

THIS IS TO CERTIFY THAT subject to the imprint of the Cash Register and to any condition(s) endorsed hereon, the vehicle described herein is hereby registered under the Motor Traffic Act, 1909, in the name of the withinmentioned person. This certificate of registration shall, unless sooner suspended or cancelled, remain in force until the date shown herein.

M. J. BUTLER, Commissioner

If payment is made by cheque the registration will be cancelled if the cheque is not met on presentation.

New South Wales, Australia

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## CERTIFICATE OF REGISTRATION OF MOTOR CAR

YOW CHUAN LOW  
6 COVE ST  
020 WATSONS BAY 2030

Tax Type	A/Q	Rate %
CAR	A	100

Ins. No.	Decl.
301	

IN FORCE UNTIL  
23 AUG 87

RENEWAL

Registration No.	Make	Body	Tare (kg)
LYC001	ASTMTN	SEDAN	2080

Engine Number
V5803064

Endorsements and Conditions:

Registration Label No.:

30/8/86

	Regn. Fee	Tax Levy FULLY ALLOCATED TO ROADWORKS	Weight Tax	Third-Party Premium (G.I.O.)	TOTAL AMOUNT PAYABLE
PRIVATE	\$22.00	\$36.10	\$131.00	\$213.00	\$402.10
BUSINESS	\$22.00	\$60.15	\$172.60	\$213.00	\$467.75
COMMERCIAL	-	-	-	\$197.00	\$197.00

USE DETERMINES  
PAYMENT  
(See Overleaf)

DEPARTMENT OF MOTOR TRANSPORT G.P.O. BOX 28, SYDNEY - 2001.

# RENEWAL

When properly receipted the vehicle described is registered under the Motor Traffic Act, in the name of the person or organisation described until the expiry date shown. Registration will be cancelled if any cheque for payment is not met on presentation.

LYC001

14NOV86 406 A 092127

\$402.10 C0 10

New South Wales, Australia

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## CERTIFICATE OF REGISTRATION OF MOTOR VEHICLE

Given Names

Surname

YOW CHUAN LOW  
6 COVE ST  
WATSONS BAY 2030

Tax Type	A/Q	Rate %	Use
CAR	A	100	
Ins.No.	DECL.	Ord.	
301			
EXPIRY DATE			
23 AUG 87			

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REGISTRATION No. LYC001	MAKE ASTMTN	BODY SEDAN	Tare Wt. 2 080	Agg.Wt(Lorries) Eng.Cap.(Cycles)	ENGINE NUMBER V5803064
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ENDORSEMENT AND CONDITIONS

Registration Label No.

349686

Registration Fee	Tax Levy FULLY ALLOCATED TO ROADWORKS	Weight Tax	Third-Party Premium	TOTAL AMOUNT PAYABLE
\$22.00	\$36.10	\$131.00	\$213.00	\$402.10

# RENEWAL

When properly receipted the vehicle described is registered under the Traffic Act, 1909 in the name of the person or organisation described until the expiry date shown. Registration will be cancelled if any cheque for payment is not met on presentation.

29AUG'89WRTA610 051797 10 CHQ 604.40 A

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## CERTIFICATE OF REGISTRATION OF MOTOR VEHICLE

YOW CHUAN LOW  
6 COVE ST  
02H WATSONS BAY 2030

TAX TYPE <b>CAR</b>	A/Q <b>A</b>	RATE % <b>100</b>
INS. No. <b>301</b>	DECL.	ORD.
<b>EXPIRY DATE</b>		
<b>23 AUG 90</b>		
ACCOUNT No. <b>0015222536</b>		INS. CO. <b>27</b>
ENGINE NUMBER <b>V5803064</b>		

REGISTRATION No. <b>LY001</b>	MAKE <b>ASTMTN</b>	BODY <b>SEDAN</b>	TARE WT. <b>2 080</b>	AGG. WT. (LORRIES) <b>-</b>	ENGINE NUMBER <b>V5803064</b>
					ENG. CAP (CYCLES)

ENDORSEMENTS AND CONDITIONS:

REGISTRATION LABEL No.:  
**333104**

	REGISTRATION FEE	ROAD TAX #	THIRD PARTY INSURANCE PREMIUM	THIRD PARTY FUND LEVY	TOTAL AMOUNT PAYABLE
<b>PRIVATE</b>	\$31.00	\$183.40	\$350.00	\$40.00	\$604.40
<b>BUSINESS</b>	\$31.00	\$293.45	\$350.00	\$40.00	\$714.45
<b>PENSIONER</b>	-	-	\$324.00	-	\$324.00

# ROAD TAX IS FULLY ALLOCATED TO ROAD WORKS

Due date is **23 AUG 89**

**NO** INSPECTION NECESSARY

ROADS & TRAFFIC AUTHORITY

40 EBLEY ST, BONDI JUNCTION - 2022.

# THIRD PARTY PROPERTY DAMAGE INSURANCE RENEWAL

Your "Plain English" policy expires at midnight on **10-08-86**. We will consider renewal of this policy. You may apply to renew the policy on the terms in the enclosed policy booklet and the schedule below. Before renewing please read the Notices on the back of this Renewal and the policy terms. If, before the expiry date, and subject to any disclosure you make, you pay and we accept the amount payable for the period shown in the schedule, this notice operates as your renewal certificate.

## THE SCHEDULE

THE  
INSURED

MR Y C LOW  
6 COVE ST  
WATSONS BAY 2030

Renewed From To Midnight On	10-08-86 10-08-87
Premium	85.30
NSW Stamp Duty Pol 38/ACT Tax	S .15
<b>AMOUNT PAYABLE</b>	<b>85.45</b>

### Policy Details

Policy Number	Basic Excess	Age Excess
9540643	\$150	\$250
Car Insured		C.C.
81 ASTMTN	SEDAN LYC001	5.3

### Special Conditions

PREMIUM BASED ON YOUR CAR NOT BEING  
DRIVEN MORE THAN 12 TIMES PER YEAR BY A  
PERSON UNDER 25...IF THIS IS INCORRECT,  
ADD \$ 6.90 TO THE PREMIUM.

Insurance is available to financial members of the N.R.M.A. and/or R.A.C.A.

PAYMENT DATE IMPRINT

YOUR MEMBERSHIP NO. IS

**3028491**

**ALWAYS KEEP THIS PART.**



**IMPORTANT: FOR NOTICES, INCLUDING YOUR DUTY OF DISCLOSURE,  
AND PAYMENT INSTRUCTIONS SEE OVERLEAF.**



# Membership Card

NOMINATED VEHICLE	TYPE	MEMBER YEARS
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LYC001	VEHICLE	3
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AMOUNT	MEMBER No.	VALID TO	No. OF SUBS
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22.00	3028491	1 10 85	1
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MR Y C LOW  
6 COVE ST  
WATSONS BAY 2030

5 OCT 1984 12 22

Service is available only on the nominated vehicle.

IT PAYS TO BELONG

# Office Service Card

This card entitles you to all services except Road Service.

MEMBER No.

3028491

VALID TO

1 10 85

MEMBER

3 YEARS



(Please Detach)

Card not financial unless validated here

NR45MA NR



# Membership Card

Vehicle No. **LYC001**

Member No. **3772831**

Member  
Years **7**

Expires **05/06/94**

Name **MR G T LOW**



# Patrol Receipt

National Roads & Motorists' Association  
(Incorporated in New South Wales)  
46 Fairfield Street, Villawood 2163.  
Telephone (02) 671 0912

Receipt No.  
PS: **011163**

Date: 3 / 8 / 91

Membership Name: MR. G. T. LOW

Address: 6 COVE ST,  
WATSONS BAY

Postcode: 2030

Membership Number	Vehicle Regn No.	Payment For	Account Codes	Amount \$	¢
<u>3028491</u>	<u>LYC001</u>	<u>Renewal</u>	<u>600</u>	<u>34</u>	<u>-</u>
		Non-Refundable Service Fee	659		
TOTAL				<u>34</u>	<u>-</u>

Payment Method (please tick):  cash  cheque  credit card

Please charge to my credit card

Bankcard  Visacard  Mastercard

Credit Card No.

\_\_\_\_\_

Date Valid - From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cardholder's Name (print): \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

### Patrolman's Details:

Radio #: 608

Signature: [Signature]

**Application for Refund** (where applicable)  
NOTE: Application must be made within 28 days

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Membership No.: \_\_\_\_\_ Financial To: \_\_\_\_\_

Hereby make application for refund of the above.

Member's Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE: Application for refund will only be considered on presentation of this receipt. Please retain receipt as your record of payment.**