

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to repudiate
- 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.

| ACCIDEN                                                                                                                                                                                     | IT STATEMENT                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss                                                                        | 07/01/2021 16:01 (SGT)<br>05/01/2021 18:05 (SGT)<br>Sims Ave, Singapore<br>-<br>Singapore        |
| DETAILS O                                                                                                                                                                                   | F OWN VEHICLE                                                                                    |
| Vehicle Registration Number                                                                                                                                                                 | SLU3639K                                                                                         |
| INSURED/POLICYHOLDER                                                                                                                                                                        |                                                                                                  |
| Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No                                                                                             | No<br>TAN TZE LENG<br>SXXXX496E<br>ttzelengbtl@gmail.com<br>(Phone) +65-97955006<br>+65-97955006 |
| VEHICLE PARTICULARS                                                                                                                                                                         |                                                                                                  |
| Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category | BMW 216d - Private use No - Claiming third party Private car                                     |
| INSURANCE COMPANY                                                                                                                                                                           |                                                                                                  |
| Name of Insurance Company<br>Type of Coverage<br>Fleet Policy<br>Policy Number<br>Cover Note Number                                                                                         | AGI<br>Comprehensive<br>No<br>P10464172R00                                                       |
| DRIVER                                                                                                                                                                                      |                                                                                                  |
| Name of Driver NRIC No Date Of Birth Occupation                                                                                                                                             | TAN LAY HONG<br>SXXXX010G<br>17/09/1964<br>Indoor                                                |

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode 567819 Is the driver the policyholder? No 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

31/08/1990

30 YEARS AND 5 MONTHS

Female

(Phone) +65-97953352

tlhong109@gmail.com 815 ANG MO KIO AVE 2

Spouse

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Change/cross lane

Clear 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? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No. Alt Police Station Phone No. Police Station Address Was notice of intended Prosecution given?

soliciting/offering accident claims assistance?

Yes

No

Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865

No

## CIRCUMSTANCES OF ACCIDENT

If yes, against whom?

REFER TO POLICE REPORT: T/20210107/7010.

## 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 SJG3282C 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 | VEHICLE B |
| No. Of Passenger (Including Driver)     | -         |

# DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | YK8238A            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE C          |
| No. Of Passenger (Including Driver)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | -                  |
| The second secon |                    |

## **INJURED PERSONS DETAILS**

## INJURED 1

| Name of injured person                              | TAN LAY HO |
|-----------------------------------------------------|------------|
| Address                                             | -          |
| Address Complement                                  | -          |
| Post Code                                           | -          |
| Approximate Age Years Old                           | -          |
| Injuries Sustained                                  | _          |
| Injured person in which vehicle?                    | SLU3639K   |
| Were seat belts worn?                               | Yes        |
| Was this injured conveyed to hospital by ambulance? | Yes        |
|                                                     |            |

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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)

Lunderstand, 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLU3639K B: 55632820 C: YK8238A

RICO 60

| Describe Circumstances of              | f the Accident                                                                                                 |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------|
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
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|                                        |                                                                                                                |
|                                        | RETER TO POLICE REPORT                                                                                         |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        | I hereby authorise SME Motor Pte Ltd to                                                                        |
|                                        | send my accident report to my workshop                                                                         |
|                                        | D. A. C.                                                                                                       |
|                                        | Scien 60 Auto Sensus Polita                                                                                    |
|                                        |                                                                                                                |
|                                        | via email/fax. Signature:                                                                                      |
|                                        | 4                                                                                                              |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
|                                        |                                                                                                                |
| Declaration                            |                                                                                                                |
|                                        |                                                                                                                |
| We declare the foregoing particular    | ars are true in every respect.                                                                                 |
|                                        |                                                                                                                |
| 1                                      | 2.0                                                                                                            |
| A .                                    | At ,                                                                                                           |
| 1                                      |                                                                                                                |
| Policyholder's Signature / Date & Fime | Driver's Signature (If driver is not the policyholder) / Date  & Time  Witnessed by Reporting Centre Personnel |
|                                        |                                                                                                                |
|                                        | - OLONALO GEOMAIL COM                                                                                          |
| This report                            | send to PMBKRKO 60@6MAIL. COM                                                                                  |
| , april                                | J.                                                                                                             |
|                                        | -))                                                                                                            |





1 of 3

Report No. T/20210107/7010

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

| Date/Time<br>07/01/2021                  |            | ade:                      | Vide Report No.:<br>G/20210105/0148                  | Station Diary No.:         |  |
|------------------------------------------|------------|---------------------------|------------------------------------------------------|----------------------------|--|
| Informant                                | 's Particu | lars                      |                                                      |                            |  |
| Name of Informant:<br>TAN LAY HONG       |            |                           | Address:<br>815 ANG MO KIO AVENUE 2 SINGAPORE 567819 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S1653010G |            | 0G                        | Contact No.: Home/Office: Mobile: 97953352           |                            |  |
| Nationality:<br>SINGAPORE CITIZEN        |            | ΞN                        | Email: tlhong109@gmail.com                           |                            |  |
|                                          |            | Date of Birth: 18/09/1964 | Type of Informant:<br>Driver                         | *                          |  |
| Race:<br>Chinese                         |            |                           | Language;<br>English                                 | Institution / School Name: |  |
| Occupation<br>EDUCATIO                   |            | ER                        | Driving Licence Information:<br>Class: 3             | Date of Expiry:            |  |

| General Infor                 | mation of the Accident           |                                         |                                               |                                   |
|-------------------------------|----------------------------------|-----------------------------------------|-----------------------------------------------|-----------------------------------|
| Type of Accident:             | Injury<br>Attended by Police     | Drink<br>Drive:<br>No                   | Date/Time of<br>Accident:<br>05/01/2021 18:00 | Type of Location:<br>X-Junction   |
| Location:<br>SIMS AVENU       | JE                               |                                         |                                               |                                   |
| Weather:<br>Clear             |                                  | Road Surface:<br>Dry                    |                                               | Road Speed Limit:<br>50 Km/h      |
| Traffic Flow:<br>One Way      |                                  | Traffic Control:<br>Traffic Light - Wor | king                                          | Traffic Volume:<br>Moderate       |
| Type of Collis<br>Between Mov | ion:<br>ing Vehicles - Head To S | ide                                     |                                               | Anyone conveyed by ambulance: Yes |

| Details of V | ehicle Invo | lved |       |       |                      |       |
|--------------|-------------|------|-------|-------|----------------------|-------|
| Vehicle No.  | Туре        | Make | Model | Color | Conditio             | No of |
| SJG3282C     | Car         |      |       |       | Seriously<br>Damaged | 0     |
| SLU3639K     | Car         |      |       |       | Seriously<br>Damaged | 0     |
| VK82384      | l orn/      |      |       | _     | Slightly             | 1     |





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20210107/7010

#### CONTINUATION OF REPORT

| <b>Details of Perso</b>              | n Involved             |           |                                            |                                 |         |
|--------------------------------------|------------------------|-----------|--------------------------------------------|---------------------------------|---------|
| Any Pedestrian I                     | nvolved: No            |           |                                            |                                 |         |
| No. of Pedestrians Injured: NIL      |                        | Use of Pe | Use of Pedestrian Crossing: NA             |                                 |         |
| Driver                               |                        |           |                                            |                                 |         |
| Name                                 | TAN LAY HONG           |           | ID No.                                     | S1653010G                       |         |
| Related Vehicle                      | SLU3639K (Car)         |           | Contact No                                 | 97953352                        |         |
| Hospital/Clinic                      | TAN TOCK SENG HOSPITAL |           | Class of<br>Driving<br>Licence &<br>Expiry | Class: 3<br>Date of Expiry: NIL |         |
| Date                                 | 05/01/2021             |           | Date                                       | 06/0                            | 01/2021 |
| No. of Days granted Medical Leave 05 |                        | Degree of | Seri                                       | ous                             |         |

#### Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SLU3639K WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 3. SUDDENLY, VEHICLE B, BEARING CAR PLATE SJG3282C DASH OUT INTO MY LANE ABRUPTLY WITHOUT SIGNALLING FROM LANE 2 AND BANG ONTO THE FRONT RIGHT PORTION OF MY VEHICLE. AFTER THE COLLISION, HIS VEHICLE PROPEL TO HIS RIGHT AND BANG ONTO THE LEFT REAR PORTION OF VEHICLE C, BEARING LORRY PLATE NO: YK8238A. AT THE POINT OF THE COLLISION, I WAS TOTALLY SHOCK, BUT I ALSO MANAGED TO STOP SLIGHTLY IN FRONT IN THE YELLOW BOX.

I CALLED 999 FOR ASSISTANCE AT APPROXIMATELY 18:04PM.

SHORTLY AFTER, THE TRAFFIC POLICE AND AMBULANCE ARRIVED TO THE SCENE. I WAS CONVEYED TO TAN TOCK SENG HOSPITAL, I AM WARDED FROM 05/01/2021 TO 06/01/2021. I RECEIVED 5 DAYS OF MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210107/7010

**CONTINUATION OF REPORT** 

Sketch Plan

Authentication Stamp

Informant is not able to provide sketch

| Signature Of Officer Recording The Report:<br>Not applicable                                   | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Signature Of Interpreter:<br>Not applicable                                                    | Date/Time: 07/01/2021 11:55                                                                                                         |
| Officer In Charge Of Case:<br>TP / TPIB /<br>MUHAMMAD AFIQ BIN RAHMAT<br>Contact No.: 65476171 | Classification Of Case:                                                                                                             |

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars                        |                                      |  |
|--------------------------------------------------|--------------------------------------|--|
| Owner ID Type:                                   | Singapore NRIC                       |  |
| Owner ID: Vehicle Details                        | 496E                                 |  |
| Vehicle No.:                                     | SLU3639K                             |  |
| Vehicle to be Exported:                          | No                                   |  |
| Intended Deregistration Date:                    | 12 Jan 2021                          |  |
| Vehicle Make:                                    | B.M.W.                               |  |
| Vehicle Mo lel:                                  | 216D ACTIVE TOURER LED EU6           |  |
| Primary Colour:                                  | Grey                                 |  |
| Manufacturing Year:                              | 2017                                 |  |
| Engine No.:                                      | 34315120B37C15A                      |  |
| Chassis No.:                                     | WBA2B320X0V926231                    |  |
| Maximum Power Output:                            | 85.0 kW (113 bhp)                    |  |
| Open Market Value:                               | \$29,628.00                          |  |
| Original Registration Date:                      | 30 Nov 2017                          |  |
| First Registration Date:                         | 30 Nov 2017                          |  |
| Transfer Count:                                  | 0                                    |  |
| Actual ARF Paid:<br>Intended PARF Rebate Details | \$23,480.00                          |  |
| PARF Eligibility:                                | Yes                                  |  |
| PARF Eligibility Expiry Date:                    | 29 Nov 2027                          |  |
| PARF Rebate Amount:                              | \$17,610.00                          |  |
| Intended COE Rebate Details                      |                                      |  |
| COE Expiry Date:                                 | 29 Nov 2027                          |  |
| COE Category:                                    | A - Car up to 1600cc & 97kW (130bhp) |  |
| COE Period(Years):                               | 10                                   |  |
| QP Paid:                                         | \$46,791.00                          |  |
| COE Rebate Amount:                               | \$32,194.00                          |  |
| Total Rebate Amount:                             | \$49,804.00                          |  |

The information contained herein is correct as at 12 Jan. 2021

Posted: 13-Dec-2020 Tags: 2017 BMW 216d, BMW 216d, BMW, 216d



BMW 2 Series 216d Gran **Tourer Luxury** 

\$85,800 \$11,720 /yr 30-Mar-2017

1,496 cc

90,000 km MPV Available

Fuel Type: Diesel (Euro 5 Engine and Above)

\$0 Downpayment Available! 1 Owner, 5 Years/200,000Km PML Warranty And 5 Years/100,000Km Free Servicing By Agent, 7 Seaters MPV, Navigation System, Comfort Access, Bluetooth Tel/Audio, Reverse Camera & Etc, Accident Free, Showroom Condition, Call For Vie..

Posted: 12-Jan-2021 Tags: 2017 BMW 216d, BMW 216d, BMW, 216d



**Tourer Luxury** 

\$90,800

\$12,200 /vr

30-May-2017

119,855 km 1.496 cc

Available

PREMIUM AD

Fuel Type: Diesel (Euro 5 Engine and Above)

**BMW 2 Series 216d Gran** 

1 Owner Unit! 2 Years Extendable Warranty! This Beauty Has Been Taken Care Of With Regular Servicing, Grooming And Sheltered

Parking. Spacious Cabin With Extendable Boot Space Yet Not Too Bulky To Cruise Around The City! Trade In Welcome, Flexible Loan Av..

Car Buyers Automotive Pte Ltd

Posted: 21-Dec-2020 Tags: 2017 BMW 216d, BMW 216d, BMW, 216d



BMW 2 Series 216d Active

\$86,800

\$11,590 /vr

26-Jul-2017 1.496 cc 42.787 km

Hatchback

Available

Tourer Fuel Type: Diesel (Euro 5 Engine and Above)

BMW Diesel Driven Technology With Extreme Torque And Fuel Efficiency. Sporty Glacier Silver With Black Upholstery, Ample Head & Leg Room Space, Piles Of Rear Luggage Space. Financing, Insurance Assistance And Trade In Offers. Agent Warranty For Your Added Assur

Performance Premium Selection Limited

Posted: 10-Jan-2021 Tags: 2017 BMW 216d, BMW 216d, BMW, 216d



BMW 2 Series 216d Active Tourer

\$95,000 \$12,840 /yr

26-Jul-2017

1,496 cc

Hatchback

Available

Fuel Type: Diesel (Euro 5 Engine and Above)

07/2017 BMW. 216D Active Tourer D/ABS LED, Beautiful Grey, Very Good Ride, Please Call To Book For Viewing.

PREMIUM AD

Think One Automobile & Trading

Posted: 09-Dec-2020 Tags: 2017 BMW 216d, BMW 216d, BMW, 216d



### Save on Petrol with Citi Cash Back Card!

Enjoy huge petrol savings of up to 20.88%, 8% cashback on dining, groceries & petrol worldwide. Apply now & enjoy the benefits! 1-yr annual fee

Find out more!



BMW 2 Series 216d Active **Tourer Luxury** 

\$84,800

\$11,190 /yr

15-Aug-2017

1,496 cc

46,000 km

Hatchback

Available

Fuel Type: Diesel (Euro 5 Engine and Above)

Low Mileage, Original Paintwork, Excellent Condition, Accident-Free, STA Welcome, Trade-In Welcome, Flexible Loan With Low-Interest Rate Available To Suit Your Needs, Call Us Now!

Reliance Autohub Pte Ltd

Posted: 09-Jan-2021 Tags: 2017 BMW 216d, BMW 216d, BMW, 216d



BMW 2 Series 216d Active Tourer

\$81,800

\$10,600 /yr

22-Aug-2017

1,496 cc

55,000 km

Hatchback

Available

Fuel Type: Diesel (Euro 5 Engine and Above)

Full Agent Serviced And Maintained, Practical, Fuel Efficient And Value For Money

Posted: 08-Jan-2021 Tags: 2017 BMW 216d, BMW 216d, BMW 216d



BMW 2 Series 216d Active Tourer

\$89,800

\$11,240 /yr

22-Dec-2017

27-Dec-2017

1,496 cc

1,496 cc

57,297 km

63,000 km

Hatchback

Hatchback

Available

Available

PREMIUM AD

Fuel Type: Diesel (Euro 5 Engine and Above)

\$0 Downpayment Available! 1 Owner! Low Mileage Travelled! 5 Years Agent Warranty And Free Servicing Till Dec 2022! Fully Maintained By PML! High Trade In Available! View Today!

Posted: 27-Dec-2020 Tags: 2017 BMW 216d, BMW 216d, BMW, 216d



BMW 2 Series 216d Active Tourer

Graded B by STA

Fuel Type: Diesel (Euro 5 Engine and Above) The Only 1 Owner Unit With Excellent Conditioned! Lowest Mileage, No Repairs Needed, No Gimmicks, 24/7 Breakdown Recovery Service. We Welcome STA Or Pre-Purchase Inspection. Reputable Company With Good Track Records, Check Out Our Reviews Too! Call Now To...

\$11,220 /yr

Posted: 10-Jan-2021 Tags: 2017 BMW 216d, BMW 216d, BMW, 216d

Save this search criteria, to get email alerts whenever a match is found.

Model

Price

Depreciation

Eng Cap

Mileage Veh Type

For Compare

pired ads

\$89,800

20 v results/page

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