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## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	277K
<b>Vehicle Details</b>	
Vehicle No.:	GZ2882M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Aug 2021
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE MANUAL
Primary Colour:	Silver
Manufacturing Year:	2006
Engine No.:	2KD1423718
Chassis No.:	JTFHS02P600040095
Maximum Power Output:	-
Open Market Value:	\$23,810.00
Original Registration Date:	22 Feb 2006
First Registration Date:	22 Feb 2006
Transfer Count:	4
Actual ARF Paid:	\$1,191.00
<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:	21 Feb 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$17,236.00
COE Rebate Amount:	\$15,440.00
<b>Total Rebate Amount:</b>	<b>\$15,440.00</b>
<b>Message</b>	
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 02 Aug 2021

OK



## Estimation

Date  
Vehicle  
Make/Model  
Chassis No.

GZ 2882 M  
TOYOTA HIACE  
JTFHS02P600040095

No.	Description	Unit	Unit Price	Amount
	Parts Replacment			
1	TAILGATE	1	\$ 1,969.00	\$ <i>bt</i> ✓ 1,969.00
2	TAILGATE HANDLE GARNISH	1	\$ 155.00	\$ <i>x</i> 155.00
3	TAILGATE LOGO - TOYOTA	1	\$ 75.00	\$ <i>na</i> ✓ 75.00
4	TAILGATE LOCK	1	\$ 275.00	\$ <i>bt</i> ✓ 275.00
5	TAILGATE LOCK COVER	1	\$ 52.00	\$ <i>x</i> 52.00
6	TAILGATE LOCK CATCH	1	\$ 62.00	\$ <i>x</i> 62.00
7	TAILGATE INNER BOARD	1	\$ 408.00	\$ <i>one</i> ✓ 408.00
8	TAILGATE HINGE L+R	2	\$ 76.00	\$ <i>x</i> 152.00
9	TAILGATE DAMPER L+R	2	\$ 355.00	\$ <i>x</i> 710.00
10	TAILGATE STOPPER L+R	2	\$ 25.00	\$ <i>x</i> 50.00
11	TAILGATE WEATHERSTRIP	1	\$ 395.00	\$ <i>cut</i> ✓ 395.00
12	TAIL LAMP L+R	2	\$ 300.00	\$ <i>one</i> ✓ 600.00
13	TAIL LAMP PANEL L+R	2		\$ <i>x</i> -
14	REAR BUMPER RETAINER L+R	2	\$ 29.00	\$ <i>x</i> 58.00
15	REAR SIDE BUMPER L+R	2	\$ 100.00	\$ <i>LH dx</i> ✓ 200.00
16	REAR SIDE BUMPER RETAINER L+R	2	\$ 30.00	\$ <i>LH dx</i> ✓ 60.00
17	REAR FENDER L+R	1		\$ <i>x</i> -
18	REAR FENDER COWLING L+R	1		\$ <i>x</i> -
19	END PANEL	1	\$ 387.00	\$ <i>bt</i> ✓ 387.00
20	END PANEL INNER PANEL	1	\$ 1,155.00	\$ <i>bt</i> ✓ 1,155.00
21	END PANEL TOP GARNISH	1	\$ 269.00	\$ <i>bt</i> ✓ 269.00
22	REAR QUARTER PANEL RH	1	\$ 374.00	\$ <i>x</i> 374.00
23	FLOOR PANEL	1	\$ 2,879.00	\$ <i>x</i> 2,879.00
24	EXHAUST PIPE	1	\$ 591.00	\$ <i>x</i> 591.00
25	EXHAUST MOUNTING SET	2	\$ 59.00	\$ <i>x</i> 118.00
26	EXHAUST HEAT SHIELD	1	\$ 91.00	\$ <i>x</i> 91.00
27	SPARE TYRE BRACKET	1	\$ 295.00	\$ <i>x</i> 295.00
			Total	\$ 11,380.00
			Less 25%	\$ 2,845.00
			<b>Total</b>	<b>\$ 8,535.00</b>

	S/Nett Items			
1	TAILGATE WINDSCREEN SEALANT	1	150	\$ <i>60</i> 150.00
2	TAILGATE HANDLE GARNISH CLIPS	1	100	\$ <i>x</i> 100.00
3	TAILGATE OUTER CHROME	1	1500	\$ <i>x</i> 1,500.00
4	TAILGATE STICKER - 70KM/H	1	80	\$ <i>80.00</i> 80.00



5	TAILGATE STICKER - QR CODE	1	250	\$ 30	250.00
6	TAILGATE STICKER - EMERGENCY EXIT	1	80	\$ 10	80.00
7	TAILGATE STICKER - HOTLINE	1	400	\$ 7 200	400.00
8	TAILGATE STICKER - NUMBER	1	400	\$ 3	400.00
9	TAILGATE INNER BOARD CLIPS	1	100	\$ 30	100.00
10	REAR NUMBER PLATE	1	200	\$ X	200.00
11	TAIL LAMP CLIPS	1	50	\$ 20	50.00
12	TAIL LAMP OUTER CHROME	2	300	\$ 100 300	600.00
13	REAR BUMPER	1	3000	\$ 1000 1000	3,000.00
14	REAR BUMPER CLIPS	1	100	\$ 30 100	100.00
15	REAR BUMPER REVERSE SENSOR SET	1	300	\$ 200 200	300.00
16	REAR FENDER SEALANT	1	200	\$ X	200.00
17	REAR FENDER COWLING	1	100	\$ X	100.00
18	END PANEL SEALANT	1	200	\$ 40	200.00
19	END PANEL INNER PANEL SEALANT	1	200	\$ X	200.00
20	REAR QUARTER PANEL SEALANT	2	120	\$ X	240.00
21	FLOOR PANEL SEALANT	1	300	\$ X	300.00
22	FLOOR PANEL TOP BOARD	1	4000	\$ X	4,000.00
			<b>Total</b>	<b>\$</b>	<b>12,550.00</b>

	LABOUR				
1	PANEL BEATING ON AFFECTED AREAS	1	2400	\$ 200	2,400.00
2	SPRAY PAINT ON AFFECTED AREAS	1	2000	\$ 800	2,000.00
3	TO RNR REAR WINDSCREEN	1	400	\$ 120	400.00
3	TO RNR REAR EXHAUST	1	250	\$ 60 X	250.00
4	TO CHECK WIRING AND TAILLAMP FUNCTION	1	150	\$ 30	150.00
5	TO RNR REAR TRIMS AND UPHOISTERY	1	400	\$ 60	400.00
6	TO CHECK WATER LEAK	1	150	\$ 20	150.00
7	TO PERFORM DIAGNOSTIC AND CLEAR FAULTS	1	600	\$ X	600.00
8	TO RNR REAR TAILGATE MECHANISM	1	400	\$ 60	400.00
9	TO RNR REAR REVERSE SENSOR AND CHECK FUNCTION	1	150	\$ 30	150.00
10	TO PERFORM RUST PROOFING	1	600	\$ 30	600.00
			<b>Total</b>	<b>\$</b>	<b>7,500.00</b>

<b>Parts Replacement Amount</b>	<b>\$</b>	<b>21,085.00</b>
<b>Total Amount For Labour</b>	<b>\$</b>	<b>7,500.00</b>
<b>Total Amount</b>	<b>\$</b>	<b>28,585.00</b>

Tanfukin 97495749  
 'WP' 5/8/21 @ 5pm  
 L/S Resurvey after repair  
 tanfukin@lkhaut.com  
 0 & days

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

## 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	02/08/2021 19:08 (SGT)
Date of Accident	31/07/2021 14:20 (SGT)
Exact Location of Accident	Kim Keat Link, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2882M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TOTAL CARE EMPLOYMENT SERVICES
Company Reg No	5XXXX277K
Email Address	VINZMOHANAVELU@GMAIL.COM
Mobile Phone No	(Phone) +65-98535543
Alternative Phone No	(Home) +65-98535543

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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
Transmission	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5121047199
Cover Note Number	-

#### DRIVER

Name of Driver	DHARVIND S/O MOHANAVELU
NRIC No	TXXXX600B



Date Of Birth	01/11/2000
Occupation	Outdoor
Date Of Driving Pass	16/07/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-98535543
Alt. Phone Number	-
Email Address	VINZMOHANAVELU@GMAIL.COM
Address	APT BLK 415 HOUGANG AVE 10 #06-1264
Address complement	-
Postcode	530415
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### 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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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	SLA7763M
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	DHARVIND S/O MOHANAVELU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GZ2882M
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.

TOTAL CARE EMPLOYMENT SERVICES

UEN: 53257277K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: GZ 2882M

Vehicle B: S2A 763M



Describe Circumstances of the Accident

\*P18 refer to Police report.

Declaration

We declare the foregoing particulars are true in every respect.

TAL CARE EMPLOYMENT SERVICES

UEN: 53257277K





# SINGAPORE POLICE FORCE



E/20210731/7021

1 of 1

**POLICE REPORT (NP299)**

Report No. E/20210731/7021

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 31/07/2021 19:05	Vide Report No.	Station Diary No.
Name Of Informant DHARVIND S/O MOHANAVELU	Address 415 HOUGANG AVENUE 10 #06-1264 SINGAPORE 530415	
ID Type / ID No. NRIC NO / T0038600B	Contact No. Home/Office: Mobile: 98535543	
Nationality SINGAPORE CITIZEN	Email Address VINZMOHANAVELU@GMAIL.COM	
Occupation Driver	Sex Male	Age 20
Institution/School Name	Date of Birth 01/11/2000	Race Indian
Date/Time Of Incident 31/07/2021 02:20	Location Of Incident KIM KEAT LINK	

**Brief details.**

On the stated date and time I vehicle GZ2882M was travelling straight on the stated venue. As I approached the yellow box I slowed down as there was a vehicle in front. Suddenly vehicle SLA7763M came from behind and hit onto my vehicle rear portion. The impact was great and I felt pain on my body. I then proceeded to intemedical kovan clinic to seek treatment and I was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/07/2021 19:05
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp