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1074

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	961K

Vehicle Details

Vehicle No.:	SNN6919X
Vehicle to be Exported:	No
Intended Deregistration Date:	02 Aug 2024
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Primary Colour:	White
Manufacturing Year:	2023
Engine No.:	2ZR2Y11377
Chassis No.:	JTDAE3AU603003427
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$28,006.00
Original Registration Date:	21 Dec 2023
First Registration Date:	21 Dec 2023
Transfer Count:	0
Actual ARF Paid:	\$16,209.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Dec 2033
PARF Rebate Amount:	\$12,156.00

Intended COE Rebate Details

COE Expiry Date:	20 Dec 2033
COE Category:	B - Car-Details at OneMotoring
COE Period(Years):	10
QP Paid:	\$130,100.00
COE Rebate Amount:	\$122,056.00
Total Rebate Amount:	\$134,212.00

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 02 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	27/07/2024 12:26 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2024 16:00 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	AFTER BALMORAL ROAD BEFORE KENG CHIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN6919X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LUMENS PTE LTD
Company Reg No	2XXXXX961K
Email Address	accident@lumens.sg
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MAA00601-R00

DRIVER

Name of Driver	SHANKAR DASS S/O RAM SARANGAPANY
NRIC No	SXXXX105Z
Date Of Birth	22/07/1977
Occupation	Outdoor

Driving Pass Date	22/06/2002
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81025411
Alt. Phone Number	-
Email Address	accident@lumens.sg
Address	BLK 259A PUNGGOL FIELD #11-31
Address complement	-
Postcode	821259
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	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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	SHAWN
Gender	Male

PASSENGER 2

Name	RAMUN
Gender	Male

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

ON 25/07/2024 AT ABOUT 1600HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNN9616X ENROUTE FROM AFTER PICKING UP MY PASSENGERS AT LUCKY PLAZA TO DROP OFF MY PASSENGERS AT L1 LOBBY JEM FOR WORK PURPOSES. WHILE DRIVING ALONG BUKIT TIMAH ROAD AFTER BALMORAL ROAD BEFORE KENG CHIN ROAD IN LANE 3 I SLOWED DOWN AND STOPPED AS THE VEHICLES INFRONT SLOWED DOWN AND STOPPED TOO. SHORTLY AFTER THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SHB1616L HIT ONTO THE REAR OF MY VEHICLE. BOTH MY PASSENGERS SAID THEY HAVE NECK PAIN AND WILL SEE A DOCOTOR. I TOO SUSTAINED NECK AND SHOULDER PAIN AND WILL SEE A DOCTOR.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB1616L
 Vehicle Manufacturer MG
 Vehicle Model MG5 EV EXCITE T
 Vehicle Variant -
 Vehicle Colour Green
 Vehicle Category Taxi
 Name of Driver SHEIKH ZAINI BIN SHAHAR
 NRIC No SXXXX053B
 Contact Number (Phone) +65-97324323
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage FRONT PORTION
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SHANKAR DASS S/O RAM SARANGAPANY
 Gender Male
 Phone No (Phone) +65-81025411
 Address BLK 259A PUNGGOL FIELD #11-31
 Address Complement -
 Post Code 821259
 Approximate Age Years Old 47
 Injuries Sustained NECK AND SHOULDER PAIN
 Injured person in which vehicle? SNN6919X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SHAWN
 Gender Male
 Phone No (Phone) +65-96306282
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK PAIN
 Injured person in which vehicle? SNN6919X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person RAMUN
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK PAIN
 Injured person in which vehicle? SNN6919X
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
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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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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

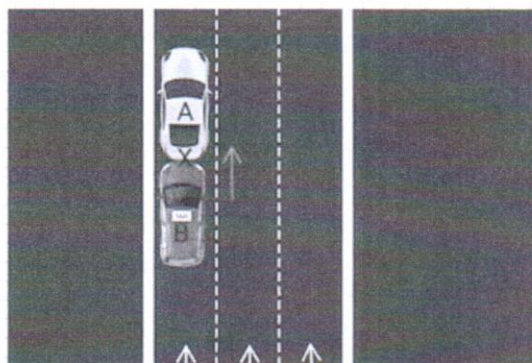
Sketch Plan

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

25/07/2024 1740HRS

Witnessed by Reporting Centre Personnel

25/07/2024



BUKIT TIMAH ROAD AFTER
BALMORAL ROAD BEFORE
KENG CHIN ROAD

A - SNN9616X

B - SHB1616L

Describe Circumstances of the Accident

ON 25/07/2024 AT ABOUT 1600HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNN9616X ENROUTE FROM AFTER PICKING UP MY PASSENGERS AT LUCKY PLAZA TO DROP OFF MY PASSENGERS AT L1 LOBBY JEM FOR WORK PURPOSES. WHILE DRIVING ALONG BUKIT TIMAH ROAD AFTER BALMORAL ROAD BEFORE KENG CHIN ROAD IN LANE 3 I SLOWED DOWN AND STOPPED AS THE VEHICLES INFRONT SLOWED DOWN AND STOPPED TOO. SHORTLY AFTER THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SHB1616L HIT ONTO THE REAR OF MY VEHICLE. BOTH MY PASSENGERS SAID THEY HAVE NECK PAIN AND WILL SEE A DOCOTOR. I TOO SUSTAINED NECK AND SHOULDER PAIN AND WILL SEE A DOCTOR.

Declaration

I/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

25/07/2024 1740HRS

Estimated Cost of Repair

Attention To : MS First Capital Insurance Ltd
36 Robinson Road
#16-01 City House
Singapore 068877

Claim Details

Case Ref. No. : TP/082024/7565
Date : 02-08-2024
Accident Date : 25-07-2024

Vehicle Details

Make & Model : TOYOTA PRIUS
Chassis No : JTDAE3AU603003427
Registration No : SNN6919X

Third Party Vehicle Details

Registration No : SHB1616L

S/N	Description	Qty	Amount (\$)
1	REAR BUMPER <i>595.10</i>	1.00	<i>Bu</i> \$655.60 ✓
2	REAR BUMPER LOWER PAD	1.00	<i>nd</i> \$541.70 ✓
3	REAR BUMPER LH REFLECTOR	1.00	<i>ru</i> \$204.30 X
4	REAR BUMPER PARKING SENSOR - ORIGINAL	1.00	<i>stom</i> \$398.40 ✓
5	REAR BUMPER LH SIDE RETAINER	1.00	<i>ru</i> \$198.70 X
6	REAR BUMPER REINFORCEMENT <i>431.10</i>	1.00	<i>Bu</i> \$497.40 ✓
7	REAR BUMPER CLIPS	10.00	<i>ru</i> \$55.00 ✓
			\$2,551.10
Discount: -25%			(\$637.78)
			\$1,913.32
8	REAR NO. PLATE	1.00	<i>nd</i> \$40.00 ✓
9	TO REPAIR DAMAGES	1.00	\$380.00 <i>300d</i>
10	TO SPRAY PAINTING	1.00	\$480.00 <i>400d</i>
Subtotal w/o GST:			\$2,813.32

*Not Authorized
Penny B & paint
3 days
@ 2270-98*

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 items must be resurveyed and is subject to final approval from Insurance Company

Accepted by Repairer

Signature

Date

Issued by Law Qi Zhi

This is a computer-generated document. No signature is required.