

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

Vehicle Details

Vehicle No.:	SHD5339A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 Mar 2023
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003398
Chassis No.:	VF1ABL15AUC283342
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	31 Aug 2016
First Registration Date:	31 Aug 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	30 Aug 2024
PARF Rebate Amount:	\$12,998.00

Intended COE Rebate Details

COE Expiry Date:	30 Aug 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$41,215.00
COE Rebate Amount:	\$7,533.00
Total Rebate Amount:	\$20,531.00

Message

Please note that the 8-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 2023

OK

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 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 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	13/03/2023 23:35 (SGT)
Reported by	Driver
Date of Accident	11/03/2023 16:55 (SGT)
Exact Location of Accident	Near 336 Ubi Ave 1, Singapore 400336
Additional Location Information	PIE TOWARDS CHANGI NEAR JLN EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5339A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Company Reg No	2XXXXX878K
Email Address	claims@transcab.com.sg
Mobile Phone No	(Phone) +65-62876666
Alternative Phone No	(Office) +65-62876666

VEHICLE PARTICULARS

Manufacturer	Renault
Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2413997

DRIVER

Name of Driver	LEE BOO HENG
NRIC No	SXXXX295J
Date Of Birth	17/02/1976
Occupation	Outdoor

Date Of Driving Pass	09/04/1996
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98413119
Alt. Phone Number	-
Email Address	claims@transcab.com.sg
Address	76 LORONG LIMAU
Address complement	#02-01
Postcode	320076
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF
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	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA7602H
Vehicle Manufacturer	Honda
Vehicle Model	CIVIC 1.6 VTI CVT
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SUEANN
NRIC No	SXXXX078J
Contact Number	(Phone) +65-94881076
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	SND1721J
Vehicle Manufacturer	Toyota
Vehicle Model	C-HR HYBRID 1.8S CVT
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	LEE BOO HENG
Gender	Male
Phone No	(Phone) +65-98413119
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHD5339A
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 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' law yers/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' law yers/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 law yers/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 Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

SKETCH PLAN #2

Ver. Jun2022

A: SHD5329A
B: SMA7602H
C: SHD721J

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

Witnessed By Reporting Officer
Wong Jun Keat
Witnessed by Reporting Centre Personnel

AXAX MARS PTE LTD

Describe Circumstances of the Accident

REFER TO POLICE REPORT

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 13/3/2023

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230312/2026

1 of 1

Report No. T/20230312/2026

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2023 11:09 Vide Report No.: Station Diary No.: 65

Informant's Particulars

Name of Informant: LEE BOO HENG			Address: APT BLK 76 LORONG LIMAU #02-01 SINGAPORE 320076		
ID Type / ID No.: NRIC NO / S7604295J			Contact No.: Home/Office: Mobile: 98413119		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 17/02/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2023 16:55	Type of Location: Express Way
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5339A	Car				Slightly Damaged	1
SMA7602H	Car				Slightly Damaged	0
SND1721J	Car				Slightly Damaged	0

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230312/2026

2 of 3

Report No. T/20230312/2026

CONTINUATION OF REPORT**Brief Details.**

I am working as Taxi Driver for TransCab, my taxi registration plate number is SHD5339A.

On 11/03/2023 at about 1658hrs, I was driving on the first lane along PIE towards Changi.

When I was around Euros area, I noticed the cars ahead of me stopping and hence, I stopped my car as well.

After I stopped the car, I felt an impact on the rear of the vehicle. I alighted and discovered that one car bearing the plate number, SMA7602H had collided onto my car. I also noticed that said car was collided on the rear by a car bearing the plate number SND1721J.





My car sustained scratches on the rear bumper.

No one was injured from the collision, no Police or Ambulance called.

After the accident, I felt pain on my neck area and seek medical attention at a clinic. I was given five days of MC from 12/03/2023 to 16/03/2023.

My car is equipped with camera but after checking, I was informed that the camera is non-recording.

As such, I am lodging this traffic accident as instructed by TransCab.

 SINGAPORE POLICE FORCE	 T/20230312/2026
Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 536775 Tel No: 1800-4890999	3 of 3 Report No. T/20230312/2026
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 <u>report number</u> as reference.	
Signature of Officer Recording This Report: F / SGT 3 JANICE TAN YU TING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2023 11:09
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No: 65476435	Classification Of Case:
NP168	

Not Authored
11/11/2018 1500h

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHD5339A

AAD2303-

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

14 MAR 2023

SHD5339A

VF1ABL15AUC283342

200303878K

RENAULT

LATITUDE

11/3/2023

SMA7602H/TOKIO

31/8/2016

PART

LIST

- 1 BUMPER COVER REAR
- 1 BUMPER BRACKET CTR REAR
- 1 BUMPER BRACKET SIDE LH REAR
- 1 BUMPER BRACKET SIDE RH REAR
- 1 BUMPER RETAINER LH REAR
- 1 BUMPER RETAINER RH REAR
- 1 BUMPER LOWER REAR
- 1 BUMPER BEAM REAR
- 1 BUMPER BEAM BRACKET LH REAR
- 1 BUMPER BEAM BRACKET RH REAR
- 1 BUMPER REFLECTOR LH
- 1 BUMPER REFLECTOR RH
- 1 BOOT REFLECTOR LAMP LH
- 1 BOOT REFLECTOR LAMP RH
- 1 TAILLAMP LH
- 1 TAILLAMP RH
- 1 OUTER PANEL REAR (End Panel)
- 1 OUTER PANEL REAR (End Panel) TRIM
- 1 BOOT REAR
- 1 BOOT FINISHER
- 1 BOOT LOCK
- 1 BOOT WEATHERSTRIP
- 1 BOOT STRUT LH
- 1 BOOT STRUT RH
- 1 BOOT HINGE LH
- 1 BOOT HINGE RH
- 1 BOOT BADGE 'RENAULT'

\$	Bucl Du	561.70	✓
\$	Rn	98.10	X
\$	Rn	80.80	X
\$	Rn	82.10	X
\$	Rn	54.20	X
\$	Rn	59.80	X
\$	Rn	411.90	✓
\$	Rn	547.80	X
\$	Rn	114.50	X
\$	Rn	114.50	X
\$	Rn	16.60	X
\$	Rn	16.60	X
N.C	\$ (CMA)	277.70	X
\$	Rn	277.70	X
\$	Rn	401.40	X
N.C	\$ (CMA)	401.40	X
\$	Rn	745.80	X
\$	Rn	404.56	X
N.C	\$ Rn	1,677.20	X
\$	Rn	344.70	} X
\$	Rn	246.60	
\$	Rn	178.20	
\$	Rn	145.10	
\$	Rn	145.10	
\$	Rn	254.20	}
\$	Rn	254.20	
\$	Rn	82.40	

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHD5339A

1 BOOT BADGE

AAD2303-

	\$	<i>nn</i>	95.80	<i>X</i>
TOTAL	\$		8,090.66	
25%	\$		2,022.67	
	\$		6,068.00	

SPECIAL NETT

1SET PARKING AID

1 REAR BUMPER CLIP

1 REAR NUMBER PLATE WITH MOULDING

1 REAR BUMPER ADVERTISEMENT

1 REAR LH BUMPER RETAINER CLIP

1 REAR RH BUMPER RETAINER CLIP

1 REAR TAIL LAMP CLIP

1 END PANEL INNER TRIM CLIP

1 REAR BUMPER PROTECTOR

2 WINDSCREEN SEALANT

1 WINDSCREEN MOULDING

1 WINDSCREEN INNER SPONGE SEAL

\$	<i>nil</i>	700.00	<i>400.00</i>
\$	<i>nn</i>	65.00	<i>—</i>
\$	<i>nn</i>	180.00	<i>X</i>
\$	<i>nn</i>	100.00	<i>60.00</i>
\$	<i>nn</i>	65.00	<i>X</i>
\$	<i>nn</i>	65.00	<i>X</i>
\$	<i>nn</i>	65.00	<i>X</i>
\$	<i>nn</i>	60.00	<i>X</i>
\$	<i>nn</i>	180.00	<i>X</i>
\$	<i>nn</i>	150.00	<i>X</i>
\$	<i>nn</i>	200.00	<i>X</i>
\$	<i>nn</i>	130.00	<i>X</i>
TOTAL	\$	1,960.00	
TOTAL PARTS	\$	8,028.00	

LABOUR

To rust-proofing of the affected areas.

\$ *nn* 600.00 *X*

Putty and spray painting of the affected portion.

\$ 1,200.00 *2200*

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 2,000.00 *2000*

To transfer of tailgate fittings and conduct water seepage test.

\$ *nn* 170.00 *X*

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ *nn* 380.00 *X*

To reinstall rear bumper parking sensor.

\$ 170.00 *600*

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHD5339A

AAD2303-

To check steering geometry and computer wheel alignment \$ *nn* 220.00 X

To Transfer Of Fender Fittings, Attachments And Perform
Water Seepage Test.

\$ *nn* 170.00 X
TOTAL \$ 4,910.00

OVERALL TOTAL \$ 12,938.00

2 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: