

NATIONAL Assessment Centre Services.

part 1 Jan 2005

SM 09211E000F

Date In: 14/1/21 16:42	Job description	Date & Time Completed	Done by
Ref No: NA/INC21000693/64	SAS e-filing		
Veh No: GBD 2636H	E-mail (within 2hrs, AIC 2hrs)		
ICIA: 1311/21 07:45	I-Motor Claim Form	14/1/21 17:52	
OT: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wkan		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: GBD S06 M. INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: ( ) Warranty: YBS ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolter.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Date/Time	Action

NA2100905	Invoice Breakdown	30
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NJ: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	*NT: TP (Non INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	Invoice dated	Fee Charged

# 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 Submission ..... 14/01/2021 16:42 (SGT)  
Date of Accident ..... 13/01/2021 07:45 (SGT)  
Exact Location of Accident ..... Lornie Hwy, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD2636H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... THIAM MEI CONSTRUCTION AND ENGINEERING PTE. LTD.  
Company Reg No ..... 2XXXXX374D  
Email Address ..... ONGTHIAMHWEE@MSN.COM  
Mobile Phone No ..... (Phone) +65-62421740  
Alternative Phone No ..... +65-62421740

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5118227183  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ONG TIAM HOCK  
NIC No ..... SXXXX414D

Occupation .....	Outdoor
Date Of Driving Pass .....	06/05/1985
Driving experience .....	35 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98263562
Alt. Phone Number .....	-
Email Address .....	ONGTHIAMHWEE@MSN.COM
Address .....	BLK 264D COMPASSVALE BOW #03-68
Address complement .....	-
Postcode .....	544264
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	CHINNATHAMBI JAISANKAR
Gender .....	Male

PASSENGER 2

Name .....	NALLATHAMBI YOVARAJA
Gender .....	Male

PASSENGER 3

Name .....	SARKAR NIKHIL
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210113/2061

ATTACHMENT(S)

Was there any video captured by Car Camera? ..... No  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBD506M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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 ..... SMG7660H  
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 ..... GBG8949A  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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 ..... GBJ2870R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -

Vehicle Category .....	Commercial vehicle
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 .....	ONG TIAM HOCK
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBD2636H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**INJURED 2**

Name of injured person .....	CHINNATHAMBI JAISANKAR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBD2636H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**INJURED 3**

Name of injured person .....	NALLATHAMBI YOVARAJA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBD2636H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**INJURED 4**

Name of injured person .....	SARKAR NIKHIL
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBD2636H
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 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:

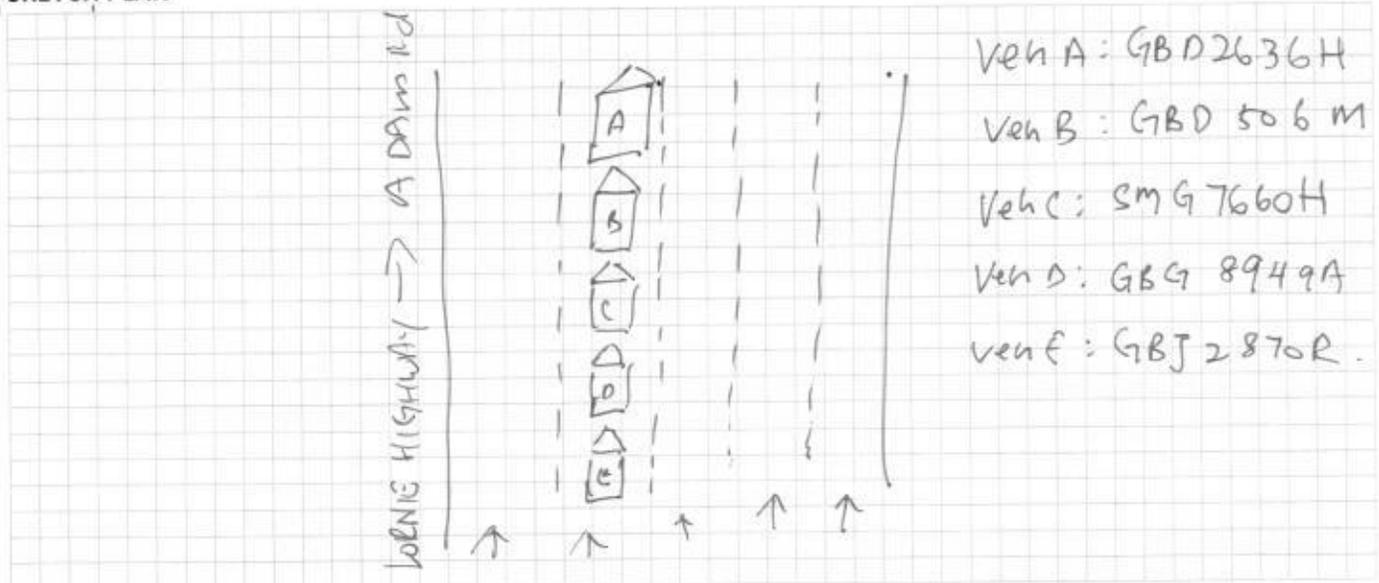


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN

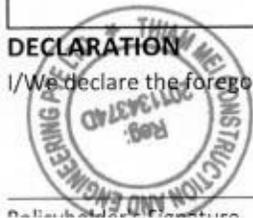


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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



Driver's Signature

Reporting Centre Personnel's Signature

*[Handwritten signature]*

*[Handwritten signature]*



Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20210113/2061

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/01/2021 12:39	Vide Report No.: E/20210113/0043	Station Diary No.: 86
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**Informant's Particulars**

Name of Informant: ONG TIAM HOCK		Address: APT BLK 264D COMPASSVALE BOW #03-68 SINGAPORE 544264	
ID Type / ID No.: NRIC NO / S1732414D		Contact No.: Home/Office:	Mobile: 98263562
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 28/03/1964	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2021 07:45	Type of Location: Straight Road
Location:  ADAM ROAD				
Lamp Post Number: 11				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2636H	Lorry	TOYOTA	TOYOTA DYNA 150 MANUAL	Blue	Slightly Damaged	3
GBD506M	Lorry	KIA	K2500 6M/T	White	Slightly Damaged	0
GBG8949A	Van	FIAT	DOBLO CARGO MAXI 1.6	Black	Slightly Damaged	0



Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20210113/2061

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ2870R	Lorry	MITSUBISHI	CANTER FEA01BR1S DEK (CBU)		Slightly Damaged	0
SMG7660H	Car	TOYOTA	HARRIER G GRADE	Blue	Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	CHINNATHAMBI JAISANKAR		ID No.	F7804352X	
Related Vehicle	GBD2636H (Lorry)		Contact No.	NIL	
Hospital/Clinic	UNIHEALTH 24-HR CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	13/01/2021		Date Discharge	13/01/2021	
No. of Days granted Medical Leave	02		Degree of Injury	NIL	
Driver					
Name	ONG TIAM HOCK		ID No.	S1732414D	
Related Vehicle	GBD2636H (Lorry)		Contact No.	98263562	
Hospital/Clinic	UNIHEALTH 24-HR CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	13/01/2021		Date Discharge	13/01/2021	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	
Passenger					
Name	NALLATHAMBI YOVARAJA		ID No.	F8431968Q	
Related Vehicle	GBD2636H (Lorry)		Contact No.	NIL	
Hospital/Clinic	UNIHEALTH 24-HR CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	13/01/2021		Date Discharge	13/01/2021	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Passenger			
Name	SARKAR NIKHIL	ID No.	G2437011P
Related Vehicle	GBD2636H (Lorry)	Contact No.	NIL
Hospital/Clinic	UNIHEALTH 24-HR CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2021	Date Discharge	13/01/2021
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

On 13/01/2021 at about 0745hrs, I was traveling in my vehicle bearing plate number GBD2636H(1sT) on lane 4 out of 5 lanes, together with 3 passengers with me along Lornie highway towards Adam road before PIE Changi Exit near lamppost 11. At that point of time, my vehicle was stationary as the road was jammed.

Suddenly, I felt an impact from my rear and noticed that one vehicle bearing plate number GBD506M(2nd) had collided onto my vehicle's rear portion. We made a check on ourselves and I then alighted my vehicle to make a check.

I then noticed that there were 3 other vehicles, SMG7660H (3rD), GBG8949A (4th), GBJ2870R (5th), after the 2nd vehicle. I took down their plate numbers and took pictures of the damages. I am not sure if other vehicles has any passenger or not.

Shortly after, Traffic Police and Ambulance then arrived at the incident location and took down our details and the fact of case.

One of the drivers was also conveyed by the Ambulance. The Traffic Police also took my Micro SD card from my vehicle's dash cam and issued me an acknowledgement slip, ref no: E/20210113/0043 by SSgt Taufiq. As my vehicle could still be driven, I then left the incident location with my passengers.

As all of us felt pain and soreness around our body, we decided to consult a doctor at UNIHEALTH 24-HR CLINIC located at Blk 178 Toa Payoh Central #01-218, Singapore 310178. I was issued 3 days MC from 13/01/2021 to 15/01/2021 by the doctor, MC no: 0000091622. My 3 passengers were also issued 2 days MC from 13/01/2021 to 14/01/2021 by the doctor, MC no: 0000091623 - MC no: 0000091625.



**SINGAPORE  
POLICE FORCE**



T/20210113/2061

4 of 4

Report No. T/20210113/2061

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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 1 CHAN JUN JIE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2021 12:39
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:  
Authentication Stamp	  <div style="border: 1px solid black; padding: 2px; display: inline-block;">SN 168</div>

**Certificate of Insurance**

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5118227183

**Cover :** Comprehensive

- |  |  |
|--|--|
| 1. Index mark and Registration Number of Vehicle   | : GBD2636H   |
| Chassis Number   | : JTFAT35Y50K203375                                |
| 2. Name of Policyholder  | : THIAM MEI CONSTRUCTION AND ENGINEERING PTE. LTD. |
| 3. Effective Date of Insurance   | : 27 Aug 2020                                      |
| 4. Expiry Date of Insurance  | : 26 Aug 2021                                      |
| 5. Persons or Classes of Persons entitled to drive#  |  |
| (a) The Policyholder.  |  |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.<br>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |  |
| 6. Limitations as to Use#  |  |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.  |  |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.  |  |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : Nita Pte Ltd (00000572460)  
Date of Issue : 22 Jul 2020 10:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	374D
<b>Vehicle Details</b>	
Vehicle No.:	GBD2636H
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA DYNA 150 MANUAL
Primary Colour:	Blue
Manufacturing Year:	2014
Engine No.:	1KD2428503
Chassis No.:	JTFAT35Y50K203375
Maximum Power Output:	-
Open Market Value:	\$27,856.00
Original Registration Date:	27 Aug 2014
First Registration Date:	27 Aug 2014
Transfer Count:	0
Actual ARF Paid:	\$1,393.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	26 Aug 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$28,305.00
COE Rebate Amount:	\$10,104.00
<b>Total Rebate Amount:</b>	<b>\$10,104.00</b>

The information contained herein is correct as at 13 Jan 2021

OK

Date of Accident : 13/01/2021 Accident Time: 07:45hr (24-HR-Format)  
 Accident Place : Lornie Highway Twrds Adam  
 Vehicle No. (Car Plate No.) : GBD 2636H Make/Model: Toyota Aygo 150 Manual  
 Insurance Company : NTUC Policy No: 5118227193  
 Owner or Company Name /IC No. : Thiam Mei Construction And Engineering Pte Ltd (20113A374D)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 6242 1740 Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : ONG Tiam Hock (S1732414D)  
 DRIVER'S Date Of Birth : 28.3.1964 DRIVER'S License Pass Date 06.05.1985  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \  Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 254D Compassvale Bow #03-68 S(544264)  
 DRIVER'S Contact No./ Alt No. : 1) 9826 3562 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR  OUTDOOR (e.g. working inside or outside office)  
 Email Address : ongthiamhock@gmail.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET  AFTER RAIN & WET  
 Reporting Type : Reporting Only  Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 4 pax include driver  
 Was there any video Captured by car camera: YES  NO   
 Exact purpose for which vehicle was being used at the time of accident: Private use   Work purpose  
 Any Injury (If YES, Pls state): all injured

**Other Party Driver's Particular (if any)**

Vehicle No: <u>GBD 506M (MS16)</u>	Vehicle No: <u>SMG 7660H</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

- (D) GBE 8949A
- (E) GBJ 2870R

**\* NEW - Passenger's name & gender:**

- ① Chinna thambi Jaisankar
  - ② Nallathambi Yovaraaja
- } male