

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 0100B |
| Vehicle Details | |
| Vehicle No.: | SCY9811A |
| Vehicle to be Exported: | Yes |
| Intended De-registration Date: | 28 Jun 2018 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | S300L |
| Primary Colour: | Black |
| Manufacturing Year: | 2008 |
| Engine No.: | 27294631041491 |
| Chassis No.: | WDD2211542A253404 |
| Maximum Power Output: | 170.0 kW (227 bhp) |
| Open Market Value: | \$82,975.00 |
| Original Registration Date: | 26 Feb 2009 |
| First Registration Date: | 26 Feb 2009 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$82,975.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 25 Feb 2019 |
| PARF Rebate Amount: | \$41,487.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 25 Feb 2019 |
| COE Category: | B - Car (1601cc & above) |
| COE Period(Years): | 10 |
| QP Paid: | \$4,889.00 |
| COE Rebate Amount: | \$325.00 |
| Total Rebate Amount: | \$41,812.00 |

The information contained herein is correct as at 27 Jun 2018

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 Authorised 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 ability.
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 Report | 27/06/2018 19:21 |
| Date Of Accident | 27/06/2018 08:40 |
| Exact Location Of Accident | ALONG DUNEARN RD (NEAR UNIVERSITY RD) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SCY9811A |
| Insured/Policyholder | |
| Name Of Registered Owner | NG BOO WUI |
| NRIC No | S1450100B |
| Email Address | JEFFNGBW@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-97388606 |
| Alternative Phone No | OFFICE-97388606 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | MERCEDES BENZ S300L |
| 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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

| | |
|---------------------------|--------------------------|
| Name of Insurance Company | ERGO INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMPG18000314 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NG BOO WUI |
| NRIC No | S1450100B |
| Date Of Birth | 24/05/1960 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/02/1978 |
| Driving Experience | 40 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97388606 |
| Fax Number | |
| Contact Number | OFFICE-97388606 |
| Email Address | JEFFNGBW@SINGNET.COM.SG |

| | |
|---|-------------------------|
| Address | 24 FOURTH AVENUE 268664 |
| Postcode | |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

ON 27/06/2018, APPROXIMATELY 8.40AM, I WAS TRAVELLING ON THE LEFT LANE OF THE ROAD ALONG DUNEARN ROAD (NEAR UNIVERSITY RD) IT WAS CONGESTED AS IT WAS PEAK HOURS AND MY VEHICLE, SCY9811A WAS MOVING SLOWLY, NEXT TO ME ON MY RIGHT WAS A PETROL TRUCK, XE955J, MOVING TO WARDS MY LANE. AS I WAS MOVING, HE SUDDENLY HIT MY BACK RIGHT SIDE. THE DRIVER, XE955J CAME DOWN TO APOLOGISE FOR HIS MISTAKE AND TELL ME TO MAKE CLAIM. HE CLAIMED THAT HE WANT TO TURN TO THE SHELL PETROL STATION.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------------------|
| Vehicle Registration Number | XE955J |
| Vehicle Make/Model/Colour | MAN / TGS 36.360 8X4 BL |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | MOHAMMAD JAZZULI BIN ALIAS |
| NRIC/Passport Number | S7516094A |
| Contact Number | 97333637 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
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 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)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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/are 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.

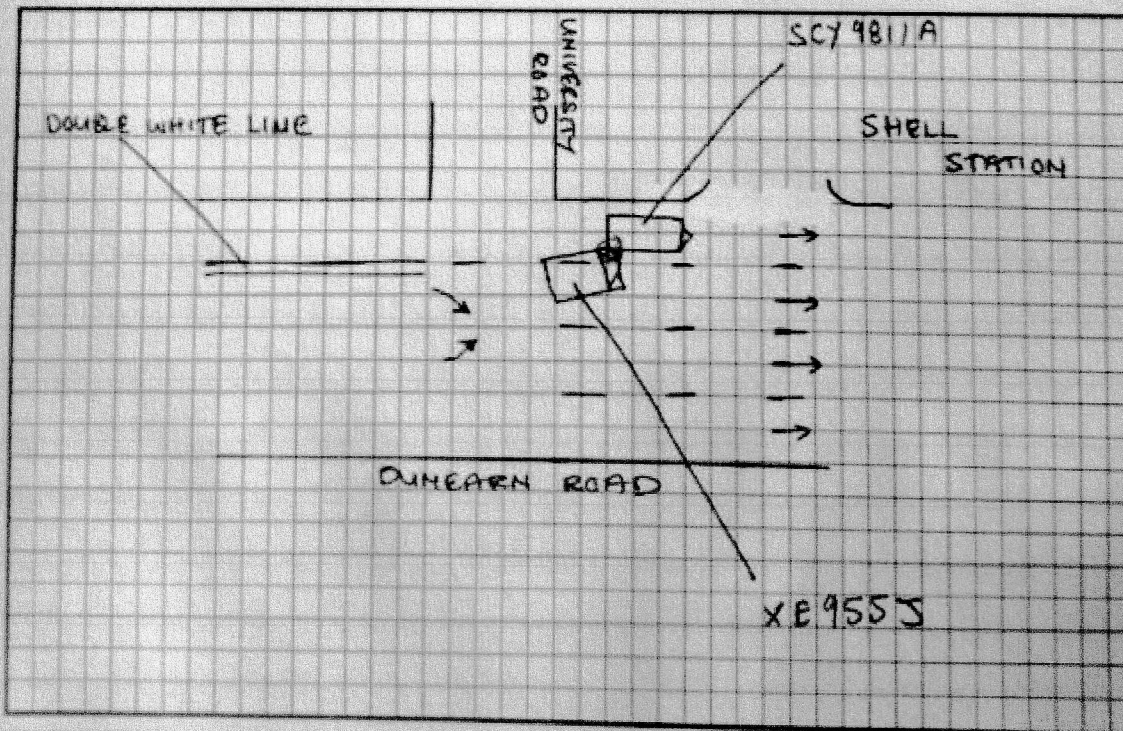
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHD FADZLY BIN ISMAIL

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/6/2018, APPROXIMATELY 8.40 AM, I WAS TRAVELLING ON THE LEFT LANE OF THE ROAD ALONG DUNEALN COHO (NEAR UNIVERSITY RD) IT WAS CONGESTED AS IT WAS PEAK HOURS. MY VEHICLE, SLY9811A WAS MOVING SLOWLY, NEXT TO ME WAS A PETROL TRUCK, XE 955J, MOVING TO MY ^{ON MY RIGHT} ~~RIGHT~~ LANE. AS I WAS MOVING, HE SUDDENLY HIT MY BACK RIGHT SIDE.

THE DRIVER, XE 955J CAME DOWN TO APOLOGISE FOR HIS MISTAKE AND ^{TELL ME TO} MAKE CLAIM. HE CLAIMED THAT HE WANT TO TURN TO THE SHELL PETROL STATION.

DECLARATION

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

Declarant's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

