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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	372J
Vehicle Details	
Vehicle No.:	SDS8110R
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Aug 2024
Vehicle Make:	TOYOTA
Vehicle Model:	RAV4 2.0 PREMIUM SUV (AUTO) (2WD)
Primary Colour:	Red
Manufacturing Year:	2019
Engine No.:	M20AV028469
Chassis No.:	JTMY43FV80D502940
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$29,506.00
Original Registration Date:	30 Apr 2019
First Registration Date:	30 Apr 2019
Transfer Count:	0
Actual ARF Paid:	\$33,309.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2029
PARF Rebate Amount:	\$23,316.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,000.00
COE Rebate Amount:	\$22,560.00
Total Rebate Amount:	\$45,876.00
Message	
You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.	

The information contained herein is correct as at 16 Aug 2024

OK

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 Actual 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 First Submission	16/08/2024 16:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/08/2024 14:11 (SGT)
Exact Location of Accident	14 Ang Mo Kio Central 3, Singapore 567747
Additional Location Information	SLIP ROAD OF AMK AVE 8 & AME AVE 5, SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS8110R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHEE WOON HWEE (XU WENHUI)
NRIC No	SXXXX372J
Email Address	LEONARD.SHEE@GMAIL.COM
Mobile Phone No	(Phone) +65-93683761
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rav4
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1987
Vehicle Fuel	-
First Registration Date	-
Chassis no	JTMY43FV80D502940
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24B00054800

DRIVER

Name of Driver	SHEE HUI JIN, VANESSA
NRIC No	SXXXX573D
Date Of Birth	20/09/1996
Occupation	Indoor
Driving Pass Date	22/10/2015
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	8 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90105098
Alt. Phone Number	-
Email Address	VANESSASHEE@HOTMAIL.COM
Address	BLK 511 YIO CHU KANG ROAD
Address complement	#04-21
Postcode	S787066
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NH LAY HWEE
Gender	Female

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBM6431H
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LOH SU LIN IRENE
NRIC No	SXXXX989G
Contact Number	(Phone) +65-84683955
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 yers/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.

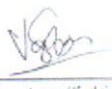
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

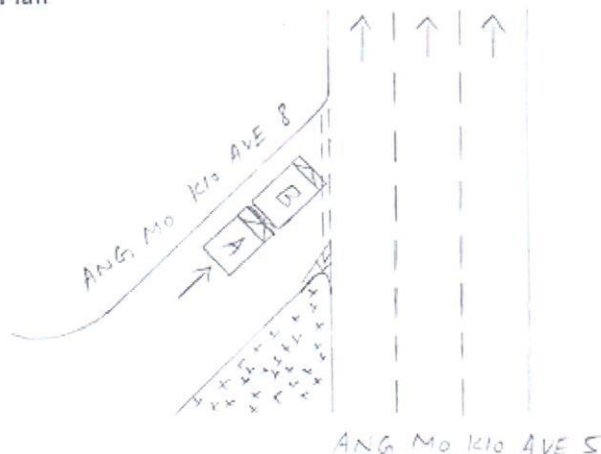


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



(A) -> SDS8110R

(B) -> GEM64311

Describe Circumstances of the Accident

On 16 Aug at 2.11 pm, I was driving along Ang Mo Kio Ave 8, turning to Ang Mo Kio Ave 5, the car in front did not turn off, before I knocked into their rear.

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Optima Werkz Pte Ltd (Co.Reg.No:201212455W)
10 Ang Mo Kio Industrial Park 2A, #01-05/06 AMK Autopoint
Singapore 568047
Tel: 6481 1522

INSURER:

ECICS Limited (HQ)

PARTICULARS OF CLAIM

Claim Type:	OD (OWN DAMAGE)	Ref. No:	
Policy No:	MPC24B00054800	Date of Loss:	16/08/2024
Vehicle Reg. No.:	SDS8110R	Driveable?	
Driver Age/Info:		Party At Fault:	UNKNOWN
TP Injury Involved?	NO	Third Party Involved?	YES
Insured/Claimant:	SHEE HUI JIN, VANESSA		
Make/Model:	TOYOTA RAV4, 2.0 PREMIUM SUV (2WD) (A)	Vehicle Reg. Date:	30/04/2019
Vehicle Colour:	RED	Chassis No:	JTMY43FV80D502940
Engine No:	M20AV028469		
Odometer:	80357 KM		
Paint Type:			
Total Loss?	NO		
Est. Duration of Repair (day)	3 days		
Present Location:	OPTIMA WERKZ PTE LTD (HQ)		

Not authorized
Running by prim
Ex \$1250p
\$8293.00

COST OF CLAIMS

	Amount
Parts	5,478.00
Miscellaneous Items	305.00
Labour	1,800.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	7,583.00
+ GST 9.00% (S\$)	682.47
Nett Amount (S\$)	8,265.47

This claim is handled by: LOONG GHIE YEE

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 23 Aug 2024)**Parts:** M1-SUV TOYOTA RAV4 2.0 PREMIUM SUV (2WD) (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** (Unsubmitted, no print-code for SDS8110R)**Validity:** These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page**Further Info:** Items/values not in reference catalogue are prefixed with an asterisk *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount	
1	1		Bumper, front	CM 0.00	0.00	*260.00 F	✓
2	1		Fender LH, front	0.00	0.00	-	
3	1		Headlamp LH	mg CM 0.00	0.00	*1,800.00 F	2
4	1		Radiator grille	mg CM 0.00	0.00	*240.00 F	2
5	1		Radiator grille bracket	CM 0.00	0.00	*220.00 F	2
6	1		Radiator grille emblem	0.00	0.00	CM *400.00 F	✓
7	1		*Radiator Grille Lower No.2	CM 0.00	0.00	*170.00 F	2
8	1		*Front Bumper Guard	0.00	0.00	nd *260.00 F	✓
9	1		*Front Bumper Outer Moulding	nd 0.00	0.00	*280.00 F	2
10	1		*Front Radar Sensor	nd 0.00	0.00	*850.00 F	2
11	1		*Front LH Bumper Retainer	0.00	0.00	nd *70.00 F	✓
12	1		*Front Bumper Energy Absorber	CM 0.00	0.00	*70.00 F	2
13	1		*Front Bumper Reinforcement	Bu 0.00	0.00	*300.00 F	2
14	1		*Front Bumper Licence Plate Mounting Bracket	0.00	0.00	nd *60.00 F	✓

F=Franchise part.

Sub Total (\$\$)	4,980.00
+ Margin on L,N Items 10.00% (\$\$)	498.00
Total Parts (\$\$)	5,478.00

Report was unsubmitted during this print-out.
Generated using **Merimen e-Claims IEAS**

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	Front Bumper Clips	50.00 ✓
2	1	Front Bumper Lower Guard Clips	50.00 X
3	1	Front Fender Liner Clips	50.00 X
4	1	Front Fender Outer Garnish Clips	50.00 7
5	1	Front Licence Plate Number with Frame	55.00
6	1	Radiator Grille Clips	50.00 ✓
Sub Total (\$\$)			305.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	To Straighten and Panel Beat of Accident Affected Areas	New	600.00
2	To Furnish Material, Supply and Spray Paint at Front Bumper, Front LH Fender Panel, Etc	New	700.00
3	To Readjust and Realign Headlamp Aim	New	100.00 X
4	To Recalibrate and Reset Radar Sensor	New	300.00 7
5	To Check Wiring and Electrical System	New	100.00
Gross Labour Cost (\$\$)			1,800.00

Report was unsubmitted during this print-out.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

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: