



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

036E

### Vehicle Details

Vehicle No.:

FBH2962U

Vehicle to be Exported:

No

Intended Deregistration Date:

14 Sep 2021

Vehicle Make:

SYM

Vehicle Model:

GTS200

Primary Colour:

Black

Manufacturing Year:

2013

Engine No.:

KB613302

Chassis No.:

RFGLM18WXDS002249

Maximum Power Output:

-

Open Market Value:

\$2,226.00

Original Registration Date:

07 May 2013

First Registration Date:

07 May 2013

Transfer Count:

3

Actual ARF Paid:

\$334.00

### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

### Intended COE Rebate Details

COE Expiry Date:

06 May 2023

COE Category:

D - Motorcycle

COE Period(Years):

10

QP Paid:

\$1,791.00

COE Rebate Amount:

\$294.00

**Total Rebate Amount:**

**\$294.00**

The information contained herein is correct as at 14 Sep 2021

OK

dp: 192

14 x 8 | 20

192 x 20 = 3840

~~3840~~ = 4k

411 - 294 = 3706



Model	SYM GTS 200
Engine Capacity	172cc
Classification	Class 2B
Registration Date	19/09/2012
COE Expiry Date	18/09/2022 (1 years left)
Mileage	82000km
No. of owners	-
Type of Vehicle	Scooters

SGD **\$2300**

SYM GTS 200 For Sale.  
Bike Is Used For Work Transport.  
Recently Serviced.

[Read more](#) ▾

## Similar Bikes

[View More](#)



06/09/2021

Used Bike

★ Wing Fuat Pte Ltd  
SYM GTS 200  
SYM GTS 200 For Sale. Intere...

\$2800

♡ 0



06/09/2021

Used Bike

★ Direct Seller  
SYM GTS 200  
SYM GTS 200 For Sale. Bike I...

\$4500

♡ 13

## 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	08/09/2021 17:56 (SGT)
Date of Accident	06/09/2021 13:30 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2962U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH JIA JUN
NRIC No	SXXXX036E
Email Address	TOHJIAJUN1234@PROTONMAIL.COM
Mobile Phone No	(Phone) +65-98480866
Alternative Phone No	(Home) +65-98480866

#### VEHICLE PARTICULARS

Manufacturer	Sym
Model	GTS 200
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	Motorcycle
Transmission	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5121810656
Cover Note Number	-

#### DRIVER

Name of Driver	TOH JIA JUN
NRIC No	SXXXX036E



Date Of Birth	23/04/1998
Occupation	Indoor
Date Of Driving Pass	12/04/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98480866
Alt. Phone Number	(Home) +65-98480866
Email Address	TOHJIAJUN1234@PROTONMAIL.COM
Address	APT BLK 487C CHOA CHU KANG AVE 5 #02-103
Address complement	-
Postcode	683487
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	5025S
Vehicle Manufacturer	Mercedes
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 2

Vehicle Registration Number	GBG8089G
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 3

Vehicle Registration Number	SDA9038E
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	TOH JIA JUN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH2962U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



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 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.

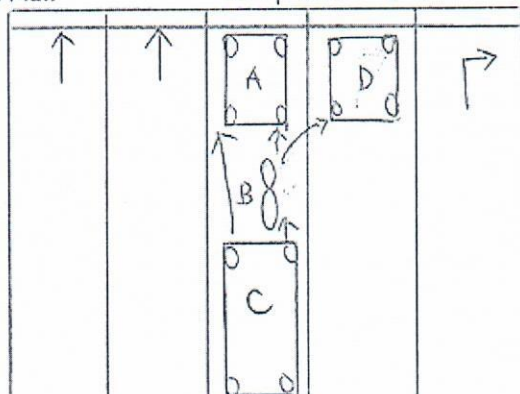
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Stop Line (TRAFFIC)



CAR A : SDA9038E  
BIKE B : FBH2962U.

C hit B  
B hit A and D  
C hit A

TRUCK C : 5025S  
VAN D : 6B618089G



**SINGAPORE  
POLICE FORCE**



T/20210906/7058

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

2 of 3

Report No. T/20210906/7058

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR644T	Car					0
YN2772Y	Lorry					0
YP859J	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH2962U	NTUC Income Insurance Co-Operative Limited	5121810656	17/04/2021	16/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TOH JIA JUN		ID No. S9813036E
Related Vehicle	FBH2962U (Motorcycle)		Contact No. 98480866
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	07	Degree of	Slight

## Brief Details.

On 06/09/2021 at 1330hrs, I was riding my motorcycle, vehicle plate bearing "FBH2962U", along Mandai Road heading towards Choa Chu Kang. I was riding on lane 3 from the left, travelling straight. I approached the traffic light as it was red light, so I gradually came to a stop. Suddenly a vehicle bearing a "5025S" with a blue base, hit me from the rear. I flew out from my vehicle and blacked out. Next moment I found myself lying in the middle of the road. I confronted the driver, he said his brake wasn't working. Shortly, the SCDF and Traffic Police came to scene.





**SINGAPORE  
POLICE FORCE**



T/20210906/7058

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

3 of 3

Report No. T/20210906/7058

## 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 /  
MUHAMMAD SYARIFUDDIN MUHAMMAD  
AJMAIN  
Contact No.: 65476367

NP168

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

Date/Time:  
06/09/2021 22:51

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20210906/7058

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

1 of 3

Report No. T/20210906/7058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/09/2021 22:51		Vide Report No.: L/20210906/0098		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TOH JIA JUN			Address: 487C CHOA CHU KANG AVENUE 5 #02-103 SINGAPORE 683487		
ID Type / ID No.: NRIC NO / S9813036E			Contact No.: Home/Office: Mobile: 98480866		
Nationality: SINGAPORE CITIZEN			Email: TOHJIAJUN1234@PROTONMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 23/04/1998	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class:		Date of Expiry:

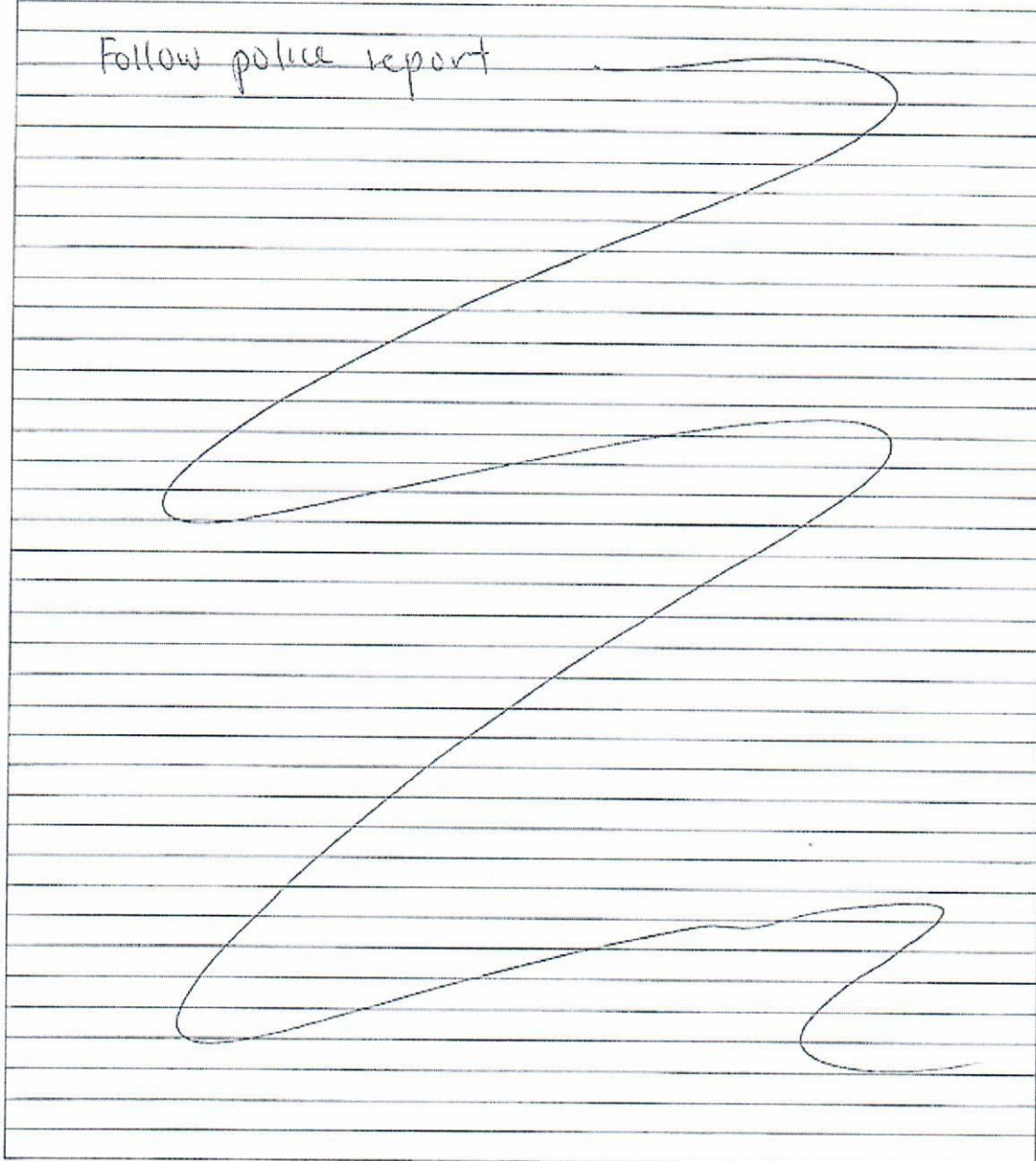
<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/09/2021 13:30	Type of Location: T-Junction
Location:  MANDAI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
5025S	Mercedes arocs					0
FBH2962U	Motorcycle	SYM	GTS200	Black		0
GBG8089G	Van					0
SDA9038E	Car					0



Describe Circumstances of the Accident

Follow police report



Declaration

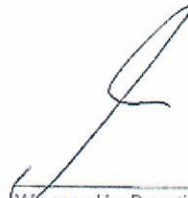
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel