

(08/11/00) wef
ASS. REC. BY: *[Signature]*

REF:

C
369k

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: *SHB 2196*
at Workshop m/s *STRIDES (SMRT)*
of *60, Woodburn Rd PK 64*
Insured: *NTU*

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.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value: _____

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No: *SHB 2196* Yr Regn: *2016 / MAR*

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

Truck / Trailer or

Make: *TOYOTA PRIUS TAXI (SMRT)* c.c. *1798*

Colour: *Maroon* A/C: Insured / Std / NI / NA

Sp. Reading: *507038* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *JD KN 364305767589*

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: *195/65R15*
R: _____

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

TOYO / YOKO or

FIRENZA

Front

Rear

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

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

D.O.A. *11/06/22* D.O.I. *13/07/22*

Survey held at *STRIDES*

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

FRT O/S

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

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

2)

Transportation: _____

Report Format : _____

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

) S + RS, SI

) Photos

) Others

TOTAL

Case Details

Case Reference Number :
TAX/06/22/2039
Type of Repair : Accident Repair
Vehicle Registration Number :
SHB219G

Company Type : Strides Taxi Pte Ltd
Estimation ID : EST-18779-ID
Assigned By : Taxi Claims Manager
Team

Insurance Company Name : NTUC Income Insurance Co-operative Ltd
Accident Date and Time : 10/06/2022 05:15 PM
Vehicle Age(In Months) : 75

Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

Estimation Details

Spare Part's Cost Detail

| SMRT Recommendation | | | | | | | | | | | Surveyor Approval | | | Remarks |
|---------------------|--------------|---------|-----------------|------------------------------|-----|-------------------------|----------------|--------|-----------------|-----------------|-------------------|--------------------------|----------------|---------|
| 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 | |
| Standard | Main | | | BUMPER FRT | 1 | 482.00 | 482.00 | 25.00 | 361.50 | Replace | 1 | 361.50 | Replace | cat |
| Standard | Main | | | BUMPER CLIPS | 10 | 1.61 | 16.10 | 25.00 | 12.08 | Replace | 10 | 12.08 | Replace | me |
| Standard | Main | | | BUMPER SUPPORT F/RH | 1 | 76.40 | 76.40 | 25.00 | 57.30 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | BUMPER SUPPORT F/LH | 1 | 76.40 | 76.40 | 25.00 | 57.30 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | BUMPER ENERGY ABSORBER FRT | 1 | 78.80 | 78.80 | 25.00 | 59.10 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | BUMPER REINFORCEMENT FRT | 1 | 498.40 | 498.40 | 25.00 | 373.80 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | ARM SUB-ASSY,FR BUMPER LH | 1 | 250.40 | 250.40 | 25.00 | 187.80 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | ARM SUB-ASSY,FR BUMPER RH | 1 | 250.40 | 250.40 | 25.00 | 187.80 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | DEFLECTOR, RADIATOR RH | 1 | 83.50 | 83.50 | 25.00 | 62.63 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | DEFLECTOR, RADIATOR LH | 1 | 77.00 | 77.00 | 25.00 | 57.75 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | BUMPER GRILLE SUB-ASSY,LOWER | 1 | 311.10 | 311.10 | 25.00 | 233.33 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | FOG LAMP RH | 1 | 295.20 | 295.20 | 10.00 | 265.68 | Replace | 0 | 0 | Not Give | xan |
| Standard | Main | | | LENS & BODY, FR TURN RH | 1 | 511.80 | 511.80 | 10.00 | 460.62 | Replace | 0 | 0 | Check | ? |

Total Spare Part Cost 3,972.20

Surveyor Total 373.58

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20.00

Final Spare Part Cost 2,497.22

Final Sur Total 298.86

| SMRT Recommendation | | | | | | | | | | | Surveyor Approval | | |
|-----------------------|--------------|---------|-----------------|-----------------------------|-----|------------|----------------|--------|-----------------|------------------------|-------------------|--------------------------|------------------------|
| BOM Type | Costing Type | Portion | Material Number | Part Name | Qty | List Price | List Price(\$) | Dis(%) | Final Price(\$) | Repair/ Replace | Surveyor Quantity | Surveyor Final Price(\$) | Repair/Replace Remarks |
| Standard | Main | | | GRILLE, RADIATOR | 1 | 310.60 | 310.60 | 25.00 | 232.95 | Replace | 0 | 0 | Not Give ✓ X |
| Standard | Main | | | GRILLE, RADIATOR LOWER NO.2 | 1 | 94.60 | 94.60 | 25.00 | 70.95 | Replace | 0 | 0 | Not Give ✓ X |
| Standard | Main | | | BUMPER LIP FRT | 1 | 139.60 | 139.60 | 25.00 | 104.70 | Replace | 0 | 0 | Not Give ✓ X |
| Standard | Main | | | BUMPER FRT ABSORBER LOWER | 1 | 448.30 | 448.30 | 25.00 | 336.23 | Replace | 0 | 0 | Not Give ✓ X |
| Standard | Main | | | HEAD LAMP RH | 1 | 945.20 | 945.20 | 10.00 | 850.68 | Replace | 0 | 0 | Not Give ✓ X |
| Total Spare Part Cost | | | | | | | | | 3,972.20 | Surveyor Total 373.58 | | | |
| Lump Sum Discount (%) | | | | | | | | | 20.00 | Lump Sum Dis (%) 20.00 | | | |
| Final Spare Part Cost | | | | | | | | | 2,497.22 | Final Sur Total 298.86 | | | |

Labour's Cost Detail

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



Spray Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|--------------------------------------|-------------------------|-------------------------|---------|
| 1 | Main | TO RESPRAY FRONT BUMPER | 378.00 | 200.00 | |
| 2 | Main | TO RESPRAY FRONT BUMPER LOWER GRILLE | 180.00 | 0.00 | X |
| Total: | | | 558.00 | 200.00 | |

Other Cost Detail

| S.No. | Costing Type | Job Scope | SMRT Recommendation(\$) | Surveyor Adjustment(\$) | Remarks |
|--------|--------------|---|-------------------------|-------------------------|---------|
| 1 | Main | TO WASH AND VACUUM | 60.00 | 0.00 | X |
| 2 | Main | TO APPLY RUST-PROOFING ON AFFECTED AREA | 100.00 | 0.00 | X |
| 3 | Main | TO REPLACE SUNDRY PARTS | 100.00 | 0.00 | X |
| 4 | Main | TO CHECK WIRING AND SYSTEM FUNCTION | 120.00 | 0.00 | X |
| Total: | | | 380.00 | 0.00 | |

Summary

| | Estimator Assesment(\$) | Surveyor Assesment(\$) |
|--------------------------|---|---|
| Total Spare Part Detail | 2,497.22 | 298.86 |
| Total Labour Cost | 676.00 | 200.00 |
| Total Spray Painting | 558.00 | 200.00 |
| Other | 380.00 | 0.00 |
| Overall Total | 4,111.22 | 698.86 |
| Lump Sum Repair Option | | <input checked="" type="checkbox"/> |
| Lump Sum Total | 4,100.00 | 700.00 |
| Surveyor Approved Amount | | 700.00 |
| No of Repair Days* | 4 | 2 |
| Remarks | | resurvey after repair photo lum sum |
| Surveyor Name | | Rasul |
| Signature |  |  |
| Survey Date | 13/07/2022 | <input type="button" value="Save"/> <input type="button" value="Clear"/> |

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 | 11/06/2022 11:01 (SGT) |
| Date of Accident | 11/06/2022 01:15 (SGT) |
| Exact Location of Accident | Upper Cross St, Singapore |
| Additional Location Information | UPPER CROSS STREET |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SHB219G |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | Strides Taxi Pte Ltd |
| Company Reg No | 1XXXXX369K |
| Email Address | AUTO-SVCS-TARC@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-22099115MFSH |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | LEE JIAYONG |
| NRIC No | SXXXX929F |

Date Of Birth 30/10/1981
 Occupation Outdoor
 Date Of Driving Pass 04/09/2015
 Driving experience 6 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-68662672
 Alt. Phone Number -
 Email Address AUTO-SVCS-TARC@SMRT.COM.SG
 Address 11
 Address complement -
 Postcode -
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 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 vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 5
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Female

PASSENGER 2

Name UNKNOWN
 Gender Male

PASSENGER 3

Name UNKNOWN
 Gender Male

PASSENGER 4

Name UNKNOWN
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Yishun North Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18008529999
 Alt. Police Station Phone No (Fax) +65-68522299
 Police Station Address 31 Yishun Central Singapore 768827
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20220611/2009

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 | SMW6532S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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) | - |

A hand-drawn diagram of a simple circuit. It consists of a battery (represented by two cells), a switch, and a light bulb connected in a loop.

12

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John W. Alden

A - 245 75

[illegible]

We declare the foregoing particulars are true in every respect.



DAW 11/6/22

11.6.2022

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



Policyholder's Signature / Date & Time

Sketch Plan

DAZZ 11/6/22

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

Am 11.6.2022

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220611/2009

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20220611/2009

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 11/06/2022 03:26 | Vide Report No.: A/20220611/0013 | Station Diary No.: 17 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: LEE JIAYONG | | | Address: APT BLK 449 YISHUN RING ROAD #10-98 SINGAPORE 760449 | |
| ID Type / ID No.: NRIC NO / S8135929F | | | Contact No.: Home/Office: | Mobile: 90082098 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 40 | Date of Birth: 30/10/1981 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------------|-----------------------|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 11/06/2022 01:15 | Type of Location: Straight Road |
| Location: UPPER CROSS STREET | | | | |
| Weather: Raining | Road Surface: Wet | | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|----------------------|--------|---------------------|-----------------|
| SHB219G | Car | TOYOTA | PRIUS TAXI (SMRT) | Maroon | Slightly Damaged | 4 |
| SMW6532S | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220611/2009

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20220611/2009

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------|--|---------------------------------|
| Driver | | | |
| Name | LEE JIAYONG | ID No. | S8135929F |
| Related Vehicle | SHB219G (Car) | Contact No. | 90082098 |
| Hospital/Clinic | NIL | 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 | NIL |

Brief Details.

On 11/06/2022 at about 0115hrs, I was driving my taxi along Upper Cross Street with about 4 passengers inside my vehicle. At that juncture, I was travelling on Lane 1 of the 5 lane road. Suddenly, I noticed that there was a car that made an abrupt lane change from Lane 2 to Lane 1. I tried to stop in time but to no avail. As such, the front right portion collided onto the rear right portion. Due to the collision, the front right bumper of my taxi was damaged. Afterwhich, the Police and Ambulance arrived. The female driver of the car was thereafter arrested by Traffic Police. I was then asked to lodge a Police Report.



**SINGAPORE
POLICE FORCE**



T/20220611/2009

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20220611/2009

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/
SGT 2 BENJAMIN TAN CHAO
FENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT JOFILIANO BIN MOHAMED
ALI
Contact No.: 65476960

NP168

Signature Of Informant:

Date/Time:
11/06/2022 03:26

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------|--------------------------------------|
| Owner ID Type: | Company |
| Owner ID: | 369K |
| Vehicle No.: | SHB219G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 15 Jul 2022 |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | PRIUS TAXI (SMRT) |
| Primary Colour: | Maroon |
| Manufacturing Year: | 2015 |
| Engine No.: | 2ZR1669491 |
| Chassis No.: | JTDKN36U305767589 |
| Maximum Power Output: | 100.0 kW (134 bhp) |
| Open Market Value: | \$29,508.00 |
| Original Registration Date: | 11 Mar 2016 |
| First Registration Date: | 11 Mar 2016 |
| Transfer Count: - | 0 |
| Actual ARF Paid: | \$5,000.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 10 Mar 2024 |
| PARF Rebate Amount: | \$3,250.00 |
| COE Expiry Date: | 10 Mar 2024 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 8 |
| PQP Paid: | \$39,633.00 |
| COE Rebate Amount: | \$8,176.00 |
| Total Rebate Amount: | \$11,426.00 |

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 15 Jul 2022

OK