  
 No. 22, Jalan Kilang,  
 Singapore 159419  
 Tel: (65) 6476 3333  
 Fax: (65) 6271 5891  
 www.mova.com.sg

**Workshop Dept:**

 Block 1008,  
 Bukit Merah Lane 3,  
 #01-04/06/08/94  
 Singapore 159722  
 Tel: (65) 6272 3892  
 Fax: (65) 6270 8314  
 Co. Reg. 198904033G  
 GST Reg. M2-0088864-2

# Estimate

19/08/2021

**LONPAC INSURANCE BHD**  
 300 BEACH ROAD  
 #17-04/07 The Concourse  
 SINGAPORE 199555.

Attention :- XA025

Page # :- 1

OK 141852

Veh # :- XE952S

Veh Model :- SCANIA P400LA4X2MSZ

Estimate# :- CK422181

Claim # :-

ACC. Date :- 10/08/21

Terms :- C.O.D Days

Remarks :-

No.	Description	Qty	U.Price	Amounts S\$
<b>LIST ITEMS :</b>				
1.	FRONT WINDSCREEN GLASS / BR	1	1,450.00	1,450.00
2.	FRONT WINDSCREEN GLASS SIDE MOULDING RH / TN	1	180.00	180.00
3.	SUN VISOR TOP / BR	1	900.00	900.00
4.	SUN VISOR BOTTOM / BR	1	850.00	850.00
5.	SUN VISOR LAMP RH / ?	1	75.00	75.00
6.	BONNET / DD	1	2,450.00	2,450.00
7.	BONNET HINGE RH & LH / BT	2	65.00	130.00
8.	BONNET DAMPER RH & LH / BT	1	185.00	370.00
9.	BONNET INNER BRACKET / BT	1	950.00	950.00
10.	BONNET LOCK RH & LH / BT	1	85.00	170.00
11.	BONNET CATCH RH & LH / BT	1	45.00	90.00
12.	BONNET EMBLEM - SCANIA / BT MC	1	180.00	180.00
13.	BONNET GRILLE RH / BT	1	40.00	40.00
14.	BONNET OPENER / ?	1	75.00	75.00
15.	BONNET CABLE / ?	1	80.00	80.00
16.	BONNET GRILLE - TOP / BT	1	160.00	160.00
17.	BONNET GRILLE - BOTTOM / BT	1	170.00	170.00
18.	FRONT CORNER GARNISH RH / mis	1	420.00	420.00
19.	FRONT CORNER GARNISH INNER RH / mis	1	350.00	350.00
20.	FRONT CORNER AIR GUIDE RH / mis	1	150.00	150.00
21.	HEADLAMP TOP GARNISH RH / BR	1	250.00	250.00
22.	SIDE LAMP ASSY RH / BR	1	100.00	100.00
23.	FRONT BUMPER SIDE RH / R	1	450.00	450.00
24.	FRONT DOOR PILLAR RH / DD X	1	980.00	980.00
25.	FRONT DOOR HINGE TOP RH / BT	1	145.00	145.00
26.	FRONT DOOR HINGE BOTTOM RH / BT	1	145.00	145.00
27.	FRONT DOOR RH / DD	1	3,850.00	3,850.00
28.	FRONT DOOR GLASS RH / BR	1	680.00	680.00
29.	FRONT DOOR GLASS CHANNEL RH / BT	1	220.00	220.00
30.	FRONT DOOR GLASS REGULATOR RH / BT ?	1	350.00	350.00
31.	FRONT DOOR GLASS REGULATOR MOTOR RH / BT ?	1	300.00	300.00
32.	FRONT DOOR OUTER MOULDING RH / mis	1	110.00	110.00
33.	FRONT DOOR OUTER HANDLE RH / BR	1	200.00	200.00
34.	FRONT DOOR LOCK RH / Jammed	1	210.00	210.00
35.	FRONT DOOR INNER TRIM RH / BR	1	1,450.00	1,450.00
36.	FRONT DOOR WEATHERSTRIP RH / TN	1	285.00	285.00
37.	FRONT DOOR STEP PANEL TOP RH / BR	1	165.00	165.00
38.	FRONT DOOR STEP GARNISH RH / BR	1	325.00	325.00
39.	FRONT DOOR BODY WEATHERSTRIP RH / BR TN	1	425.00	425.00
40.	FRONT DOOR LOCK STRIKER RH / ?	1	35.00	35.00
41.	FRONT DOOR ARCH GARNISH RH / CR4	1	460.00	460.00
42.	FRONT DOOR MIRROR BRACKET RH / BR	1	120.00	120.00
43.	FRONT DOOR MIRROR TOP RH / cut	1	480.00	480.00
44.	FRONT DOOR MIRROR BOTTOM RH / cut	1	420.00	420.00
45.	FRONT QUATER PANEL RH / DD	1	1,400.00	1,400.00
46.	FRONT QUATER PANEL GLASS RUBBER RH / CR4 ?	1	180.00	180.00
47.	FRONT QUATER PANEL INNER TRIM RH - CHECK	1		
48.	FRONT FENDER COWLING RH / BR	1	440.00	440.00
49.	DASHBOARD - CHECK / ?	1		

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300 BEACH ROAD  
#17-04/07 The Concourse  
SINGAPORE 199555.

Page # :- 1 141852  
Veh # :- XE952S  
Veh Model :- SCANIA P400LA4X2MSZ  
Estimate# :- CK422181  
Claim # :-  
ACC. Date :- 10/08/21  
Terms :- C.O.D Days  
Remarks :-

Attention :- XA025

No.	Description	Qty	U.Price	Amounts S\$
	LIST TOTAL S\$			23,415.00
	15% COST PLUS S\$			3,512.25
				26,927.25
<b>SPECIAL NET ITEMS :</b>				
1.	FRONT WINDSCREEN GLASS SEALANT	1	PC 40.00	40.00 ✓
2.	E R P BRACKET	1	PC 15.00	15.00 ✓
3.	FRONT DOOR SUN VISOR	1	PC 120.00	120.00 ✓
4.	FRONT QUATER PANEL GRAPHIC STICKER	1	PC 350.00	350.00 ✓
				250
	SPECIAL NET TOTAL S\$			525.00
<b>LABOUR :</b>				
	TO CUT / WELD FRONT DOOR PILLAR RH, FRONT QUATER PANEL RH, KNOCK AND STRAIGHTEN FRONT BODY MEMBER. REMOVE & REPLACE ACCIDENT DAMAGED PARTS. REALIGN ALL CONNECTION			2500 2,800.00
	SPRAY PAINT SUN VISOR TOP, BONNET, FRONT CORNER GARNISH RH, FRONT DOOR PILLAR RH, FRONT DOOR RH, FRONT QUATER PANEL RH, FRONT INNER PANEL RH			1400 1,800.00
	REMOVE & REPLACE FRONT WINDSCREEN GLASS CHECK WATER LEAKAGE			200 250.00
	REMOVE & REPLACE DASHBOARD ASSY, CENTER CONSOLE, GLOVE BOX ASSY AND OTHER ATTACHMENT PARTS			300 400.00
	REMOVE & REPLACE REAR QUATER PANEL INNER TRIM UPHOUSTERY, SIDE GARNISH			80 100.00
	REMOVE & REPLACE FRONT SEAT ASSY, FLOOR CARPET, COVERINGS			100 150.00
	REMOVE & REPLACE FRONT QUATER GLASS RH & CHECK WATER LEAKAGE			80 100.00
	REMOVE & REPLACE FRONT DOOR INNER TRIM, MECHANISM & CHECK LOCKING			50 80.00
	TO DIAGNOSE & RESET SYSTEM AFTER REPAIR			150 350.00
	LABOUR TOTAL S\$			6,030.00

*npc*  
*DR*

*(photo)*

*(photo)*



Automotive Pte Ltd

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No.	Description	Qty	U.Price	Amounts S\$
-----	-------------	-----	---------	-------------

E. & O.E

NON-TAX AMOUNT S

AMOUNT S\$ 33,482.25

GST @ 7 % 2,343.76

AMOUNT DUE S\$ 35,826.01

Customer's Signature/Co. Stamp MOVA AUTOMOTIVE PTE LTD

Steve (LKK)  
20/8/21, 12.00pm

00-NA AL  
EXCESS-?  
L/S  
My AC sy  
25 dys

- 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:

SM0M218B0003-01 / MOVA AUTOMOTIVE PTE LTD (159722)  
ENTRY DATE & TIME: 11/08/2021 11:36 (SGT)  
SUBMITTED BY: Suann  
VERSION: 2 (13/08/2021 17:55 (SGT))

Your NCD will be affected due to late reporting

## 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 Submission	11/08/2021 11:36 (SGT)
Date of Accident	08/08/2021 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PSA
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number XE952S

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	XIN TRANSPORT (S) PTE LTD
Company Reg No	2XXXXX461Z
Email Address	N.C.HENG@XINTRANSPORT.COM.SG
Mobile Phone No	(Phone) +65-63240228
Alternative Phone No	(Office) +65-63240228

#### VEHICLE PARTICULARS

Manufacturer	Scania
Model	P400LA4X2MSZ
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12742

Finalise at lump sum \$24,750.  
RED: 8732.25.26%

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	Z/20/V06/108073
Cover Note Number	-

#### DRIVER

Name of Driver	ZHAO JICHENG
Work Permit No	GXXXX229K

Date Of Birth	22/09/1977
Occupation	Outdoor
Date Of Driving Pass	26/10/2015
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83095610
Alt. Phone Number	-
Email Address	N.C.HENG@XINTRANSPORT.COM.SG
Address	7 KEPPEL RD
Address complement	#03-34
Postcode	089053
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	Collision - Head on 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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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**

Vehicle Registration Number	TT68
Vehicle Manufacturer	CONTAINER CRANE
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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) -

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 repealate 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.
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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 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 insurers(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

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: XE 9525 ACCIDENT DATE & TIME: 8/8/21, 7:30 AM  
 CONTACT NUMBER: 83095610 / 65248228 E-MAIL ADDRESS: n.c.heng@xintransport.com.sg  
 LOCATION: PSA

My vehicle was stationary at PSA. Container crane from opposite move forward and hit onto my vehicle front portions.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

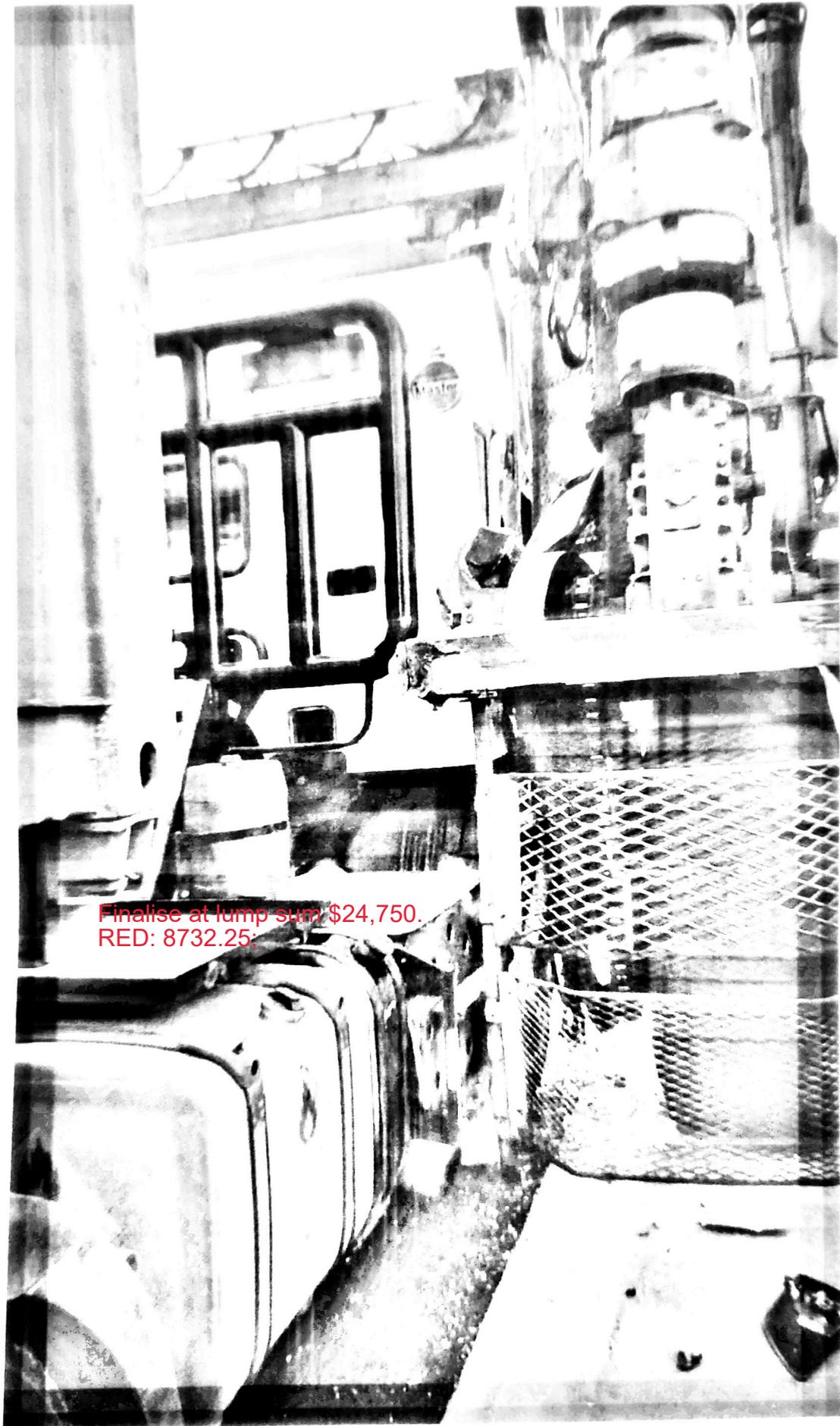
Please state:  
 Claim Own Policy  Claim Third Party  Claim OD/TP at other workshop  Reporting Only

DECLARATION: I/We declare that the following particulars are true in every respect.

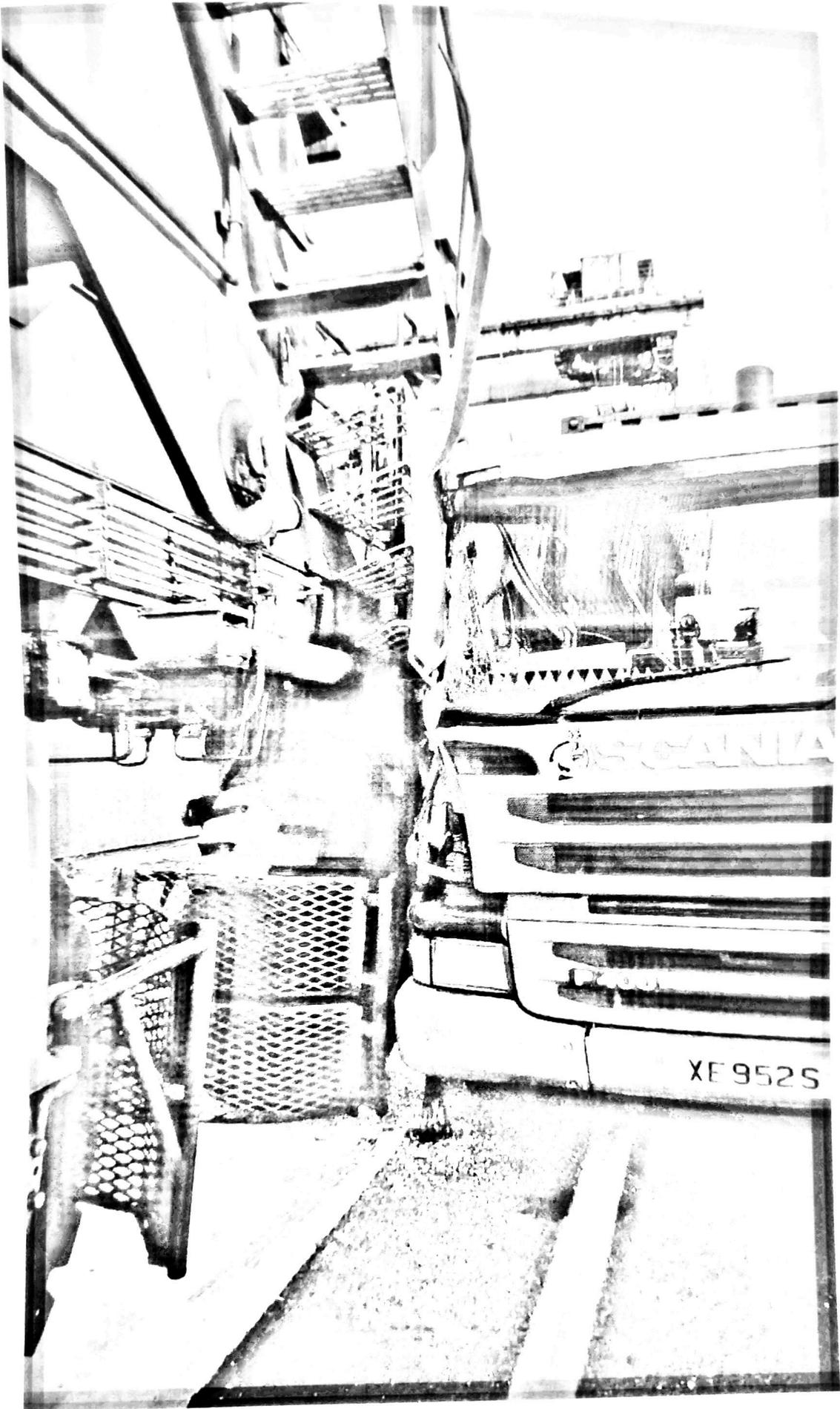
Policyholder's Signature  
 Date & Time:

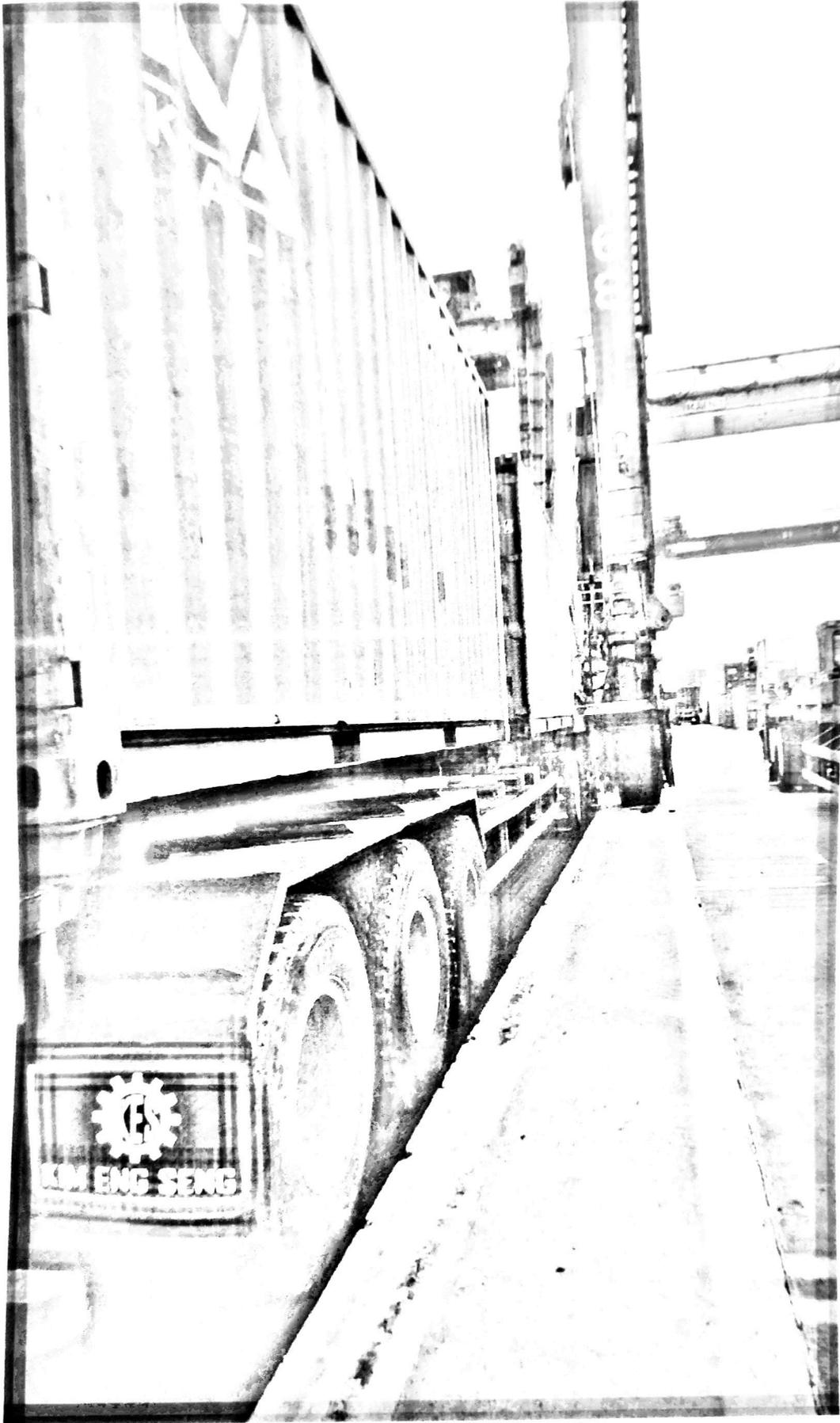
Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

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



Finalise at lump sum \$24,750.  
RED: 8732.25







GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
8 Raffles Quay #28-00 Singapore 048580  
Tel: (65) 6724 0010 Fax: (65) 6724 0010  
Operating Hours: Monday to Friday, 09:00 - 17:00  
MHN: 95310000 / GST Reg. No. RA50001775

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: XE 952 S  
Name (as shown in NRIC): Xin Transport (S) P/L NRIC/FIN/Passport No: \_\_\_\_\_  
[\* Vehicle Driver / Vehicle Owner] (\* Please delete as appropriate)  
Address : \_\_\_\_\_ Singapore  
Contact (Tel) : 6324 0228 Mobile No.: \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 8/8/21 Time of Accident : 0730 hrs  
Place of Accident : P.S.A  
Insurance Company: Longpac Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to claim own damaged first  
and recovery uninsured 10,328 against  
third party

[Signature] 13/8/21 X

Policyholder / Driver's Signature  
Date:



[Signature]

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

## PARF/COE Rebate Enquiry

&gt; Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	461Z
<b>Vehicle Details</b>	
Vehicle No.:	XE9525
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Aug 2021
Vehicle Make:	SCANIA
Vehicle Model:	P400LA4X2MSZ
Primary Colour:	Multicolor
Manufacturing Year:	2015
Engine No.:	6884968
Chassis No.:	YS2P4X20005391561
Maximum Power Output:	-
Open Market Value:	\$115,016.00
Original Registration Date:	24 Aug 2015
First Registration Date:	24 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$5,751.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	23 Aug 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$6,220.00
COE Rebate Amount:	\$2,499.00
<b>Total Rebate Amount:</b>	<b>\$2,499.00</b>

The information contained herein is correct as at 16 Aug 2021

OK