

# NATIONAL Assessment Centre Services

Date In: 03/06/2022	Job description	Date & Time Completed	Done by
Ref No: NA/CTE22005297/13	SAS e-filing		
Veh No: SKZ16864	E-mail (within 8hrs, APC 2hrs)		
D.O.A: 01/06/22 2010	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 4P5391H	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time: ( )
Insured/Driver Liability: ( ) %	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:-**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

11/12201566	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
<b>Auditors' Comments :-</b>	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			

## 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	03/06/2022 13:56 (SGT)
Date of Accident	01/06/2022 20:10 (SGT)
Exact Location of Accident	Collyer Quay, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1686Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD TAUFIQ BIN RAHMAT
NRIC No	SXXXX714G
Email Address	mdopik@gmail.com
Mobile Phone No	(Phone) +65-91836747
Alternative Phone No	+65-91836747

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1986

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMHCSNW00011062100
Cover Note Number	-

### DRIVER

Name of Driver	MUHAMMAD TAUFIQ BIN RAHMAT
NRIC No	SXXXX714G

Date Of Birth	18/11/1984
Occupation	Outdoor
Date Of Driving Pass	21/10/2011
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91836747
Alt. Phone Number	+65-91836747
Email Address	mdopik@gmail.com
Address	BLK 47 EDGEFIELD PLAINS
Address complement	#02-13
Postcode	828713
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:

#### 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	YP5391H
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	MUHAMMAD TAUFIQ BIN RAHMAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKZ1686Y
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

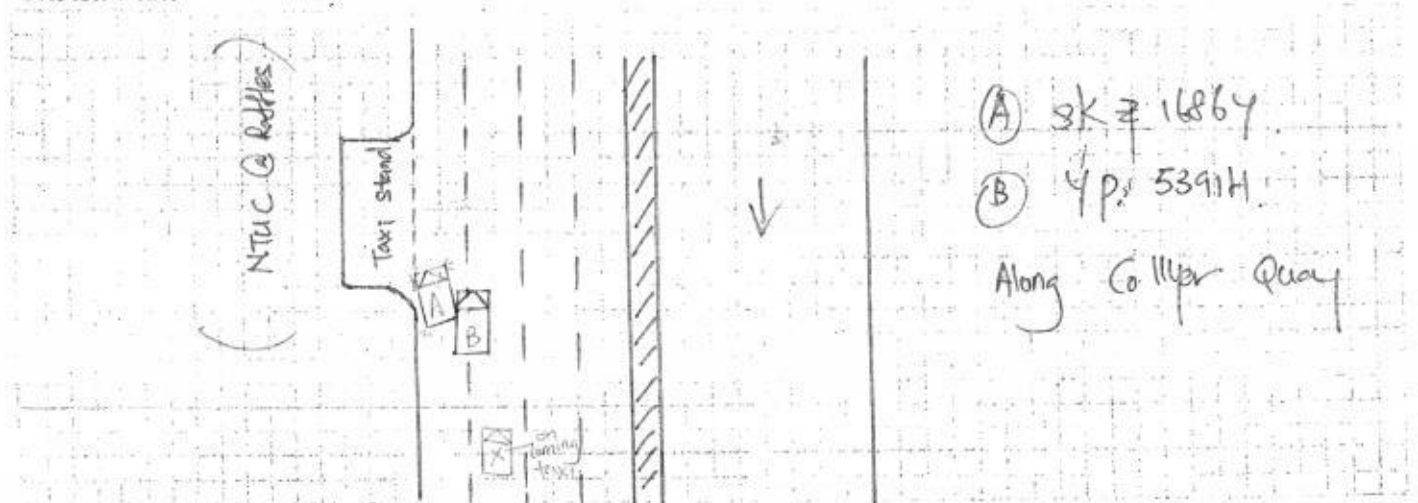
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan






## Description of Circumstances of the Accident


On 01/06/2022 at about 2010hrs, I was driving my car (SKZ 166 Y) along Collyer Quay in the left most lane. Upon reaching the location to pickup my grab passenger (taxi stand @ NTUC Raffles), I then slow down and stationary with turned on my hazard light with waiting the passenger. Suddenly I felt an impact from behind while I came out to inspect my car and I realized that the lorry (Veh. B: YP 5391H) collided on to rear right portion and grazed over right portion of my car while trying to filter lane to the right. The lorry driver explained to me that he saw an oncoming taxi on the right lane while filtering thus he swerve back to the left to give way to the oncoming traffic and collided with my car. I was left pain & discomfort after the accident so I went to visited to my doctor and was given 5 days of MC. Hence, I hereto lodge this report to claim against Veh. B (YP 5391H)'s Insurance for my accident damages.

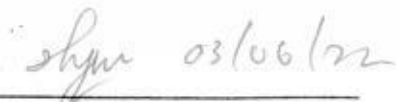
## Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

1335 Hrs  
02.06.2022  
  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220602/2064

1 of 4

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20220602/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/06/2022 15:24	Vide Report No.:	Station Diary No.: 37
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**Informant's Particulars**

Name of Informant: MUHAMMAD TAUFIQ BIN RAHMAT			Address: BLK 47 EDGEFIELD PLAINS #02-13 SINGAPORE 828713	
ID Type / ID No.: NRIC NO / S8437714G			Contact No.: Home/Office: Mobile: 91836747	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 37	Date of Birth: 18/11/1984	Type of Informant: Driver	
Race: Boyanese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2022 20:10	Type of Location: Straight Road
Location: COLLYER QUAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SKZ1686Y	Car	TOYOTA	NOAH 2.0X CVT ABS D/AIRBAG 2WD 5DR	Green	Seriously Damaged	0
YP5391H	Lorry	MITSUBISHI		White	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220602/2064

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

Report No. T/20220602

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ1686Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000110 62100	28/09/2021	27/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD TAUFIQ BIN RAHMAT	ID No.	S8437714G
Related Vehicle	SKZ1686Y (Car)	Contact No.	91836747
Hospital/Clinic	PANHEALTH Family Clinic	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	02/06/2022	Date Discharge	02/06/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MAIAH MOHAMMAD RATAN	ID No.	G2275724K
Related Vehicle	YP5391H (Lorry)	Contact No.	82691308
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 1st June 2022 at about 8.10 pm, I was driving my vehicle (SKZ1686Y) along Collyer Quay towards the direction of Nicoll Highway as I was going to pick up a passenger near the taxi stand of Clifford Centre. When I reached the location, I had stopped at the left most lane of the 4 lane road to wait for the passenger. Suddenly, a lorry (YP5391H) collided into the rear of my vehicle. Due to the collision, the rear right side of my vehicle was badly damaged and the rear right tyre was also punctured. I had then exchanged particulars with the lorry driver. I had felt slight pain at my neck area initially after the accident but I thought that it would go away after some rest. However, on the 2nd June 2022, I felt that the pain in my neck was getting worse, as such I proceeded to the Panhealth Family Clinic at Apt Blk 312B Sumang Link #01-03 to seek treatment and was given 5 days medical leave. There are in-car cameras at the front and rear of my vehicle and I will be retrieving the footages.





**SINGAPORE  
POLICE FORCE**



T/20220602/2064

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

3 of 4

Report No. T/20220602/2064

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20220602/2064

4 of 4

Report No. T/20220602/2064

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

**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:

F /

Other ALZRIN SHAFIQ BIN  
AHMAD TARMIDI

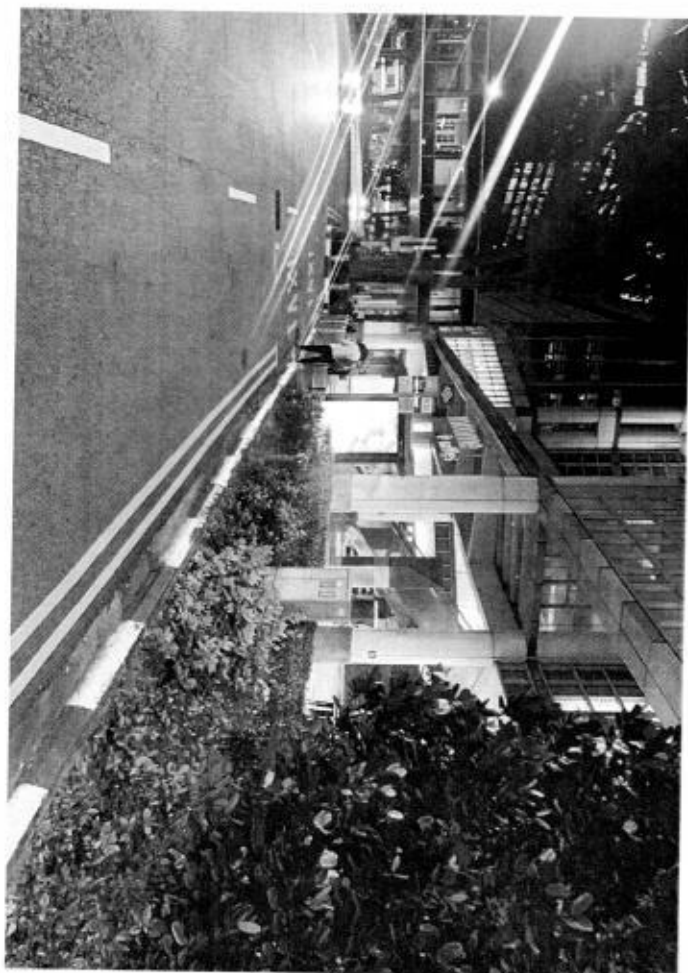
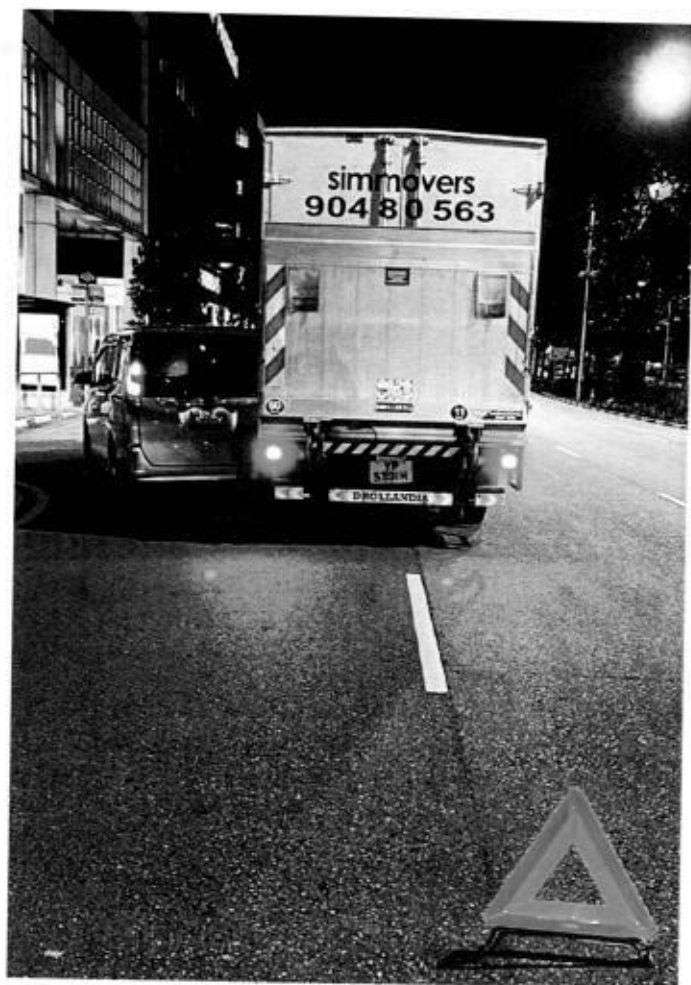
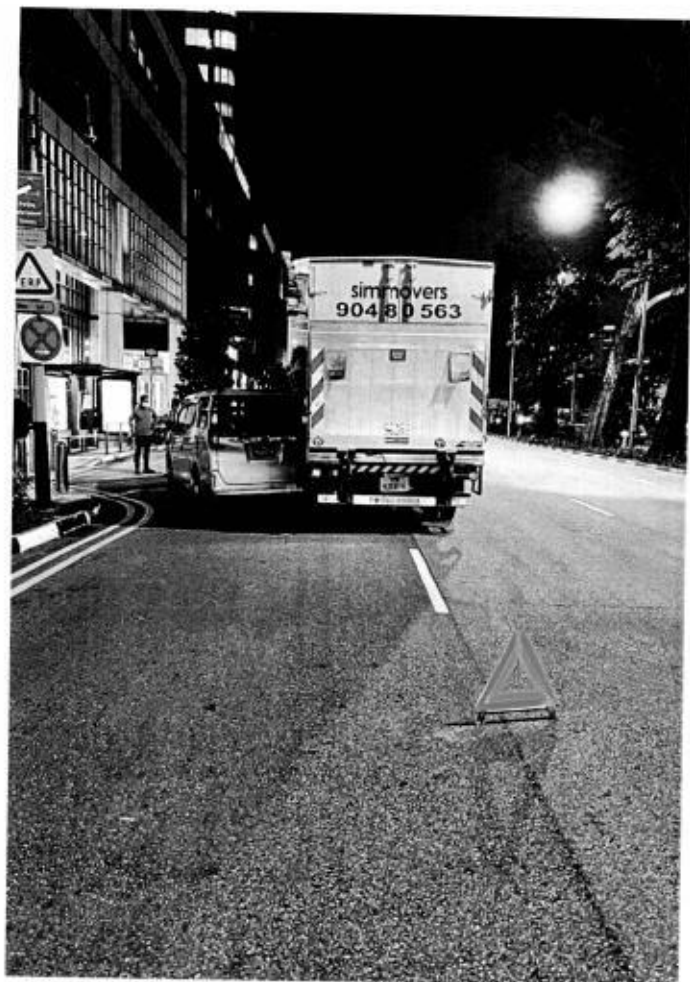
Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/06/2022 15:24

Officer In Charge Of Case:  
TP / AEIT /  
INSP (1) BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:





VEHICLE NO: SKZ 16864

MAKE &amp; MODEL : Tyt. Noah

AUTO/MANUAL

DATE OF ACCIDENT	01 / 06 / 2022	*C.C. 1,986
TIME OF ACCIDENT	20:10	AM / PM
LOCATION OF ACCIDENT	Along Gallyer Quay	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Muhammad Taufiq Bin Rahmat.	Email: mdopik@gmail.com
TELP NO	Mobile: 91836747	Office: - Home: -
NRIC	S8437714G	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO.	China Taiping Insurance.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	DMHCSNW000110 62100	
NAME OF DRIVER	AS ABOVE / IF NO.	
NRIC	As Above.	
DATE OF BIRTH	18 / 11 / 1984	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	Grab driver
DATE OF DRIVING PASS	21 / 10 / 2011	
GENDER	Male / Female	
CONTACT NO.	Mobile: 91836747	Office: - Home: -
EMAIL	mdopik@gmail.com	
ADDRESS	Blk 47 Edgefield Plains #02-13 S(828713)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No. Owner	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes, Who? Muhammad Taufiq Bin Rahmat.	
CONTACT NO.	91836747	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	YP 5391H.	Any Passenger :
NAME		
CONTACT NO.		
VEHICLE C NO.		Any Passenger :
VEHICLE D NO.		Any Passenger :
VEHICLE E NO.		Any Passenger :
VEHICLE F NO.		Any Passenger :
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

Email: mdopik@gmail.com



Motor Hire Car

\$2,425.22

MZ406L/B

N SN

AN0695A

Cov. Type:C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMHCSNW00011062100

Engine No.: 3ZRB635112

Cha. No.: ZRR800140255

1. Index Mark and Registration  
Number of Vehicle

SKZ1686Y

AUTOSAFE  
\*\*\*\*\*

2. Name of Policy Holder

MUHAMMAD TAUFIQ BIN RAHMAT

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

28/09/2021  
(14:20:51)

Excess Sect. I. S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

4. Date of Expiry of Insurance

27/09/2022

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

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.

MUHAMMAD TAUFIQ BIN RAHMAT

6. Limitations as to use\*

- (1) Use for the carriage of passengers or goods in connection with the Policyholder's business.
- (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

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

HIRE PURCHASE CO. : HONG LEONG FINANCE 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 **TECK WEI CREDIT PTE LTD**

Co. Reg. No. 200512300K

210 Turf Club Road

The Grandstand, Lot A8

Singapore 287995

Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

Issued By:

TECK WEI CREDIT PTE LTD

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

## Vehicle Details

Vehicle No.	Make / Model
<b>SKZ1686Y</b>	<b>TOYOTA / NOAH 2.0X CVT ABS D /AIRBAG 2WD 5DR</b>
Vehicle Type :	Vehicle Attachment 1 :
<b>Z10 - Private Hire (Chauffeur) Motor Car</b>	<b>No Attachment</b>
Vehicle Scheme :	Chassis No. :
<b>Normal</b>	<b>ZRR800140255</b>
Propellant :	Engine No. :
<b>Petrol</b>	<b>3ZRB635112</b>
Motor No. :	Engine Capacity :
<b>-</b>	<b>1986 cc</b>
Power Rating :	Maximum Power Output :
<b>-</b>	<b>112.0 kW (150 bhp)</b>
Maximum Laden Weight :	Unladen Weight :
<b>2010 kg</b>	<b>1570 kg</b>
Year Of Manufacture :	Original Registration Date :
<b>2015</b>	<b>12 Jan 2016</b>
Lifespan Expiry Date :	COE Category :
<b>-</b>	<b>B - Car above 1600cc or 97kW (130bhp)</b>
Quota Premium :	COE Expiry Date :
<b>\$55,001.00</b>	<b>11 Jan 2026</b>
Road Tax Expiry Date :	PARF Eligibility Expiry Date :
<b>11 Jul 2022</b>	<b>11 Jan 2026</b>
Inspection Due Date :	Intended Transfer Date :
<b>11 Jul 2022</b>	<b>02 Jun 2022</b>
CO2 Emission :	CEV/VES Rebate Utilised Amount :
<b>174.00 (g/km)</b>	<b>-</b>
CO Emission :	HC Emission :