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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	475A
Vehicle Details	
Vehicle No.:	SLZ3460G
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Jun 2024
Vehicle Make:	MITSUBISHI
Vehicle Model:	ATTRAGE 1.2 CVT
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	3A92UGT5698
Chassis No.:	MMBSTA13AJH001930
Maximum Power Output:	59.0 kW (79 bhp)
Open Market Value:	\$13,881.00
Original Registration Date:	30 Apr 2018
First Registration Date:	30 Apr 2018
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
OPC Cash Rebate Details	
OPC Cash Rebate Eligibility:	No
OPC Cash Rebate Eligibility Expiry Date:	-
OPC Cash Rebate Amount:	-
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2028
PARF Rebate Amount:	\$3,250.00
Intended COE Rebate Details	
COE Expiry Date:	29 Apr 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$20,000.00
COE Rebate Amount:	\$7,677.00
Total Rebate Amount:	\$10,927.00
Remarks	
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 27 Jun 2024

OK

MID YEAR FIESTA

28 - 30 JUNE 2024



\$30,000

WORTH OF PRIZES TO BE WON

PERFORMANCE
PREMIUM SELECTION

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1 vehicles



Attrage

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Price Any price Depre Any depre Reg Date Any date Eng Cap Any Veh Type All types
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Search

Make & Model

Price

Depreciation

Reg Date

Eng Cap

Mileage

Veh Type

Status



Mitsubishi Attrage 1.2A (OPC) \$59,800 \$11,550 /yr 13-Jun-2019 1,193 cc 25,000 km Sedan Available

Low mileage, well maintained condition and serviced regularly! 100% accident free. Workshop check/STA evaluation can be arranged. Trade in/consignment available for your ride. Viewing available in our showroom daily. Bank loan fro...

PREMIUM AD

★ Posted: 21-Jun-2024

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Price

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Reg Date

Eng Cap

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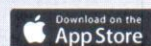
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SHORTLISTED

HISTORY

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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	24/06/2024 16:45 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/06/2024 22:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE towards TUAS before BKE Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3460G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Suhaime Bin Mohamed Assan
NRIC No	SXXXX475A
Email Address	suhaikin19@gmail.com
Mobile Phone No	(Phone) +65-97719995
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1198

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA013183

DRIVER

Name of Driver	Suhaime Bin Mohamed Assan
NRIC No	SXXXX475A
Date Of Birth	03/05/1982
Occupation	Indoor

Driving Pass Date	16/09/2003
Driving experience	20 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97719995
Alt. Phone Number	-
Email Address	suhaikin19@gmail.com
Address	12 Choa Chu Kang Grove #08-33
Address complement	-
Postcode	688208
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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)	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	Nurul Asyikin Binti Rohani
Gender	Female

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/20240623/7038

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	SMQ1041G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA6992Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMR5140Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	FBC6266X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SMR5590G
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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 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:

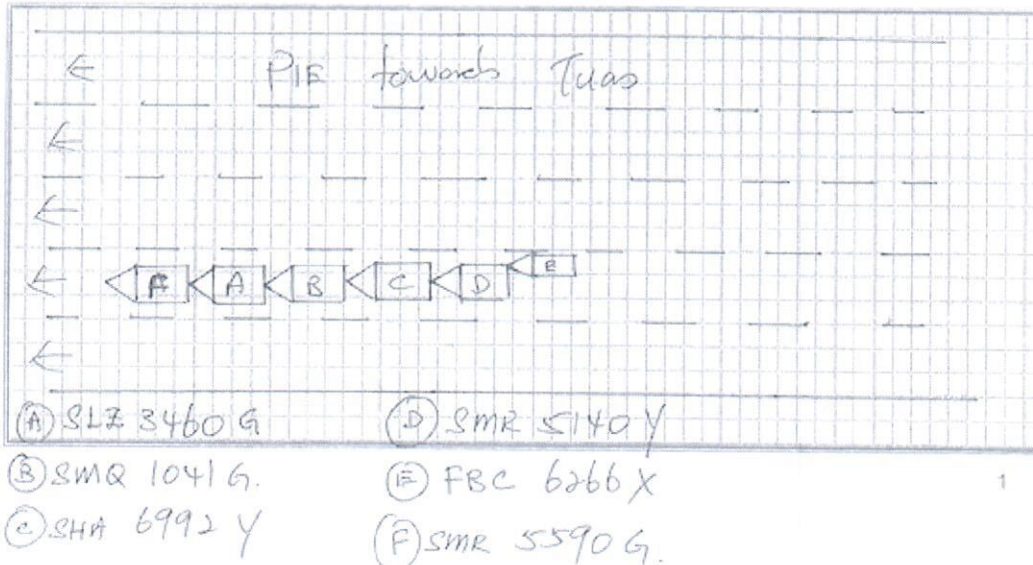
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan



(A) SLZ 3460 G (D) SMR 5140 Y

(B) SMQ 1041 G (E) FBC 6266 X

(C) SHA 6992 Y (F) SMR 5590 G

Describe Circumstance of the Accident

As Police Report.

T/20240623/7038

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
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/20240623/7038

1 of 3

Report No. T/20240623/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2024 15:28		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: SUHAIME BIN MOHAMED ASSAN		Address: 12 CHOA CHU KANG GROVE #08-33 SINGAPORE 688208		
ID Type / ID No.: NRIC NO / S8213475A		Contact No.: Home/Office: Mobile: 97719995		
Nationality: SINGAPORE CITIZEN		Email: suhaikin19@gmail.com		
Sex: Male	Age: 42	Date of Birth: 03/05/1982	Type of Informant: Driver	
Race: Malay		Language: English		
Occupation: Police		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident: Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2024 22:30	Type of Location:	
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ3460G	Motor car	MITSUBISHI	ATTRAGE 1.2 CVT	Red		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLZ3460G	ETIQA INSURANCE BERHAD	MA013183	30/04/2024	29/04/2025



**SINGAPORE
POLICE FORCE**

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



T/20240623/7038

2 of 3

Report No. T/20240623/7038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUHAIME BIN MOHAMED ASSAN	ID No.	S8213475A
Related Vehicle	SLZ3460G (Motor car)	Contact No.	97719995
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)	05	Degree of Injury	Serious

Brief Details.

On the stated date and time I was ferrying my wife on board vehicle SLZ3460G.

We were travelling straight on lane 4 (from right) along PIE towards Tuas direction.

Near to BKE exit, the vehicle in front stopped and i managed to stop too.

Suddenly i felt a great impact from behind, the impact propelled our vehicle forward to hit onto our front vehicle.

The impact was great and my wife hit her head onto the roof of my vehicle despite being belted.

I then alighted and realised we were involved in a 6 vehicles chain collision.

We are the 2nd vehicle.

1. SMR5590G
2. SLZ3460G
3. SMQ1041G
4. SHA6992Y
5. SMR5140Y
6. FBC6266X

TP and ambulance came and someone was conveyed to the hospital.

Today I brought my wife to see a doctor and she was given 5 days MC.

I was given a case card by TP D/20240622/0127.

Today I received a call from a guy name Eugene Teo 97707749 saying he got my number from traffic police and he's from insurance and told me he will settle my claims.

I ignored him and went to my own workshop instead.



SINGAPORE
POLICE FORCE

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



T/20240623/7038

3 of 3

Report No. T/20240623/7038

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case
TP / TPB /
KWOK WEI JIE, DANIEL
Contact No.: 89220186

NP168

Signature Of Informant:

The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
23/06/2024 15:28

Classification Of Case: