

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

SN 09213 F0003

Date In: 15/3/21 09:53	Job description	Date & Time Completed	Done by
Ref No: N41C712100331714	SAS e-filing		
Veh No: SJH 5212L	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/3/21 15:50	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: G8K 5831D	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: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

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

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

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

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	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	Actions

NA2102268	Invoice Preparation Checklist	Amf (\$) In Bill	Amf (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
at. 1:	Invoice dated	Fee Charged	
at. 2/3:			

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	15/03/2021 09:53 (SGT)
Date of Accident	12/03/2021 15:50 (SGT)
Exact Location of Accident	Tuas South Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5212L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO ENG TIAN AMOS @MUZZAMMIL MUSA YEO
NRIC No	SXXXX366D
Email Address	ADMIN@MYCAR.SG
Mobile Phone No	(Phone) +65-90044550
Alternative Phone No	+65-90044550

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00126712000
Cover Note Number	-

DRIVER

Name of Driver	YEO ENG TIAN AMOS @MUZZAMMIL MUSA YEO
NRIC No	SXXXX366D
Date Of Birth	28/09/1986
Occupation	Indoor

Date Of Driving Pass	28/01/2013
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90044550
Alt. Phone Number	+65-90044550
Email Address	ADMIN@MYCAR.SG
Address	BLK 113 POTONG PASIR AVE 1 #08-848
Address complement	-
Postcode	350113
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Cross Junction
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210313/2054 & T/20210313/7025

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5831D
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO ENG TIAN AMOS @MUZZAMMIL MUSA YEO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJH5212L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 willful 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 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)

I understand, acknowledge, agree and consent that:

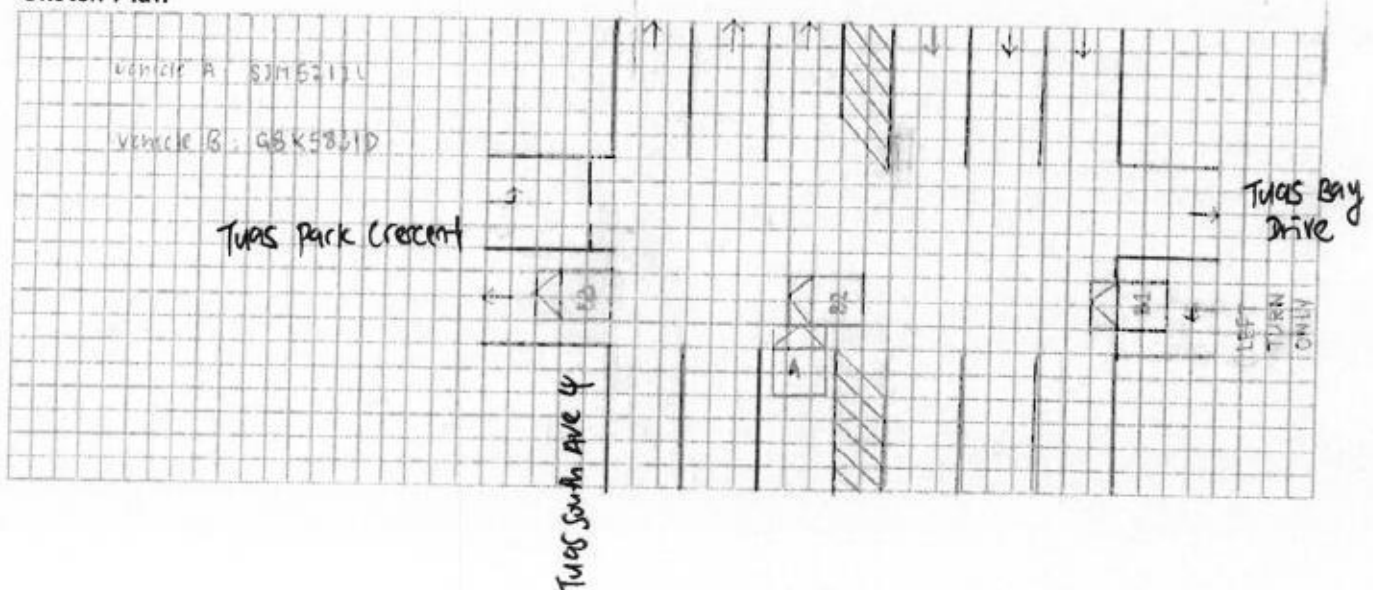
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

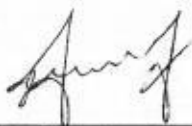


Describe Circumstances of the Accident

Refer to attached statement.

Declaration

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



Witnessed by Reporting Centre
Personnel

I was travelling straight along Tuas South Ave 4 on extreme right lane. Out of sudden, Vehicle B (GBK5831D) dash out from Tuas Bay Drive and he failed to stop before the stopping line. Vehicle B (GBK5831D) collided onto front portion of my vehicle.

My passenger : 1 male passenger



SINGAPORE POLICE FORCE



T/20210313/2054

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

1 of 3

Report No. T/20210313/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2021 13:32		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: YEO ENG TIAN, AMOS			Address: APT BLK 113 POTONG PASIR AVENUE 1 #08-848 SINGAPORE 350113		
ID Type / ID No.: NRIC NO / S8632366D			Contact No.: Home/Office: Mobile: 90044550		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 28/09/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SUPERVISOR.			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2021 15:50	Type of Location: Y-Junction
Location: TUAS SOUTH AVENUE 4				
Lamp Post Number: 36				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK5831D	Van				Slightly Damaged	0
SJH5212L	Car	HONDA	STREAM 1.8X A	White	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH5212L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001267 12000	14/09/2020	13/09/2021



**SINGAPORE
POLICE FORCE**



T/20210313/2054

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

2 of 3

Report No. T/20210313/2054

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Gaganpreet Singh	ID No.	G3424653Q
Related Vehicle	GBK5831D (Van)	Contact No.	83856831
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
Driver			
Name	YEO ENG TIAN, AMOS	ID No.	S8632366D
Related Vehicle	SJH5212L (Car)	Contact No.	90044550
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 12/03/2021 at 1530hrs I was driving my car bearing registration number SJH5212L along Tuas South ave 4 towards Tuas South ave 3 with one passenger seating on at the rear. I was driving on the first lane when I approached near Tech Park cres roa and Tuas Bay Dr. This was when a van bearing registration number GBK5831D driving along Tuas Bay Dr and drove against traffic rules cutting through Tuas South ave 4 towards Tuas South ave 5 onto my lane. My car front side collided with the van passenger side and my car sustained damages due to the incident.

I went to Mount Alvernia Hospital and received 5 days Medical certificate due to the incident.



**SINGAPORE
POLICE FORCE**



T/20210313/2054

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20210313/2054

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: *lili*
E /
Sgt 2 SULAIMAN AD-DARANI BIN MOHAMAD
ISMAIL

Signature Of Informant: *[Signature]*

Signature Of Interpreter:
Not applicable

Date/Time:
13/03/2021 13:32

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE



SINGAPORE POLICE FORCE



T/20210313/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20210313/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2021 14:47		Vide Report No.: T/20210313/2054		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO ENG TIAN, AMOS			Address: 113 POTONG PASIR AVENUE 1 #08-848 SINGAPORE 350113		
ID Type / ID No.: NRIC NO / S8632366D			Contact No.: Home/Office: Mobile: 90044550		
Nationality: SINGAPORE CITIZEN			Email: AMOSYEO86@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 28/09/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2021 15:50	Type of Location: Y-Junction
Location: TUAS SOUTH AVENUE 4				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK5831D	Van					0
SJH5212L	Car	HONDA	STREAM 1.8X A	White		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20210313/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20210313/7025

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH5212L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001267 12000	14/09/2020	13/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO ENG TIAN, AMOS	ID No.	S8632366D
Related Vehicle	SJH5212L (Car)	Contact No.	90044550
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/03/2021	Date	12/03/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	GAGANPREET SINGH	ID No.	G3424653Q
Related Vehicle	NIL	Contact No.	83856831
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 12/03/2021 AT 1550HRS I WAS DRIVING MY CAR BEARING REGISTRATION NUMBER SJH5212L ALONG TUAS SOUTH AVE 4 TOWARDS TUAS SOUTH AVE 3 WITH ONE PASSENGER SEATING ON AT THE REAR. I WAS DRIVING ON THE FIRST LANE WHEN I APPROACHED NEAR TECH PARK CRES ROA AND TUAS BAY DR. THIS WAS WHEN A VAN BEARING REGISTRATION NUMBER GBK5831D DRIVING ALONG TUAS BAY AND DROVE AGAINST TRAFFIC RULES CUTTING THROUGH TUAS SOUTH AVE 4 TOWARDS TUAS SOUTH AVE 5 ONTO MY LANE. MY CAR FRONT SIDE COLLIDED WITH THE VAN PASSENGER SIDE AND MY CAR SUSTAINED DAMAGES DUE TO THE INCIDENT.

I WENT TO MOUNT ALVERNIA HOSPITAL AND RECEIVED 5 DAYS MEDICAL CERTIFICATE DUE TO THE INCIDENT.

THIS IS AN AMENDED REPORT DUE TO THE PREVIOUS REPORT DID NOT INDICATE THE DEGREE OF INJURY.



**SINGAPORE
POLICE FORCE**



T/20210313/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20210313/7025

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210313/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20210313/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/03/2021 14:47

Classification Of Case:

Motor Private Car

\$1,455.14

MX1F

N SN

AN0695A

Cov. Type:C

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)
Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

CERTIFICATE No.		DMPCSNW00126712000	Engine No.: R18A1769530
			Cha. No.:RN61062394
1. Index Mark and Registration Number of Vehicle	SJH5212L	AUTOSAFE	=====
2. Name of Policy Holder	YEO ENG TIAN, AMOS @MUZZAMMIL MUSA YEO		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	14/09/2020	Named Drivers Ex Sect. I	\$S750.00
		Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S3,000.00
4. Date of Expiry of Insurance	13/09/2021	Ex Sect. I - Age >= 26	\$S500.00
		* Age as at date of accident	
		EX ON WINDSCREEN ,	\$S100.00
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 permission.			
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 *			
Use for social, domestic and pleasure purposes and for the Policyholder's business.			
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.			
Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.			
One time Waiver of Excess for the first \$S500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.			

HIRE PURCHASE CO.: RICARDO CARS PTE LTD

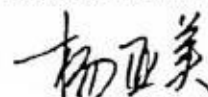
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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).

TECK WEI CREDIT PTE LTD
Co. Reg. No. 200512300K
210 Turf Club Road
The Grandstand, Lot A8
Singapore 287995
Tel: 6465 0020 Fax: 6465 0017

Issued By: TECK WEI CREDIT PTE LTD info@teckwei.com.sg
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Authorised Signatory

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	366D
Vehicle Details	
Vehicle No.:	SJH5212L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 Mar 2021
Vehicle Make:	HONDA
Vehicle Model:	STREAM 1.8X A
Primary Colour:	White
Manufacturing Year:	2008
Engine No.:	R18A1769530
Chassis No.:	RN61062394
Maximum Power Output:	103.0 kW (138 bhp)
Open Market Value:	\$18,752.00
Original Registration Date:	12 Aug 2008
First Registration Date:	12 Aug 2008
Transfer Count:	3
Actual ARF Paid:	\$18,752.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	11 Aug 2023
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$17,496.00
COE Rebate Amount:	\$8,437.00
Total Rebate Amount:	\$8,437.00
Message	
Please note that the 5-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 13 Mar 2021

OK

Date of Accident : 12/03/2021 Accident Time: 15:56HR (24-HR-Format)
Accident Place : Tuas South Ave 4 junction with Tuas Bay Drive
Vehicle Reg. No. (Car Plate No.) : SJH5212L
Vehicle Make/Model : Honda Stream
Insurance Company : China Taiping Policy No. DMPCSN W0012671000
Owner or Company Name / IC No. : Yeo Eng Tian, Amos @ Muzzammil Muja Yeo (886323660)
Owner or Company Contact No. : 90044550 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As Above
DRIVER'S Date Of Birth : 28-09-1986 DRIVER'S License Pass Date 28 Jan 2013
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : BLK 113 Potong Pasir Avenue 1 #08-848 (350113)
DRIVER'S Contact No. / Alt No. : 1) 90044550 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : admin@mycar.sg
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): 2
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

Other Party Driver's Particular (if any)

Vehicle Reg. No: GBK5831D

Vehicle Reg. No: _____

Vehicle Make/Model: Toyota Hiace

Vehicle Make/Model: _____

Name Driver: _____

Name Driver: _____

IC No. Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____

Driver's Contact & Add: _____