

NATIONAL Assessment Centre Services

NAF - 2005

Date In: 14/04/20	Job description	Date & Time Completed	Done by
Ref No. NA/INC20005204/013	SAS e-filing		
Veh No: 5C59820K	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/04/20 1610	i-Motor Claim Form	MT/1091397-001	
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: LOST CONTROL 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

NA2000611	Invoice Preparation Checklist	Unit (\$)	Unit (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Date 1:	6) TR: Re-inspection \$75		
Date 2 / 3:	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl 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: Idno Mobile \$30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 Report	14/04/2020 17:38
Date Of Accident	13/04/2020 16:10
Exact Location Of Accident	KEPPLE FLYOVER TWDS MCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS9820K
Insured/Policyholder	
Name Of Registered Owner	ONG SIO PENG
NRIC No	SXXXX775H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91511168
Alternative Phone No	OTHERS-91511168
Vehicle Particulars	
Manufacturer	HONDA
Model	MOBILIO
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109872965
Cover Note Number	
Driver	
Name of Driver	ONG JUN JIE,ALOYSIUS
NRIC No	SXXXX901H
Date Of Birth	25/04/1999
Occupation	INDOOR
Date Of Driving Pass	27/12/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96441179
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 101 BUKIT PURMEI RD #09-06
Postcode	090601
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	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 lodgment 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:

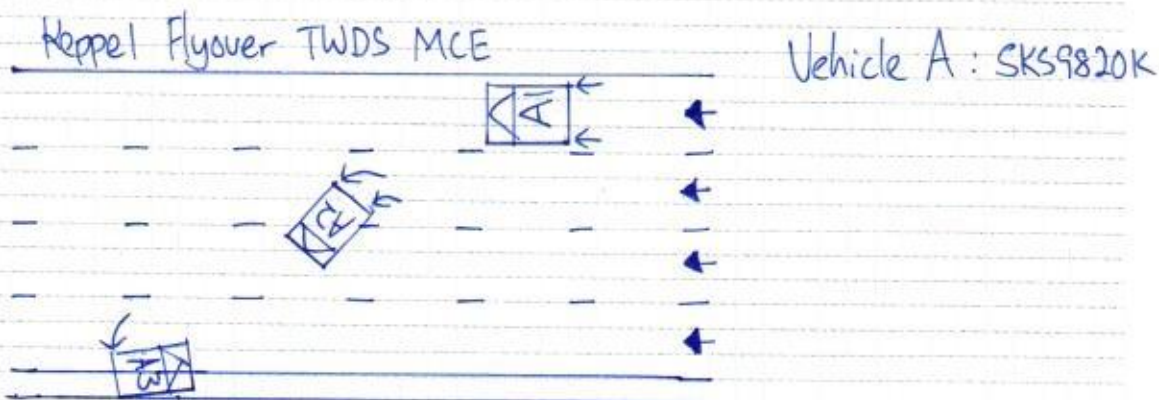
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, Vehicle A (SKS 9820K) was travelling straight on the first lane at the stated location.

Suddenly, my vehicle lost control and spun 180°.

I wish to have JWG International Pte Ltd as my preferred workshop.

Email: jwg-claims@yahoo.com

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 13/04/2020 Accident Time: 1610 (24-HR-FORMAT)
Accident Place : Keppel Flyover TWDS MCE
Vehicle Reg. No (Car plate No.) : SKS 9820 K Vehicle Make/Model: Honda Mobilio
Insurance Company : NTUC Policy No. _____
Name of Registered Owner : Company / Individual Ang Sio Peng
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S6806775H
: Co Contact No: _____ Owner's Contact No: 9151 5568
DRIVER'S Name : Ang Jun Jie, Aloysius DRIVER'S NRIC No: S9912901H
DRIVER'S Date of Birth : 25/04/1999 DRIVER'S License Pass Date 27/12/2017
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 101 Bukit Purmei Road #09-06 S(090101)
DRIVER'S Contact No./ Alt No. : 1) 9644 1179 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : _____
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 Passenger Name: _____ Gender: M/F
Was the accident reported to the police? YES \ NO Passenger Name: _____ Gender: M/F
Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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, 1959 (MALAYSIA)

Certificate Number: 5109872965

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SKS9B20K |
| Chassis Number | : MRHDD4870FP000094 |
| 2. Name of Policyholder | : ONG SIO PENG |
| 3. Effective Date of Insurance | : 01 Jun 2019 |
| 4. Expiry Date of Insurance | : 31 May 2020 |
| 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/her 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#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
(b) Use for racing, pace-making, reliability trial or speed-testing.
(c) Use for the carriage of goods (other than samples) in connection with any trade or business.
(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: YES
PRIMARY DRIVER	: ONG SIO PENG
NAMED DRIVER (1)	: ONG JUN JIE ALOYSIUS
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

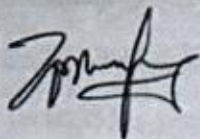
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ZEAL INSURANCE AGENCY (00000614483)

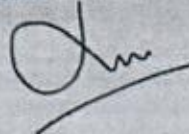
Date of Issue : 29 May 2019 17:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive

Claim Handling

Accident MT/1091397

Policy No.	5109872965	Vehicle No.	SKS9820K	GST Registration No.	
Certificate No.					
Policyholder Name	ONG SIO PENG	Cover Type	drive CLASSIC	Policyholder NRIC	56806775H
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)	0	Loading	0
Contact No.(Mobile)	91511168	Special Remark		Contact No.(Home)	0
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

Accident Details

Report Date	15/04/2020 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/04/2020	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KEPPLE FLYOVER TWDS MCE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver Is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured		
Excess Waiver	9999999.99		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 626 #13-312	Address 2	PASIR RIS DRIVE 3	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	510626
Unit No.		Related Policy Number	5109872965		

OI Driver Info

Driver Name	ONG JUN JIE ALOYSIUS	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9912901H	Driver DOB	25/04/1996
Register Date of Driver License	27/12/2017	Driver Age	20	Driving Experience	2
Contact No.(Mobile)	96441179	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 101	Address 2	BUKIT PURMEI RD	Address 3	
Address 4		Address Type	Singapore address	Post Code	090601
Unit No.	#09-05				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MD New

Claim Type *	OD-MD	Insured Name	ONG SIO PENG	In NF
Contact No.(Mobile)	96776934	Contact No. (Home)	67657205	Co No (O)
Email Address	CYNTHIA_ONGYEE@YAHOO.COM	Vehicle Number	SKS9820K	TP Ve NL
Claim Description	SKS9820K ON 13 Apr 2020			Ne Pr Wt
Preferred Workshop	<input type="radio"/> Yes <input checked="" type="radio"/> No	Insured Liability	Fully at Fault	
Preferred Repair Option	Preferred Workshop (refer below)	GIA report	Received	
Date Registered	15/04/2020 10:11	Claim Close Date		Dz Re
Report Taken By	ROSINDA	Workshop Repairer		To bu Re
<input checked="" type="checkbox"/> Print AK letter				OI Ex Co by Wt

Save Submit

Attachment

Accident No.	MT/1091397	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	15/04/2020 00:00
Choose File	No file chosen	Category *	Confidential Urgency *
		Clear	Please Select NO Normal

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:11	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:11	SAS		Normal	SAS 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:11	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:11	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:11	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:11	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:09	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:09	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:09	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:09	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:09	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:09	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:08	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:08	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:08	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:08	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:08	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:08	Photos		Normal	Photos 2020-4-15
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 15 Apr 2020 10:08	Photos		Normal	Photos 2020-4-15

Video List

Uploaded By/Date	Folder Date	File Name		Source
		<div>Display in New Window</div>	<div>Scan and uploading</div>	

ASSIGNMENT (IDAC)**By CSO- Nature of Accident:****1) Vehicle hit Vehicle:**

- a) Motorcar ()
b) M/cycle ()
c) Bicycle ()

2) Vehicle hit ??

- a) Pedestrian ()
b) Animal ()

3) Vehicle hit Road Side Objects:

- a) Govrn. Property ()
(Eg: signboard, barrier, tree etc)
b) Road Work Object ()
c) Private Property ()

4) Vehicle drop into drain

()

5) Damage due to Act of God:

- a) Fallen Object ()
b) Flood ()
c) Other, _____

6) Parked & Found Damaged:

- a) Vandalism ()
b) Hit by Moving Object ()

7) Theft Case

- a) Stolen ()
b) Damage found ()
when recovered.

8) Fire

- a) Whilst driving ()
b) Parked ()

9) Accident date more than 24hrs

()

Remarks for internal information**Remarks to appear in Works Order & Assessment report**

- 1) Potential Total Loss (✓)
2) SRS Light on ()
3) ABS Light on ()

MV 50K

LTA 41.8K

NL 8.2K

By Assessor- 1) Vehicle Information

Veh No: 8KS 9820K Yr Regn: 2015 May
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV
/ Truck / Trailer or

Make & Model: Honda Mobilio c.c. 1497

Colour SILVER Transmission Type: Auto / Manual

Eng/No: L15Z12100340 Sp. Reading: N.A.

C/No: MRHDD4870 *FP000094

Gen. Cond: Good / Fair / Poor / Burnt or

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/65 R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Yokohama

Front**Rear**

R/Bal. 4 mm R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

Parallel Import: Yes / No

Towed-In: Yes / No

Repair Type: LS / I.B.I

Towing Required: Yes / No

No of Repair Days: 12 days

Vehicle in Idac: Yes / No

D.O.I. 15/04/2020

Time: 1200 hrs.

By Assessor- 2) Comments

1) Damages not due to recent accident.

2) Damages do not seem hit onto:

- a. Vehicle () b. Motorcycle () c. Bicycle () d. Pedestrian ()
e. Animal () f. Govrn Object () g. Road Work Object ()
h. Private Property () i. Drain () j. Road Kerb/Grass Verge ()

3) Vehicle does not seem damaged as a result of:

- a. Fallen Object () b. Flood () c. Vandalism () d. Fire ()
e. Moving Object () f. Stolen () g. Stolen & Recovered ()

Time Started:

Time completed:

1) CSO

2) ASS

3) Entire Operation Completed Time:



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Sell it yourself! Advertise it at just
\$58 until it's SOLD!

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- * Free grooming and 6 months maintenance
- * In-house workshop ensures quality service
- * Member of SYTA and hire purchase association
- * 100% deposit refund for unapproved loan



YONG LEE SENG MOTOR PTE LTD

Post an Ad Advertiser Login Ways of Selling

Browse by Category

Sort by Date Posted 20 results/page

4 vehicles

Honda Mobilio

Advanced Search

Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Honda Mobilio	Any	Any	2015	Any	Any	Any	Available
	Honda Mobilio 1.5A RS i-VTEC Luxe (OPC)	\$47,000	\$7,170 /yr	09-Jul-2015	1,497 cc	80,000 km	MPV	Available
	Posted: 08-Apr-2020 Tags: 2015 Honda Mobilio, Honda Mobilio, Honda, Mobilio							DIRECT OWNER
	Honda Mobilio 1.5A RS i-VTEC Luxe	\$51,800	\$8,610 /yr	11-Jun-2015	1,497 cc	52,500 km	MPV	Available
	Super Well Taken Care! Best Selling 7 Seater MPV! Fully Maintained By Kah Motors. Foldable 2nd/3rd Row Seats For Maximum Storage S...							
	Car Times Automobile Pte Ltd							
	Posted: 06-Apr-2020 Tags: 2015 Honda Mobilio, Honda Mobilio, Honda, Mobilio							
	Honda Mobilio 1.5A RS i-VTEC Luxe	\$51,800	\$8,860 /yr	23-Apr-2015	1,497 cc	90,661 km	MPV	Available
	1 Owner Only! Low Mileage! Loan And High Trade In Available! 100% Accident Free! Compact 7 Seaters That Is Versatile With High Fun...							
	Mayfair Motoring							PREMIUM AD
	Posted: 04-Apr-2020 Tags: 2015 Honda Mobilio, Honda Mobilio, Honda, Mobilio							
	Honda Mobilio 1.5A RS i-VTEC Luxe	\$61,800	\$9,450 /yr	27-Oct-2015	1,497 cc	75,600 km	MPV	Available
	E-Viewing At Your Convenience. Flexible High Loan Interest From 1.88%, High Trade In Up To \$2K More Than Market, 1 Year Warranty...							
	Accendore Autolub Pte Ltd							
	Posted: 28-Mar-2020 Tags: 2015 Honda Mobilio, Honda Mobilio, Honda, Mobilio							

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	775H
Vehicle Details	
Vehicle No.:	SKS9820K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Apr 2020
Vehicle Make:	HONDA
Vehicle Model:	MOBILIO SV 1.5 CVT
Primary Colour:	Silver
Manufacturing Year:	2015
Engine No.:	L15Z12100340
Chassis No.:	MRHDD4870FP000094
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$19,070.00
Original Registration Date:	18 May 2015
First Registration Date:	18 May 2015
Transfer Count:	1
Actual ARF Paid:	\$14,070.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 May 2025
PARF Rebate Amount:	\$10,552.00
Intended COE Rebate Details	
COE Expiry Date:	17 May 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$61,410.00
COE Rebate Amount:	\$31,249.00
Total Rebate Amount:	\$41,801.00

The information contained herein is correct as at 15 Apr 2020

OK

Claim Handling

[Task Transfer](#) [Exit](#)

Accident MT/1091397

[LOS](#) [SAL](#) [SUB](#)

Policy No.	5109872965	Vehicle No.	SKS9820K	GST Registration No.	
Certificate No.					
Policyholder Name	ONG SIO PENG			Policyholder NRIC	S6806775H
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91511168	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No

Accident Details

Report Date	15/04/2020 09:58	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	13/04/2020	Time of Accident hh:mm	16:10	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	KEPPE FLYOVER TWDS MCE				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 626 #13-312	Address 2	PASIR RIS DRIVE 3	Address 3	SINGAPORE 510626
Address 4		Address Type	Singapore address	Post Code	510626
Unit No.		Related Policy Number	5109872965		

OI Driver Info

Driver Name	ONG JUN JIE ALOYSIUS	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S9912901H	Driver DOB	25/04/1999
Register Date of Driver License	27/12/2017	Driver Age	20	Driving Experience	2
Contact No.(Mobile)	96441179	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 101	Address 2	BUKIT PURMEI RD	Address 3	
Address 4		Address Type	Singapore address	Post Code	090601
Unit No.	#09-06				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Yap Chee Ling

[LOS](#) [SAL](#) [SUB](#)

Claim Type	OD-MD	Insured Name	ONG SIO PENG	Insured NRIC	S6806775H
Contact No.(Mobile)	96776934	Contact No. (Home)	67657205	Contact No. (Office)	
Email Address	CYNTHIA_ONGYEE@YAHOO.COM	OI Vehicle Number	SKS9820K	TP Vehicle Number	
Claim Description	SKS9820K ON 13 Apr 2020			Name of Preferred Workshop	JWG INTERNATIONAL PTE LTD
Preferred Workshop	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Preferred Repair Option	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Preferred Workshop (refer below)					
Insured's report					
Fully at fault	<input checked="" type="radio"/> Yes <input type="radio"/> No				
Date Registered	15/04/2020 10:12	Claim Close Date		Date Received	15/04/2020 17:23
Report Taken By	ROSILINDA	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

☒ Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

damage assessment

Attachment

Vehicle Info

Vehicle Make	HONDA	Vehicle Model	MOBILIO	Engine Capacity	
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4/16/2020

Claim Handling (damage assessment Claim Task MT/1091397 / Claim 001 OD-MD)

Date of Registration
18/05/2015

Towing Required
☒ Yes ☐ No

Type of Tender
Own Damage

IDAC/Workshop Name
NATIONAL ASSESSMENT CENTR

Windscreen Parts & Labour Cost

Market Value(\$)
50,000.00

Classis No.
MRHDD4870FP000094

Vehicle in IDAC
☒ Yes ☐ No

Assessor Name
BRYAN

IDAC/Workshop Location
51 UBI AVENUE 1 #01-25 PAYA

Total Loss
☒ Yes ☐ No

Scrap Value(\$)
41,800.00

Parallel Import
☒ Yes ☐ No

Survey Current Status

Economical Repair Value(\$)
8,200.00

POTENTIAL TOTAL LOSS

Remark

Remark for Supplementary

Damage Listing

Find a Part

root

Not Applicable

ABS

ABSORBER

ACCELERATOR

ACTUATOR

ADVERTISEMENT STICKER

AIR BAG

AIR BLOWER

AIR BOX

AIR CHAMBER BOX

AIR CLEANER

AIR COMPRESSOR

AIR CON

AIR CON (VAN)

AIR COOLER

AIR DISTRIBUTOR

AIR FILTER

AIR FLOW

AIR GRILLE

AIR HORN

No.	Part No.	Description	Qty	Repair Code
1	32200102	NUMBER PLATE (REAR)	1	Replace

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