

(08/11/13) wef
ASS. REC. BY: Ranu

REF:

CS/CT121010318/Rivy3

170A

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBH 9209R
at Workshop m/s AP AUTOMOTIVE
of 56, Loyah Way #04-04
Insured: CTI

Policy No. _____

Claims No. _____

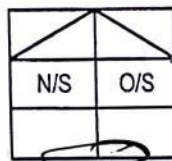
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 61K

IDAC Accident Rpt: 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: GBH 9209R Yr Regn: 2018 / OCT

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

Truck / Trailer or

Make: TOYOTA HIACE VAN 5DR MT c.c. 2982

Colour: GREY A/C: Insured / Std / NI / NA

Sp. Reading: 78013 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P100248708

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____ R: 195/R15C

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

TOYO / YOKO or

Front

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 01/10/21 D.O.I. 07/10/21

Survey held at AP AUTOMOTIVE

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

Repair limit - 42K

Date/Time, File Pass to?

☐ : Prell. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

), \$ + RS, \$ SI

) Photos

) Others

)

TOTAL

Estimation

Date
Vehicle GBH 9209 R
Make/Model TOYOTA HIACE
Chassis No. JTFHT02P100245708

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	TAILGATE <i>bt</i>	1	\$ 1,969.00	\$ 1,969.00
2	TAILGATE HANDLE GARNISH <i>X</i>	1	\$ 155.00	\$ 155.00
3	TAILGATE LOGO - TOYOTA <i>na</i>	1	\$ 75.00	\$ 75.00
4	TAILGATE STICKER - HIACE <i>na</i>	1	\$ 47.00	\$ 47.00
5	TAILGATE LOCK <i>cut</i>	1	\$ 275.00	\$ 275.00
6	TAILGATE LOCK COVER <i>X</i>	1	\$ 52.00	\$ 52.00
7	TAILGATE LOCK CATCH <i>X</i>	1	\$ 62.00	\$ 62.00
8	TAILGATE INNER BOARD <i>X</i>	1	\$ 408.00	\$ 408.00
9	TAILGATE HINGE L+R <i>X</i>	2	\$ 76.00	\$ 152.00
10	TAILGATE DAMPER L+R <i>X</i>	2	\$ 355.00	\$ 710.00
11	TAILGATE STOPPER L+R <i>X</i>	2	\$ 25.00	\$ 50.00
12	TAILGATE WEATHERSTRIP <i>na</i>	1	\$ 395.00	\$ 395.00
13	TAIL LAMP L+R <i>X</i>	2	\$ 300.00	\$ 600.00
14	REAR BUMPER <i>de</i>	1	\$ 400.00	\$ 400.00
15	REAR SIDE BUMPER L+R <i>LH-cut/RH-X</i>	1 <i>2</i>	\$ 100.00	\$ 200.00
16	REAR SIDE BUMPER RETAINER L+R <i>LH-cut/RH-X</i>	1 <i>2</i>	\$ 58.00	\$ 116.00
17	REAR BUMPER RETAINER L+R <i>X</i>	2	\$ 29.00	\$ 58.00
18	REAR FENDER L+R <i>X</i>	2		\$ -
19	REAR FENDER COWLING L+R <i>X</i>	2		\$ -
20	END PANEL <i>bt</i>	1	\$ 387.00	\$ 387.00
21	END PANEL INNER PANEL <i>bt</i>	1	\$ 1,155.00	\$ 1,155.00
22	END PANEL TOP GARNISH <i>X</i>	1	\$ 269.00	\$ 269.00
23	REAR QUARTER PANEL L+R <i>X</i>	2	\$ 374.00	\$ 748.00
24	REAR STEP PANEL <i>X</i>	1	\$ 260.00	\$ 260.00
25	FLOOR PANEL <i>X</i>	1	\$ 2,879.00	\$ 2,879.00
26	EXHAUST PIPE <i>X</i>	1	\$ 591.00	\$ 591.00
27	EXHAUST MOUNTING SET <i>X</i>	2	\$ 59.00	\$ 118.00
28	EXHAUST HEAT SHIELD <i>X</i>	1	\$ 91.00	\$ 91.00
29	SPARE TYRE BRACKET <i>?</i>	1	\$ 295.00	\$ 295.00
			Total	\$ 12,517.00
			Less 25%	\$ 3,129.25
			Total	\$ 9,387.75

S/Nett Items				
1	TAILGATE WINDSCREEN SEALANT <i>na</i>	1	150	\$ <i>60</i> 150.00
2	TAILGATE HANDLE GARNISH CLIPS	1	100	\$ <i>X</i> 100.00

3	TAILGATE STICKER - 70KM/H	1	80	\$	10	80.00
4	TAILGATE INNER BOARD CLIPS	1	100	\$	40	100.00
5	REAR NUMBER PLATE	1	200	\$		200.00
6	TAIL LAMP CLIPS	1	50	\$		50.00
7	REAR BUMPER CLIPS	1	100	\$	40	100.00
8	REAR BUMPER REVERSE SENSOR SET	1	300	\$	200	300.00
9	REAR FENDER SEALANT	1	200	\$		200.00
10	REAR FENDER COWLING CLIPS	1	200	\$		200.00
11	END PANEL SEALANT	1	200	\$	60	200.00
12	END PANEL INNER PANEL SEALANT	1	200	\$	80	200.00
13	REAR QUARTER PANEL SEALANT	2	120	\$		240.00
14	REAR STEP PANEL NUT	1	150	\$		150.00
15	FLOOR PANEL SEALANT	1	300	\$		300.00
16	FLOOR PANEL TOP BOARD	1	4000	\$		4,000.00
			Total	\$		6,570.00

LABOUR					
1	PANEL BEATING ON AFFECTED AREAS	1	2600	\$	800 2,600.00
2	SPRAY PAINT ON AFFECTED AREAS	1	1800	\$	750 1,800.00
3	TO RNR REAR WINDSCREEN	1	400	\$	120 400.00
4	TO RNR REAR EXHAUST	1	250	\$	X 250.00
5	TO CHECK WIRING AND TAILLAMP FUNCTION	1	150	\$	X 150.00
6	TO RNR REAR TRIMS AND UPHOISTERY	1	400	\$	X 400.00
7	TO REAR FENDER STICKER	1	300	\$	X 300.00
8	TO TAILGATE STICKER	1	300	\$	X 300.00
9	TO CHECK WATER LEAK	1	150	\$	X 150.00
10	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$	X 600.00
11	TO RNR REAR TAILGATE MECHANISM	1	400	\$	60 400.00
12	TO RNR REAR SLIDING DOOR	1	300	\$	X 300.00
13	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$	60 150.00
14	TO PERFORM RUST PROOFING	1	200	\$	80 200.00
			Total	\$	8,000.00

Parts Replacement Amount	\$	15,957.75
Total Amount For Labour	\$	8,000.00
Total Amount	\$	23,957.75

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:

Resu
Hp 90010068
6 days
45
07/10/21 @ 1610
Resu after repair

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	04/10/2021 20:00 (SGT)
Date of Accident	01/10/2021 13:45 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9209R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YAP AIRCON SERVICING & REPAIR
Company Reg No	5XXXX170A
Email Address	yiki7@hotmail.com
Mobile Phone No	(Phone) +65-96362307
Alternative Phone No	+65-96362307

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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
Transmission	Manual
CC	2494

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900242710-01
Cover Note Number	-

DRIVER

Name of Driver	YAP ENG BOO
NRIC No	SXXXX552J

Date Of Birth	25/07/1963
Occupation	Outdoor
Date Of Driving Pass	29/01/1991
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96362307
Alt. Phone Number	-
Email Address	yiki7@hotmail.com
Address	BLK 221 ANG MO KIO AVE 1
Address complement	#08-759
Postcode	560221
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POICE REPORT:T/20211002/2043

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	SLS512Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHUNG BOON SUN
Passport No/FIN	GXXXX071N
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	YAP ENG BOO
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBH9209R
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 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.

WIPARCON SERVICING & REPAIR

Blk 226E Ang Mo Kio Ave 1 #01-707

Singapore 565226

HP: 9636 2307/ 9850 2931 Tel/Fax: 64565321

GDD LICENCE NO: SSA000202

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TPE

A) 6B H9209R

B) SLS 512Y

Describe Circumstances of the Accident

REFER Police report

T/2021/002/2043

Declaration

We declare the foregoing particulars are true in every respect.

YAP AIRCON SERVICING & REF.

Blk 225E Ang Mo Kio Ave 1 #01-707

Singapore 560226

HP: 9636 2307 / 9650 2931 Tel/Fax: 6450 5511

CIDB LICENSE NO: SSA000202

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211002/2043

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE
208678

Tel No: 1800-2949999

2 of 3

Report No. T/20211002/2043

CONTINUATION OF REPORT

Driver			
Name	YAP ENG BOO		ID No. S1575552J
Related Vehicle	GBH9209R (Van)		Contact No. 96362307
Hospital/Clinic	FAMILY HEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	01/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUNG BOON SUN		ID No. G2221071N
Related Vehicle	SLS512Y (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL 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 01st of October 2021 at about 1345hrs, while I was driving along TPE towards Yishun. While I was driving 2nd lane, as there was a lot vehicles on the road I was driving slowly. Suddenly I felt an impact on the rear of my vehicle (GBH9209R), I came down and made a check and found that another vehicle (SLS512Y) had collided with my van. During the exchange of particulars, I asked why he had driven so fast and he informed that he did not noticed.

The damaged to my vehicle is the rear door as well as the rear bumper.



**SINGAPORE
POLICE FORCE**



T/20211002/2043

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20211002/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2021 13:12	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: YAP ENG BOO			Address: APT BLK 221 ANG MO KIO AVENUE 1 #08-759 SINGAPORE 560221		
ID Type / ID No.: NRIC NO / S1575552J			Contact No.: Home/Office: Mobile: 96362307		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 25/07/1963	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Air-conditioning/Refrigeration engineering technician			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2021 13:45	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9209R	Van	TOYOTA		Silver	Slightly Damaged	0
SLS512Y	Car	TOYOTA		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**



T/20211002/2043

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

2 of 3

Report No. T/20211002/2043

CONTINUATION OF REPORT

Driver			
Name	YAP ENG BOO		ID No. S1575552J
Related Vehicle	GBH9209R (Van)		Contact No. 96362307
Hospital/Clinic	FAMILY HEALTH MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	01/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUNG BOON SUN		ID No. G2221071N
Related Vehicle	SLS512Y (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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SINGAPORE POLICE FORCE



T/20211002/2043

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE
208678

Tel No: 1800-2949999

3 of 3

Report No. T/20211002/2043

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

A /

Sgt 2 JACKY CHEONG HEEN
HOE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

02/10/2021 13:12

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 170A

Vehicle Details

Vehicle No.: GBH9209R

Vehicle to be Exported: No

Intended Deregistration Date: 06 Nov 2021

Vehicle Make: TOYOTA

Vehicle Model: HIACE VAN TURBO 5DR MT

Primary Colour: Silver

Manufacturing Year: 2018

Engine No.: 1KD2828967

Chassis No.: JTFHT02P100245708

Maximum Power Output: -

Open Market Value: \$28,136.00

Original Registration Date: 23 Oct 2018

First Registration Date: 23 Oct 2018

Transfer Count: 0

Actual ARF Paid: \$1,407.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 22 Oct 2028

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

PQP Paid: \$26,227.00

COE Rebate Amount: \$18,253.00

Total Rebate Amount: \$18,253.00

The information contained herein is correct as at 04 Oct 2021

OK

Toyota Hiace 3.0M

[Overview](#)[Financial](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)

Price	\$61,000	Lifespan ⓘ	17-Oct-2038
Depreciation	\$8,680 /yr View models with similar depre	Reg Date	18-Oct-2018 (7yrs 9days COE left)
Mileage	N.A.	Manufactured	2018
Road Tax	N.A.	Transmission	Manual
Dereg Value ⓘ	\$17,906 as of today (change)	Fuel Type	Diesel
COE	\$25,470	OMV	\$28,136
Engine Cap	2,982 cc	ARF	\$1,407
Curb Weight	1,700 kg	No. of Owners	1