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Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	943G
Vehicle No.:	SMV6427T
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2021
Vehicle Make:	HYUNDAI
Vehicle Model:	TL TUCSON FL 2.0 GLS AT 2WD
Primary Colour:	Grey
Manufacturing Year:	2020
Engine No.:	G4NALU595797
Chassis No.:	KMHJ3813MLU330718
Maximum Power Output:	114.0 kW (152 bhp)
Open Market Value:	\$15,352.00
Original Registration Date:	13 Oct 2020
First Registration Date:	13 Oct 2020
Transfer Count:	0
Actual ARF Paid:	\$15,352.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	12 Oct 2030
PARF Rebate Amount:	\$11,514.00
COE Expiry Date:	12 Oct 2030
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$35,889.00
COE Rebate Amount:	\$34,509.00
Total Rebate Amount:	\$46,023.00

The information contained herein is correct as at 28 Feb 2021

OK

Grey

► Hyundai Tucson 2.0A GLS

[Overview](#)
[Financial](#)
[Accessories](#)
[Similar](#)
[Research](#)
[Photos](#)
[Map](#)


HUA YANG CREDIT PTE LTD



Price **\$98,800**

Depreciation ?	\$11,240 /yr View models with similar depre	Reg Date	20-Feb-2019 (7yrs 11mths 22days COE left)
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Mileage	24,000 km (11.9k /yr)	Manufactured ?	2019
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Road Tax ?	\$1,212 /yr	Transmission	Auto
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Dereg Value ?	\$41,143 as of today (change)	OMV ?	\$18,136
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COE ?	\$34,509	ARF ?	\$18,136
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Engine Cap	1,999 cc	Power	114.0 kW (152 bhp)
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Curb Weight ?	1,540 kg	No. of Owners ?	1
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Type of Vehicle SUV

Features

4 Cylinder Inline 16 Valve DOHC D-CVT, 152Bhp, Cruise Control, Knockdown Rear Seats, Multi Function Steering Wheel, LED Lights, Auto Descend Control View specs of the [Hyundai Tucson \(2015-2018\)](#)

[Compare](#)


TOTAL

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh
CLAIM DEPARTMENT
DID : 66547519
FAX :

Date : 26/02/2021

To : UNITED OVERSEAS INSURANCE LIMITED

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000423

Accident Date : 12/02/2021

Vehicle No : SMV-6427-T

Make & Model : HYUNDAI TUCSON 2.0 GLS (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
List Item			
1	REAR BUMPER <i>de</i>	546.50	
1	REAR BUMPER LOWER <i>ca</i>	481.40	
1	REAR BUMPER SPONGE <i>?</i>	402.80	
1	REAR BUMPER RETAINER LH <i>?</i>	45.50	
10	REAR BUMPER CLIPS <i>per</i>	50.00	
1	REAR BUMPER REFLECTOR LH <i>scr</i>	55.90	
1	REAR BUMPER OUTER SENSOR LH <i>?</i>	269.00	
1	TAILGATE		
1	TAILGATE GARNISH LOWER <i>scr</i>	695.70	
	RESTORE		

Date : 26/02/2021

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Attn : Motor Claim Department

FAX :

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: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D20MTRENT000423

Accident Date : 12/02/2021

Vehicle No : SMV-6427-T

Make & Model : HYUNDAI TUCSON 2.0 GLS (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	TAILGATE REFLECTOR LH <i>see</i>	89.10	
1	TAILGATE LOGO <i>re</i>	69.10	
1	EMBLEM - TUCSON <i>re</i>	69.10	
1	END PANEL		
	RESTORE		
	Sub Total	2774.10	
	Discount 20% On Parts	(554.82)	
	Labour & Misc		
	LABOUR TO FACILITATE REPAIR	800.00	600
	TO RESPRAY AFFECTED AREAS	800.00	500
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	

Date : 26/02/2021

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Certificate No : D20MTRENT000423

Accident Date : 12/02/2021

Vehicle No : SMV-6427-T

Make & Model : HYUNDAI TUCSON 2.0 GLS (A)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	RUST PROOFING	50.00	X
	Sub Total	1680.00	

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:

3,899.28

Remarks:

4 days - P/P / Resurvey before paint

SUB TOTAL

GST 7.0 %

272.95

TOTAL

4,172.23

Surveyor's name:

Rasul - Hp 90010068

Principal's name:

ETHOZ Group Ltd

Survey Date & Time:

26/02/2021 @ 1630

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	15/02/2021 18:09 (SGT)
Date of Accident	12/02/2021 16:50 (SGT)
Exact Location of Accident	Near Aft Pasir Ris St 53, Singapore
Additional Location Information	Along Pasir Ris Dr 8 > Pasir Ris Dr 3 (At Pasir Ris Street 53)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV6427T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ETHOZ AUTO LEASING LTD
Company Reg No	2XXXXX943G
Email Address	rakes.anand@ethozgroup.com
Mobile Phone No	(Phone) +65-66547777
Alternative Phone No	(Office) +65-66547777

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Sompo
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	D20MTRENT000423
Cover Note Number	13/10/2020-12/10/2021

DRIVER

Name of Driver	Cho Yonghoon
Passport No/FIN	GXXXX900U
Date Of Birth	19/07/1974
Occupation	Indoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode

Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

01/11/1993
27 YEARS AND 3 MONTHS
Male
(Phone) +65-89397581
-
yhcho04@gmail.com
8 TEMASEK BOULEVARD #22-05
SUNTEC TOWER THREE SINGAPORE
038988
No
Hirer
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No
2
No
-
Yes
3
No

PASSENGER 1

Name
Gender

Park Shinyoung
Female

PASSENGER 2

Name
Gender

Cho Won
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

Kindly refer to the sketch plan

ATTACHMENT(S)

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

Yes
Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

SLM5763M
Nissan
-
-

Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
Private car
Victor Soh Ting Siew
SXXXX615D
(Phone) +65-96605506
-
-
-
-
-
-

IMPORTANT NOTICE

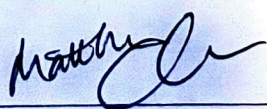
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

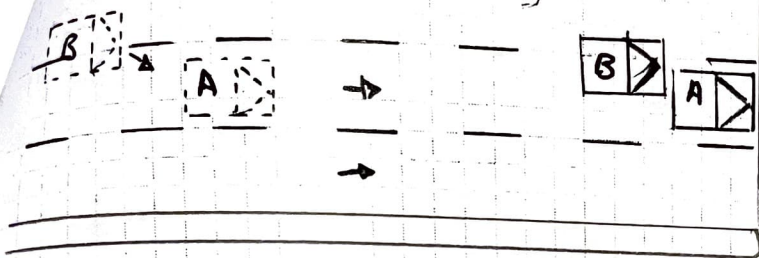


Policyholder's Signature
Date & Time:


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


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

Pasir Ris Dr 8.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly refer to the attachment of statement

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
<input checked="" type="checkbox"/> Claim TP
Claim OD / TP at other workshop

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:

Matthew

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

Raheswaran

On stated date and time I was driving my vehicle (SMV6427T) along Pasir Ris Dr 8 towards Pasir Ris Dr 3. While before reaches the junction of Pasir Ris Street 53 the traffic light changed to amber and I stop my vehicle at the stop line. But the rear vehicle B (SLM5763M) cannot stop on time and collided with my rear left portion.