

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

0443D

### Vehicle Details

Vehicle No.:

YP7769P

Vehicle to be Exported:

No

Intended Deregistration Date:

26 Oct 2018

Vehicle Make:

HINO

Vehicle Model:

HINO GH8JRM-QGS

Primary Colour:

White

Manufacturing Year:

2017

Engine No.:

J08EVD21904

Chassis No.:

GH8JRM10386

Maximum Power Output:

-

Open Market Value:

\$61,761.00

Original Registration Date:

06 Nov 2017

First Registration Date:

06 Nov 2017

Transfer Count:

0

Actual ARF Paid:

\$3,089.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

05 Nov 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$42,801.00

COE Rebate Amount:

\$38,637.00

**Total Rebate Amount:**

**\$38,637.00**

The information contained herein is correct as at 26 Oct 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	27/08/2018 21:20
Date Of Accident	26/08/2018 15:10
Exact Location Of Accident	ALONG JOO KOON CIRCLE OUTSIDE 5 JOO KOON CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7769P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RICHLAND LOGISTICS SERVICES PTE LTD
Co Reg No	199500443D
Email Address	GUNALAN.MARIMUTHU@RICHLANDLOGISTICS.COM
Mobile Phone No	(LOCAL) +65-81252292
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	HINO
Model	OTHERS
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL

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 COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5070270535-02

Cover Note Number

### Driver

Name of Driver	HU CHENQI
Work Permit No	G3010118P
Date Of Birth	04/02/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81252292

Fax Number

Contact Number

E-Mail Address

GUNALAN.MARIMUTHU@RICHLANDLOGISTICS.COM

Address 5 JOO KOON CIRCLE  
SINGAPORE  
Postcode 629118

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -  
-  
-

Insurance Company of Driver's Own Vehicle -  
-  
-

#### 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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? YES

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) 2

Passenger 1  
NAME: : CHAI YUE FEI  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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 GBE4769P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number UNKNOWN

Address

Postcode ,

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 the 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 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 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 insured(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 purposes 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 making of correspondence, statements, medical 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 internal 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 the 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 claims adjuster or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, laws or court orders.

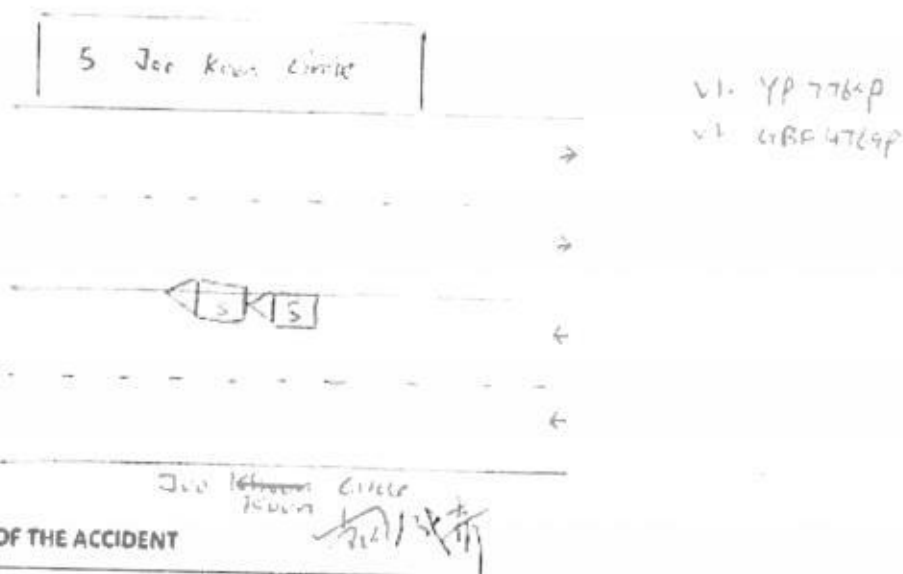
Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/12/2022  
12:56:15

Reporting Centre Personnel's Signature  
Name: Fatimah 14K  
NAIK / NIT: 5961823

# Sketch Plan #2

## SKETCH PLAN



Police to Police Report - T 120130826 2022

## 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: 27/05/2018  
12:15 PM



Reported by Person's Signature  
Name: [Signature]  
NRIC/FIN No: 5911823

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180826/2092

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No: T/20180826/2092

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
26/08/2018 19:33

Vide Report No :  
J/20180826/0151

Station Diary No.:  
108

### Informant's Particulars

Name of Informant: HU CHENGQI			Address: APT BLK 653A JURONG WEST STREET 61 #12-438 SINGAPORE 641653		
ID Type / ID No.: FIN NO / G3010118P			Contact No.: Home/Office: Mobile: 81252292		
Nationality: CHINESE			Email:		
Sex: Male	Age: 36	Date of Birth: 04/02/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name
Occupation: DELIVERY MAN			Driving Licence Information: Class: 3,4 Date of Expiry: 13/02/2019		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/08/2018 15:10	Type of Location: Straight Road
Location: Along Road 1 JOO KOON CIRCLE				

### OUTSIDE RICHLAND LOGISTIC

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control:	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE4769P	Lorry				Seriously Damaged	0
YP7769P	Lorry				Slightly Damaged	1

### Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180826/052

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No. 1800-2689999

Report No. T/20180826/2072

## CONTINUATION OF REPORT

Driver Name	Unknown Driver	ID No	NIL
Related Vehicle	GBE4769P (Lorry)	Contact No.	NIL
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	NIL	Degree of Injury	Slight
Driver Name	HU CHENGQI	ID No	G3010118P
Related Vehicle	YP7769P (Lorry)	Contact No.	81252292
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 13/02/2019
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 26/08/2018 at about 03.10pm, I was traveling along Joo Koon Circle from Bencoi Road with my company lorry (YP7769P). As I was approaching my company, GLS Building, I then slower down in front of the main gate of my company before I inched forward for the turn. I have on my right signal light before I made my right turn.

Suddenly I felt an impact from the rear of my vehicle while I am focusing the traffic in front. I then alighted and realised that there was a small lorry (GBE4769P) has collided onto the rear side of my lorry. The said driver has stuck in his vehicle due to the collision.

My company staffs have called for ambulance which later conveyed the said driver who is in a conscious state to the hospital. Traffic police has attended to the accident and advised me to lodge a police report under TP 10 Abdullah. Tel: 65476246 referred to the case number of J/20180826/0151.

No in car camera footage recorded and I am not sure whether any CCTV around the vicinity.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180826/2092

3 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No: T/20180826/2092

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate in this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 PERRY P NG WEE PHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/08/2018 19:33

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

Authentication Stamp

NP 168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



## Addendum Sheet

**GENERAL  
INSURANCE  
ASSOCIATION**

GENERAL INSURANCE ASSOCIATION OF SINGAPORE BUILDINGS MANAGEMENT CENTRE  
 100, ROBINSON ROAD, #10-01, ROBINSON CENTRE, SINGAPORE 068912  
 TEL: 6733 1111 FAX: 6733 1112  
 E-MAIL: GIA@GIA.ORG.SG WEB: WWW.GIA.ORG.SG

**IMPORTANT NOTE:** Please submit the completed Addendum forms to the same Authorised Reporting Centre with whom you submitted the Original Report

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: M411 0211 110 Vehicle Registration No: 1P33698  
 Name (as shown on NRIC): Lee Joon Yong NRIC/FIN/Passport No: G73010118P  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address: 5 Tan Koon Circle Singapore: 637188  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8109 2292  
 Email Address: joon.yong.lee@ntel.net.sg  
 Date of Accident: 27/8/18 Time of Accident: 15:10:18  
 Place of Accident: Along Tan Koon Circle, outside 5 Tan Koon Circle  
 Insurance Company: Prudential

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Correction to original report - Report No. M411 0211 110  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature: [Signature]  
 Date: 27/8/18

Reporting Centre Personnel's Signature: [Signature]  
 Name: Lee Joon Yong  
 NRIC/FIN No: G73010118P  
 Date: 27/8/18

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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	31/08/2018 10:39
Date Of Accident	26/08/2018 15:10
Exact Location Of Accident	ALONG JOO KOON CIRCLE (BEHIND OF NTUC FAIRPRICE)
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4769P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MTHCVE000238
Cover Note Number	01/01/2018-31/12/2018

#### Driver

Name of Driver	MOHANRAJ MURUGAN
Passport No/FIN	G8543010L
Date Of Birth	10/12/1998
Occupation	OUTDOOR
Date Of Driving Pass	21/12/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82466494
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 115 YISHUN INDUSTRIAL PARK A

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

### 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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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? YES

If Yes, Please state which Police Station

Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 103 BUKIT BATOK CENTRAL , POSTCODE: 650103 ,  
COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5639999 - FAX NO: 66655794

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

REFER TO THE SKETCH PLAN

### 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 YP7769P

Vehicle Make/Model/Colour B

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MOHANRAJ MURUGAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE4769P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

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