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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 760H

Vehicle Details

Vehicle No.: GBD7680X
Vehicle to be Exported: Yes
Intended Deregistration Date: 03 Mar 2023
Vehicle Make: NISSAN
Vehicle Model: CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour: Silver
Manufacturing Year: 2014
Engine No.: ZD30347728K
Chassis No.: JN1SC2F24Z0857076
Maximum Power Output: -
Open Market Value: \$25,287.00
Original Registration Date: 28 Apr 2015
First Registration Date: 28 Apr 2015
Transfer Count: 0
Actual ARF Paid: \$1,265.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 27 Apr 2025
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
PQP Paid: \$48,041.00
COE Rebate Amount: \$10,328.00
Total Rebate Amount: \$10,328.00

The information contained herein is correct as at 03 Mar 2023

OK

Date of Accident : 03/03/2023 Accident Time: 0640 (24-HR-FORMAT)
 Accident Place : TPE slip road to CTE.
 Vehicle Reg. No (Car plate No.) : GBD7680X CC: _____ Vehicle Make/Model: Nissan Cabstar
 Insurance Company : EA insurance Policy No. PMCPH272-001150
 Name of Registered Owner : Company / Individual Pandan Shipyard Pte Ltd.
 ID of Registered Owner : Co Reg No: 197702760H Owner's NRIC No: _____
 OWNER EMAIL ADDRESS: info @ pandanshipyard.com : Co Contact No: 62615946 Owner's Contact No: _____
 DRIVER'S Name : Tan Hock Siang DRIVER'S NRIC No: S1362116J
 DRIVER'S Date of Birth : 01/02/1959 DRIVER'S License Pass Date 06/07/1982
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 318 D, Anchorvale Link, # 07-731, S (544318)
 DRIVER'S Contact No./ Alt No. : 1) 9092 7231 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : hocksiangtan @ pandanshipyard.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): 1 Name & Gender: _____
 Was the accident reported to the police? YES \ NO
 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 injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>CB6617K</u>	Vehicle Reg No: <u>SLX496J</u>	<u>SEE 9939B</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____	
Name DRIVER: _____	Name DRIVER: _____	
IC No. DRIVER: _____	IC No. DRIVER: _____	
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____	

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

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 Actual 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 reudiate 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

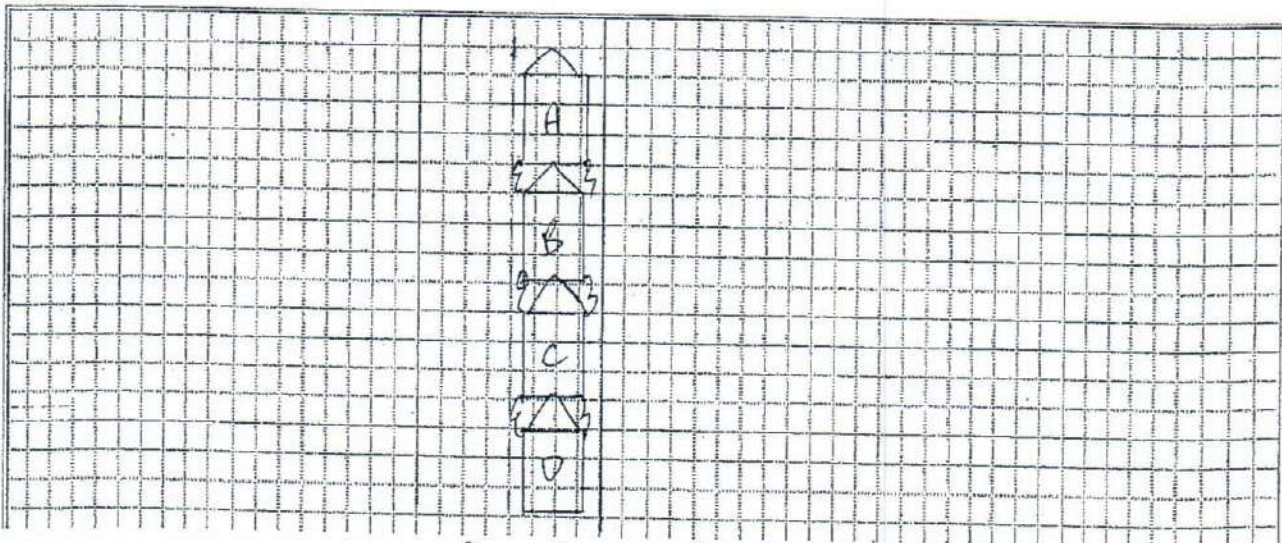


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



↑ ↑ THE slip road to CTE

A: GBD 7680X B: CB6617K C: SLX496J D: SKE9939B

Describe Circumstance of the Accident

I was travelling along TPE slip road to CTE. The vehicle ahead of me braked and stopped thus I followed suit in a safe manner. Suddenly, I felt a large impact from the rear of my vehicle. I stopped and got off and realised vehicle (B) had collided onto my vehicle and it was a 4 car chain collision.

Declaration

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



Policyholder / Date & Time

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

Witnessed by Reporting Centre Personnel

9	Floor deck checker panel rivets X	1set	\$	100.00
10	LH side gate checker panel X	1	\$	950.00
11	LH side gate checker panel rivets X	1set	\$	80.00
12	RH side gate checker panel X	1	\$	950.00
13	RH side gate checker panel rivets X	1set	\$	80.00

Total: \$ 4,846.00

No.	Labour and painting	Amount S\$
1	Labour charges to remove, check, replace and reinstall damages bodyparts. To panel beating, cut/weld and realign all affected panels and areas	\$ 1,400.00
2	Spray painting on affected areas and panels	\$ 1,400.00
3	Check wiring and lighting system on affected areas	\$ 70.00
4	Apply rust coating chemical on affected areas and panels	\$ 80.00
5	Remove and replace rear reverse sensors to assist repair	\$ 100.00
6	Remove and replace checker panel and rivets to assist repair	\$ 480.00

600
600
30
40
30
80

Total: \$ 3,530.00

Agreed Amount: _____ (Part by Part / Lump sum)
Working days: _____

4 days
LIS
330pm
6/3/23

Spare Parts: \$ 9,472.68
Special Nett: \$ 4,846.00
Labour: \$ 3,530.00

Total Amount: \$ 17,848.68

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: