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## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	369K
<b>Vehicle Details</b>	
Vehicle No.:	SHC4456G
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS TAXI (SMRT)
Primary Colour:	Maroon
Manufacturing Year:	2015
Engine No.:	2ZR6581385
Chassis No.:	JTDKN36U205767499
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$29,508.00
Original Registration Date:	04 Mar 2016
First Registration Date:	04 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Mar 2024
PARF Rebate Amount:	\$3,750.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	03 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$16,582.00
<b>Total Rebate Amount:</b>	<b>\$20,332.00</b>
<b>Message</b>	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 27 Oct 2020

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 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 Report	24/10/2020 11:12
Date Of Accident	23/10/2020 18:50
Exact Location Of Accident	SLIP ROAD FROM TPE TOWARDS PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC4456G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	1XXXXX369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-20095484MFSH
Cover Note Number	

### Driver

Name of Driver	WONG KOK KEE
NRIC No	SXXXX070Z
Date Of Birth	04/11/1949
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1975
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	11
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - T/20201024/2010

### 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	SLR250H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG HONG YEONG
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	WONG KOK KEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHC4456G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

Slip Rd from TPE towards Pasir Ris Dr8

A-SHC 4456 G

B-SLR 250H

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

### DECLARATION

**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: \_\_\_\_\_

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



**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 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 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. 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 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:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20201024/2010

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20201024/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/10/2020 01:55		Vide Report No.:		Station Diary No.: 8
<b>Informant's Particulars</b>				
Name of Informant: WONG KOK KEE		Address: APT BLK 205 BISHAN STREET 23 #01-427 SINGAPORE 570205		
ID Type / ID No.: NRIC NO / S0257070Z		Contact No.: Home/Office: Mobile: 98368569		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 70	Date of Birth: 04/11/1949	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/10/2020 18:50	Type of Location: Flyover
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SHC4456G	Taxi	TOYOTA	PRIUS TAXI (SMRT)	Maroon	Slightly Damaged	1
SLR250H	Car	PERODUA	BEZZA PREMIUM X 1.3 4E-AT	Blue	Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20201024/2010

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Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20201024/2010

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	WONG KOK KEE	ID No.	S0257070Z
Related Vehicle	SHC4456G (Taxi)	Contact No.	98368569
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NG HONG YEONG	ID No.	S1466569B
Related Vehicle	SLR250H (Car)	Contact No.	98229119
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	NIL

**Brief Details.**

On 23/10/2020 at 1850hrs, I was driving my taxi, SHC4456G, with a Malay female passenger, which I had picked up from 58 Lowland Road heading towards 506 Pasir Ris Street 52. While I was driving along Tampines Expressway, going into the slip road to Pasir Ris Drive 8. When I was waiting for the oncoming vehicle to pass before entering into Pasir Ris Drive 8, I suddenly felt an impact from the rear portion of my vehicle. I then alighted from my vehicle and noticed that a vehicle, SLR250H, had collided onto the rear right portion of my bumper. We both then exchanged particulars, took a few photos of the accident and went our separate ways. There was no one injured at that point of time. My passenger did not complainant of any pain.

I felt pain on neck portion. I have yet to see a doctor regarding the pain and will proceeding later.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Bishan N.P.C.  
20 Bishan Street 23 SINGAPORE 579757  
Tel No. 1800-5529999



T/20201024/2010

1 of 1

Report No. T/20201024/2010

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT** Please attach a copy of your vehicle's Insurance Certificate to 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  
E /  
Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH

Signature Of Informant:

Signature Of Interpreter  
Not applicable

Date/Time  
24/10/2020 01:55

Officer In Charge Of Case  
TP / GIA /  
Staff Sgt WONG SIEU LUT

Classification Of Case:

Control No. 00476151  
POLICE FORCE

SN 061

Authentication Stamp  
NP168

SIGNATURE



## Case Details

Case Reference Number : TAX/10/20/2047  
 Type of Repair : Accident Repair  
 Vehicle Registration Number : SHC4456G

Company Type : SMRT Taxis Pte Ltd  
 Estimation ID : EST-12988-ID  
 Assigned By : Tan Lee Ge #

Insurance Company Name : EQ Insurance Company Ltd  
 Accident Date and Time : 23/10/2020 10:50 AM  
 Vehicle Age(In Months) : 55

## Documents / Photographs

[View Documents / Photographs](#)

Total Documents: 0

## Estimation Details

### Spare Part's Cost Detail

SMRT Recommendation										Surveyor Approval				
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	343.95	Replace	✓ CR4
One Time Key In	Main			BUMPER CLIPS	10	1.61	16.10	25.00	12.08	Replace	10	12.08	Replace	✓ NEC
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			ARM SUB-ASSY, RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.00	Replace	✓ Nec
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			BUMPER SEAL, RR RH	1	65.70	65.70	25.00	49.28	Replace	0	0	Check	✓ X Svc
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	✓ X Svc

Total Spare Part Cost 3,762.47

Surveyor Total 978.05

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 3,009.98

Final Sur Total 782.44



SMRT Recommendation											Surveyor Approval		
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			END PANEL	1	602.10	602.10	25.00	451.58	Replace	0	0	Check ✓ X SUC
One Time Key In	Main			SEALANT SIKAFLEX	1	37.00	37.00	0.00	37.00	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			PANEL ASSY, DECK RH	1	307.00	307.00	25.00	230.25	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			BATTERY	1	278.00	278.00	10.00	250.20	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			BATTERY CLAMP	1	16.10	16.10	25.00	12.08	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			BATTERY TRAY	1	42.80	42.80	25.00	32.10	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			TAIL LAMP BRACKET, RH	1	30.70	30.70	25.00	23.02	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			TAIL LAMP RH	1	557.80	557.80	10.00	502.02	Replace	1	502.02	Replace ✓ / CRA
One Time Key In	Main			TROUGH, BACK DOOR	1	110.90	110.90	25.00	83.18	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			FENDER RR/RH	1	766.80	766.80	25.00	575.10	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			STICKER DECAL 6555 8888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			FENDER LINER RR/RH	1	141.30	141.30	25.00	105.98	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			FLOOR PANEL RR/RH	1	209.90	209.90	25.00	157.43	Replace	0	0	Not Give ✓ X SUC
One Time Key In	Main			DUCT ASSY, QUARTER	1	70.40	70.40	25.00	52.80	Replace	0	0	Check ✓ X SUC

Total Spare Part Cost 3,762.47

Surveyor Total 978.05

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20

Final Spare Part Cost 3,009.98

Final Sur Total 782.44

**Labour's Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR REAR PORTION	676.00	200	
<b>Total:</b>			<b>676.00</b>	<b>200.00</b>	

**Spray Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY REAR PANEL	180.00	0	
4	Main	TO RESPRAY BATTERY PANEL	180.00	0	
5	Main	TO RESPRAY REAR FLOOR SIDE PANEL RH	180.00	0	
6	Main	TO RESPRAY REAR FENDER RH	378.00	0	
7	Main	TO RESPRAY TROUGH BACK DOOR RH	180.00	0	
<b>Total:</b>			<b>1,556.00</b>	<b>200.00</b>	

**Other Cost Detail**

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	
2	Main	TO APPLY RUST-PROOFING ON AFFECTED AREA	100.00	30	
3	Main	TO REMOVE AND INSTALL LUGGAGE COMPARTMENT TRIM TO FACILITATE REPAIR.	120.00	0	
4	Main	TO REMOVE AND REFIT WIRE HARDESS	200.00	0	
5	Main	TO REPLACE SUNDRY PARTS	100.00	0	
6	Main	TO WASH AND VACUUM	60.00	0	
<b>Total:</b>			<b>660.00</b>	<b>50.00</b>	

**Summary**

	Estimator Assesment(\$)	Surveyor Assesment(\$)
Total Spare Part Detail	3,009.98	782.44

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Labour Cost	676.00	200.00
Total Spray Painting	1,656.00	200.00
Other	660.00	50.00
Overall Total	6,001.98	1,232.44
Lump Sum Repair Option		<input checked="" type="checkbox"/>
Lump Sum Total	6,000.00	1,250.00
Surveyor Approved Amount		1,250.00
No of Repair Days*	5	3 <i>3 days</i>
Remarks		L/S, After paint photo.

Surveyor Name

Sun Pin (LKK)

Signature



Save

Clear

Survey Date

26/10/2020

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 item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: