

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

737D

Vehicle Details

Vehicle No.:

SJN9810C

Vehicle to be Exported:

Yes

Intended Deregistration Date:

11 Oct 2024

Vehicle Make:

HONDA

Vehicle Model:

FIT 1.3G A

Primary Colour:

White

Manufacturing Year:

2008

Engine No.:

L13A4158894

Chassis No.:

GE61144217 ✓

Maximum Power Output:

73.0 kW (97 bhp)

Open Market Value:

\$14,021.00

Original Registration Date:

06 Mar 2009

First Registration Date:

06 Mar 2009

Transfer Count:

3

Actual ARF Paid:

\$3,783.00

Intended PARF Rebate Details

PARF Eligibility:

Forfeited

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

05 Mar 2029

COE Category:

A - Car (1600cc & below)

COE Period(Years):

10

PQP Paid:

\$25,525.00

COE Rebate Amount:

\$11,224.00

Total Rebate Amount:

\$11,224.00

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 11 Oct 2024

OK



Motor Private Car

MX4F

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

N SN

AN0478A

Cov. Type:C

CERTIFICATE No.

DMPCSNW00101072400

Engine No.: L13A4158894

Cha. No.:GE61144217

1. Index Mark and Registration
Number of Vehicle

SJN9810C

AUTOSAFE
=====

2. Name of Policy Holder

GDI CONTAINER TRADING PTE. LTD.

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

06/09/2024

(00:00:00)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25

S\$3,000.00

Ex Sect. I - Age >= 26

S\$500.00

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

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.

6. Limitations as to use:*

Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : MONEymax LEASING PTE 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

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: _____
INSURE HUB PTE LTD
Authorised Officer

Authorised Signatory



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	15/10/2024 11:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/10/2024 09:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	towards Changi before exit 4B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9810C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GDI Container Trading Pte Ltd
Company Reg No	2XXXXX737D
Email Address	sales@gdicontainer.com.sg
Mobile Phone No	(Phone) +65-91098331
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	Private car
Transmission	Auto
CC	1300
Vehicle Fuel	-
First Registration Date	06/03/2009
Chassis no	GE61144217
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00101072400

DRIVER



Name of Driver	Wong Chee Lu
NRIC No	SXXXX868B
Date Of Birth	17/12/1986
Occupation	Outdoor
Driving Pass Date	14/06/2022
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86840667
Alt. Phone Number	-
Email Address	sales@gdiconainer.com.sg
Address	Blk 17 Eunos Crescent #09-2875
Address complement	-
Postcode	400017
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to Police Report No. T/20241011/7093.

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	GBE1526T
Vehicle Manufacturer	Nissan
Vehicle Model	Urvan
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	Alan Kiu Siong Lun
Work Permit No	MXXXX689X
Contact Number	(Phone) +65-86863090
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	Wong Chee Lu
Gender	Male
Phone No	(Phone) +65-86840667
Address	Blk 17 Eunos Crescent #09-2875
Address Complement	-
Post Code	400017
Approximate Age Years Old	38
Injuries Sustained	-
Injured person in which vehicle?	SJN9810C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the CIA 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 claim/s (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 envelope/postal package(s); 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.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

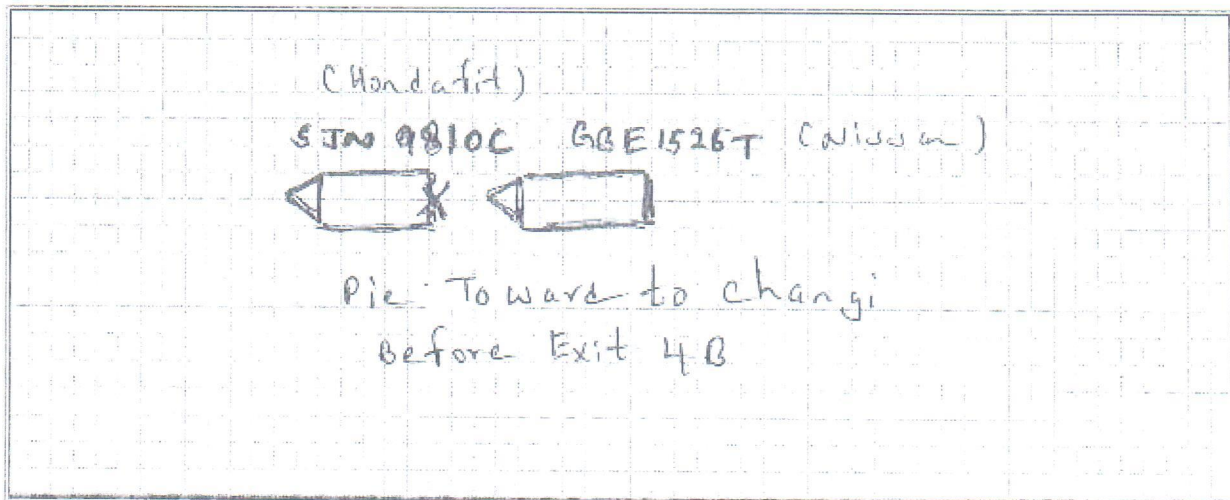
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Deborah Lai

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Please refer to Police Report No. T/20241011/7093.

Declaration

(We declare the foregoing particulars are true in every respect.)



Policyholder's Signature / Date & Time



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

Deborah Lai



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241011/7093

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Report No. T/20241011/7093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2024 18:48	Video Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: wong chee lu		Address: 17 EUNOS CRESCENT #09-2875 SINGAPORE 400017	
ID Type / ID No.: NRIC NO / S86768683		Contact No.: Home/Office: Mobile: 66840667	
Nationality: MALAYSIAN		Email: cheelu80@hotmail.com	
Sex: Male	Age: 37	Date of Birth: 17/12/1986	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Logistics/production planner		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/10/2024 09:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBE15261	Motor van	NISSAN		Silver		0
SJN9810C	Motor car	HONDA	Fit	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJN9810C	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD	DVPCSNW00101072 400	06/09/2024	05/09/2025



**SINGAPORE
POLICE FORCE**



T/20241011/7093

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241011/7093

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG CHEE LU	ID No.	S83768383
Related Vehicle	SJN9810C (Motor car)	Contact No.	86840667
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/10/2024	Date Discharge	11/10/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver			
Name	ALAN KIU SIONG LUN	ID No.	M3349689X
Related Vehicle	NIL	Contact No.	86863090
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 11 October 2024, at 0950hrs, I was travelling along PIE towards Changi, before Exit 4B. I was driving my own vehicle (SJN9810C), normally, maintaining a safe distance. Suddenly, I was hit in the rear by a Nissan Van (G3E1526T). I stopped my vehicle immediately, and went out to exchange particulars with the driver.

I was feeling dizzy, and had neck pain. Ambulance was called, and I was conveyed to Changi General Hospital. My vehicle (SJN9810C) was moved to a nearby HDB by my wife.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241011/7093

3 of 3

Report No. T/20241011/7093

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2024 18:49
Officer In Charge Of Case: TP / TPB / YEO HOE HUAT, TONY Contact No.: 97393856	Classification Of Case:
This report is lodged at Geylang NPC Kiosk 1 NP168	