

NATIONAL Assessment Centre Services

[Part 1 of 2]

MNA 120076298

Date In: > 4/9/20 14:03	Job description	Date & Time Completed	Done by
Ref No: MNA MNC 20009439/44	SAS e-filing		
Veh No: SJL 361 B	E-mail (within 3hrs, A/C 2hrs)		
DDA: 3/9/20 13:15	I-Motor Claim Form	MT1102278-001	4/9/20 15:03
(11) TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel: /	Fax: /
TP Particulars:	Veh No: Railing	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: ()

Reminders: (INC 100 line 67884615)	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

NA 2004711

Circumstances Particulars:	Invoice Itemization Checklist	Amount / Fee	Availability
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	130.00	
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Assessors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Tel: /	For claim against INC Only (w/o 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10	10.00	
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	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	04/09/2020 14:03
Date Of Accident	03/09/2020 13:15
Exact Location Of Accident	STEVENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL361B
Insured/Policyholder	
Name Of Registered Owner	MATRIX COOLING (S) PTE LTD
Co Reg No	2XXXXX493Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96890764

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5060301550-06
Cover Note Number	

Driver

Name of Driver	ONG WEI
NRIC No	SXXXX334I
Date Of Birth	25/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96890764
Fax Number	
Contact Number	
EMail Address	ONGWEI1989@HOTMAIL.COM

Address	BLK 652 HOUGANG AVE 8 #09-373
Postcode	530652
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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?	
Was any other material or property damaged?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200903/2111

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TP TOOK THE MEMORY CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	RAILING
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

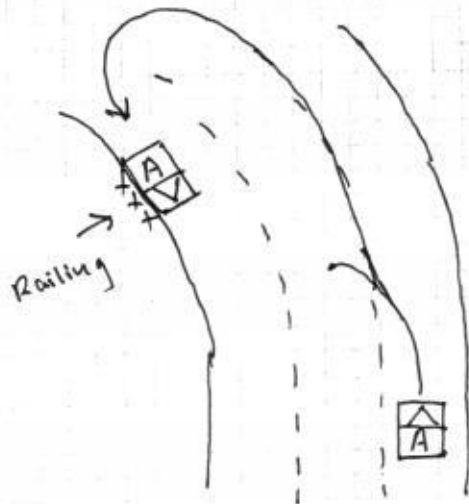


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A = SJL 361 B

Stevens Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter to Police Report T/20200903/2111

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.:



**SINGAPORE
POLICE FORCE**



T/20200903/2111

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

1 of 3

Report No. T/20200903/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2020 17:15		Vide Report No.: E/20200903/0093		Station Diary No.:	
Informant's Particulars					
Name of Informant: ONG WEI			Address: 652 HOUGANG AVENUE 8 #09-373 SINGAPORE 530652		
ID Type / ID No.: NRIC NO / S8914334I			Contact No.: Home/Office: Mobile: 96890764		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 25/04/1989	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Supervisor/General foreman (building and related trades)			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/09/2020 13:15	Type of Location: Bend
Location: STEVENS ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL361B	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200903/2111

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

Report No. T/20200903

CONTINUATION OF REPORT

Brief Details.

ON THE STATED DATE TIME

LOCATION IS AT PIE(AP) NEAR STEVENS EXIT

I WAS TRAVELLING ON FIRST LANE OF THREE LANE AT 80KM/H. IT WAS RAINING HEAVILY AND THE FLOOR IS WET AND RIGHT ATER I MAKE A SMALL BEND, MY VEHICLE START TO SWERVE AND BECOME UNCONTROLLABLE FROM LANE 1 TO LANE 3. MY VEHICLE ENDED UP FACING OPPOSITE DIRECTION AND I HIT ONTO THE RAILING. I WAS NOT INJURED AND NOT CONVEYED. THE ACCIDENT DID NOT INVOLVE ANY THIRD PARTY. LTA OFFICERS ARRIVED AND INSPECTED THE AREA AND SAID THAT THE RAILING WAS ALREADY DAMAGED BEFORE HAND AND I PROVIDED MY IN-CAR CAMERA TO TP. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20200903/2111

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

3 of 3

Report No. T/20200903/2111

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 **report number** as reference.

Signature Of Officer Recording The Report:

TP /
LIM CHIN KIAT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/09/2020 17:15

Officer In Charge Of Case:

TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature: _____

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/09/2020 10:12"/>
Vehicle No.(For Motor)	<input type="text" value="SJL361B"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5060301550-06		MATRIX COOLING (S) PTE LTD	200506493Z	GPC	drivo CLASSIC	SJL361B	SJL361B	13/11/2019	12/11/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (/ /) (DD/MM/YYYY), TIME: (:) (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S3L 361B.
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Matrix cooling (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96890764
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ong Wei (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: traffic Police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Railing MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Ongwei1989@hotmail.com

fax =

VIDEO = Yes with TP.

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

- 1) Vehicle hit Vehicle: 2) Vehicle hit ??
- a) Motorcar () a) Pedestrian ()
- b) M/cycle () b) Animal ()
- c) Bicycle ()
- 3) Vehicle hit Road Side Objects:
- a) Govn. Property () b) Road Work Object ()
- (Eg: signboard, barrier, tree etc) 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 19K
LTA 9.4K
HL 9.6K

By Assessor- 1) Vehicle Information

Veh No: SJL 361 B Yr Regn: NOV / 2008

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / MPV / Truck / Trailer or

Make & Model: Mitsubishi Lancer c.c. 1499

Colour: Black Transmission Type: Auto Manual

Eng/No: 4A910083314 Sp. Reading: 170160

C/No: JMYSR CY2A8U007368

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: 205/60 R16

R: — 11 —

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

TOYO / YOKO or Ling Ling

Front

Rear

R/Bal. S mm

R/Bal. S mm

L/Bal. S mm

L/Bal. S mm

Parallel Import: Yes / No

Towed-In: Yes / No

Repair Type: LS I.B.I

Towing Required: Yes / No

No of Repair Days: 8

Vehicle in Idac: Yes / No

D.O.I. 04/09/2022

Time: 1430hrs

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. Govn 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:

- ✓ 1.) Rear bumper x 1 Dented
- ✓ 2.) Rear RH fender x 1 Dented
- ✓ 3.) Rear windscreen sealant x 1 Nec
- ✓ 4.) ——— " ——— moulding x 1 Nec
- ✓ 5.) Rear RH door x 1 Dented
- ✓ 6.) Front RH door x 1 Dented
- ✓ 7.) Front RH fender x 1 ~~Buc~~ Buc
- ✓ 8.) ——— " ——— inner shield x 1 deformed / torn
- ✓ 9.) Front Bonnet x 1 Dented
- ✓ 10.) ——— " ——— hinge x 2 Bt
- ✓ 11.) Front RH headlamp x 1 broken
- ✓ 12.) Front bumper x 1 cut / crack
- ✓ 13.) ——— " ——— RH retainer x 1 broken
- ✓ 14.) Front RH headlamp top panel x 1 Buc
- ✓ 15.) Front wiper tank x 1 deformed
- ✓ 16.) Front RH wheel rim x 1 cut / Dented
- ✓ 17.) Rear RH wheel rim x 1 cut

- ✓
18.) Front RH tyre x 1 Punctured / deflated
- ✓
19.) Front RH headlamp bracket x 1 broken
- ✓
20.) Front support panel x 1 ?
- ✓
21.) Front RH lower arm x 1 ?
- ✓
22.) ——— " ——— knuckle arm x 1 ?
- ✓
23.) ——— " ——— wheel ~~box~~ bearing x 1 ?
- ✓
24.) ——— " ——— shock absorber x 1 ?
- ✓
25.) ——— " ——— steering tie rod end x 1 ?
- ✓
26.) Rear RH lower arm ~~or~~ x 1 ?
- ✓
27.) ——— " ——— wheel hub with bearing x 1 ?
- 28.) Front LH fender x 1 repair.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	493Z
Vehicle Details	
Vehicle No.:	SJL361B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	04 Sep 2020
Vehicle Make:	MITSUBISHI
Vehicle Model:	LANCER 1.5 MIVEC GLS 4A/T
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	4A910083314
Chassis No.:	JMYSRCY2A8U007368
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$16,503.00
Original Registration Date:	13 Nov 2008
First Registration Date:	13 Nov 2008
Transfer Count:	1
Actual ARF Paid:	\$16,503.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	12 Nov 2023
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$14,835.00
COE Rebate Amount:	\$9,461.00
Total Rebate Amount:	\$9,461.00
Message	
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 04 Sep 2020

OK

Lancer 1.5A GLX Price Range Depreciation > 10 year Vehicle Type

[Advanced Search](#)

Home » Used Cars » CarQuotz Singapore » Mitsubishi Lancer EX 1.5A GLX (COE till 08/2023)

Mitsubishi Lancer EX 1.5A GLX (COE till 08/2023)

[Overview](#) [Financial](#) [Accessories](#) [Similar](#) [Research](#) [Photos](#) [Map](#)

[CONSIGNMENT](#)


Nothing without Solution

Price	\$19,998		
Depreciation	\$6,720 /yr	Reg Date	28-Aug-2008 (2yrs 11mths 23days COE left)
Mileage	N.A.	Manufactured	2008
Road Tax	\$821 /yr	Transmission	Auto
Dereg Value	\$10,184 as of today (change)	OMV	\$14,497
COE	\$17,099	ARF	\$14,497
Engine Cap	1,499 cc	Power	80.0 kW (107 bhp)
Curb Weight	1,313 kg	No. of Owners	3

Type of Vehicle Mid-Sized Sedan

Features

1.5L Powerful And Fuel Efficient DOHC MIVEC Engine, 4 Speed Automatic Transmission, Dual SRS Airbags, Climatic Aircon, Auto Retractable Side Mirror. View specs of the Mitsubishi Lancer EX (2008-2017)

Accessories

DVD Player With Factory Fitted Audio System. Black Leather Interior. Sports Rims, Solar Film And Reverse Sensors.

Description

Drive With Assurance With 5 Star Reviews! Warranty Till 8/2021, Genuine And Transparent! Bank/In House Up To 100% Full Loan \$21.9k Monthly \$667, All Our Consignment Cars Are Selling At The Most Reasonable Price With A Peace Of Mind! STA Inspection Welcome! Best Deal Assured! Kindly SMS/WhatsApp Us For An Appointment! Visit Our Website For Best Deals.

Category

COE Car, Consignment Car

Status

Available

Resources



Car Valuation - Free

Find out the market value of your existing car for free. Get started



Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more

Owner Consignment Car

This car is for sale by direct owner via a consignment agent. Consignment agents help to market, sell and handle all documentation on the car seller's behalf.

- » List of owner consignment cars
- » List of consignment agents



Location Map

[Shortlist](#) [Compare](#) [Report Error](#)
[More Actions](#)

Seller Information

CarQuotz Singapore

Customer Reviews

5.0 ★★★★★

CarQuotz recommended by 93 people

Alvin Chan
August 31

I've been serviced by Car Quotz Derrick and Karen during a very

Claim Handling

Task Transfer Exit

Accident MT/1102278

LOS SAL SUB

Policy No.	5060301550-06	Vehicle No.	SJL361B	GST Registration No.	2005064932
Certificate No.					
Policyholder Name	MATRIX COOLING (S) PTE LTD			Policyholder NRIC	2005064932
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96890764	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	04/09/2020 14:59	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	03/09/2020	Time of Accident hh:mm	13:15	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	STEVENS RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	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	600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	08/08/2005
GST Registration No.	2005064932	GST Status Verified	Yes
Modification History	04/09/2020 15:01:21 System changed GST Registration Date from 01/01/2015 to 08/08/2005 04/09/2020 15:01:21 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	18 BOON LAY WAY	Address 2	#09-154 TRADEHUB 21	Address 3	SINGAPORE 609966
Address 4		Address Type	Singapore address	Post Code	609966
Unit No.		Related Policy Number	5102077631-02		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ONG WEI	Driver NRIC	S89143341	Driver DOB	25/04/1989
Register Date of Driver License	08/11/2010	Driver Age	31	Driving Experience	9
Contact No.(Mobile)	96890764	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 652 #09-373	Address 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530652
Address 4		Address Type	Singapore address	Post Code	530652
Unit No.	09-373				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Investigation

Claim 001 OD-MD

Claim Case Officer Zuraimie Bin Mantau

Claim Type	OD-MD	Insured Name	MATRIX COOLING (S) PTE LTD	Insured NRIC	2005064932
Contact No.(Mobile)	96955352	Contact No. (Home)		Contact No. (Office)	67931632
Email Address	ANNA@MATRIXCOOLING.COM	OI Vehicle Number	SJL361B	TP Vehicle Number	RAILING
Claim Description	SJL361B / RAILING ON 3 Sept 2020			Name of Preferred Workshop	
Preferred Workshop Contact	Yes	Preferred Repair Option		Income to assign workshop	
		Insured Liability report		Partially at Fault	
Date Registered	04/09/2020 15:04	Claim Close Date		Date Received	04/09/2020
Report Taken By	LIEW SHAN HUI	Workshop Repairer		Total Loss but Repaired	
				OD Excess Collected by Workshop	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason		
Remarks			
<div> <div>damage assessment</div> <div>Attachment</div> </div>			
Vehicle Info			
Vehicle Make	MITSUBISHI	Vehicle Model	LANCER MIVEC GLS
Date of Registration	13/11/2008	Classis No.	JMYSRCY2A8U007368
Towing Required *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Vehicle in IDAC *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Type of Tender *	Own Damage	Assessor Name *	BRYAN
IDAC/Workshop Name	NATIONAL ASSESSMENT CENTR	IDAC/Workshop Location	51 UBI AVENUE 1 #01-25 PAYA
Windscreen Parts & Labour Cost		Total Loss *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Market Value(\$)		Scrape Value(\$)	
		Economical Repair Value(\$)	
REMARK:NO OF REPAIR DAYS:8 DAYS,1X REAR WINDSCREEN SEALANT - REPLACE,1X REAR WINDSCREEN MOULDING - REPLACE,1X FRT RH HEADLAMP TOP PANEL - REPLA REPLACE,1X FRT RH WHEEL RIM - REPLACE,1X REAR RH WHEEL RIM - REPLACE,1X FRT RH HEAD LAMP BRACKET - REPLACE,1X FRT RH STEERING TIE ROD END - UNCONF HUB WITH BEARING - UNCONFIRM.			
Remark			
Remark for Supplementary			

Damage Listing

Find a Part	No.	Part No.	Description	Qty *	Repair Coe
root					
Not Applicable	1	16000102	BUMPER (REAR)	1	Replace
ABS	2	25400106	FENDER (REAR RIGHT)	1	Replace
ABSORBER	3	23300204	DOOR (REAR RIGHT)	1	Replace
ACCELERATOR	4	23300202	DOOR (FRONT RIGHT)	1	Replace
ACTUATOR	5	25400103	FENDER (FRONT RIGHT)	1	Replace
ADVERTISEMENT STICKER	6	25400902	FENDER INNER SHIELD (FRONT RIGHT)	1	Replace
AIR BAG	7	149001	BONNET	1	Replace
AIR BLOWER	8	14902201	BONNET HINGE (LEFT)	1	Replace
AIR BOX	9	14902202	BONNET HINGE (RIGHT)	1	Replace
AIR CHAMBER BOX	10	27700102	HEAD LAMP (RIGHT)	1	Replace
AIR CLEANER	11	16000101	BUMPER (FRONT)	1	Replace
AIR COMPRESSOR	12	16005102	BUMPER RETAINER (FRONT RIGHT)	1	Replace
AIR CON	13	43600102	TYRE (FRONT RIGHT)	1	Replace
AIR CON (VAN)	14	41300101	SUPPORT PANEL (FRONT)	1	Unconfirm
AIR COOLER	15	30500102	LOWER ARM (FRONT RIGHT)	1	Unconfirm
AIR DISTRIBUTOR	16	30000102	KNUCKLE ARM (FRONT RIGHT)	1	Unconfirm
AIR FILTER	17	44800502	WHEEL BEARING (FRONT RIGHT)	1	Unconfirm
AIR FLOW	18	36600102	SHOCK ABSORBER (FRONT RIGHT)	1	Unconfirm
AIR GRILLE	19	30500104	LOWER ARM (REAR RIGHT)	1	Unconfirm
AIR HORN	20	25400102	FENDER (FRONT LEFT)	1	Repair
AIR INTAKE					
AIR RESONATOR BOX					
AIR THROTTLE BODY AND SENSOR					
ALARM					
ALTERNATOR					
ALUMINIUM PANEL - SIDE					
AMPLIFIER					
ANTENNA					

Save

Submit



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)

51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SJL 36B Date In: 07/09/2020 Time In: 10:30 with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: Autocity #05-01

Collection Date: 07/09/2020 Time: Pm 4:38 with Keys: Yes / No

Tow Truck No: YM 80970 Tow Man: Liu zhi peng NRIC: G25283562W

Signature: Liu

For office use

82014602

Attended by: _____

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

LKK Paya Ubi

From: Zuraimie Bin Mantau <zuraimie.mantau@income.com.sg>
Sent: Monday, 7 September 2020 4:08 PM
To: city auto
Cc: LKK Paya Ubi
Subject: Vehicle SJL361B, OD Claim No: MT/1102278-001, DOA: 03/09/2020

Importance: High

Dear City Auto

OD Excess \$600 applies.

Vehicle is currently at NAC Paya Ubi.

Please arrange to tow away the vehicle and update the vehicle co's rep Mr Ong Wei @ 96890764 on the repair status.

Strictly no further supplementary is allowed.

**Please forward the invoice and DV within 7 working days to us once repairs has been done.
Update the 'Repair Status' when repairs are done.**

XX

Our Ref: MT/CA/OD/051/1102278-001/ZBM
07 Sep 2020
CITY AUTO PTE LTD
BLK 8 #01-58TO66
SIN MING INDUSTRIAL EST SECTOR C
SINGAPORE 575643

Dear Sir

**CLAIM NUMBER: MT/1102278-001
REPAIR OF VEHICLE NUMBER: SJL361B**

We are pleased to inform you that you are successful in your tender to repair the vehicle. The details are as follows:

Award Date: 07 Sep 2020
Make: MITSUBISHI
Model: LANCER MIVEC GLS
Estimated Repair Days: 8
Location: NATIONAL ASSESSMENT CENTRE SERVICES
Address: 51 UBI AVENUE 1 #01-25 PAYA UBI INDUSTRIAL PARK SINGAPORE 408933
Benefits Applicable: N/A
Excess Applicable: 600.00

Please note that supplementary items will not be allowed.

If you have any queries, please contact Zuraimie Bin Mantau at 64307891 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Thank you

Zuraimee Bin Mantau
Senior Executive
Operations, Motor & Personal Lines
T +65 6430 7891



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