



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400307W
GST Reg No. MR-B500111-X

ESTIMATE FOR SNH8528J

INDIA INTERNATIONAL INSURANCE P/L

ATTN: MOTOR CLAIM DEPARTMENT
6 RAFFLES QUAY
#22-00
SINGAPORE 048580
63476100

Vehicle & Document Information

WIP No 20280
Reg No/Reg Date SNH8528J / 30/11/2022
Date In/Mileage / 0
Chassis No W1K1183842N3510487
Engine No 28291480916282
Make/Model MB/CLA 180 COUPE
Colour/Trim 021 191 Cosmos Blac/ 041 111 ARTICO Leat

Account No	Terms	Date/Time Printed	CSE	Operator
WI000576	Credit	04/10/2024/ 09:54	VS	356 / Vincent Seah

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
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Z REQUEST

Customer Request

M BPNSUN

POLICY NO/ACC DATE :5140148424//16.08.2024
DRIVE IN/EXCESS :20.08.2024// TP CAR NO.: SLL8606U-INDIA
DATE IN/DATE SURVEY:04.10.2024 //
DIRECT SETTLEMENT: YAN -LKK

M BPNSUN

SUDRIES

A BPILAB

USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO
IDENTIFICATION STANDARD. NETT

A BPILAB

TRANSFER REAR BOOT MECHANISM TO NEW PANEL

A BPILAB

DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.

A BPIRES

RESPRAY ON REAR BUMPER, BOOT AND ACCIDENT AFFECTED AREA

A BPILAB

TRANSFER REAR BOOT SPOILER TO NEW PANEL NETT

M REAR BUMPER

M REAR LOWER BUMPER

R TRUNK LID

R MODEL PLATE

M RELEASE HANDLE

M MERCEDES STAR

1.00	1463.03	00.00	1463.03
1.00	517.32	00.00	517.32
1.00	2354.89	00.00	2354.89
1.00	224.29	00.00	224.29
1.00	199.60	00.00	199.60
1.00	186.88	00.00	186.88

Steve (LKK) +6 019 9479541

4/10/24, 11.00am

m p/p

hy Bk smy

5 days

sterchen@lkk auto. com

Confirmed & accepted by

9% GST on Net 10,621.01 955.89

Total Payable 11,576.90

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Mercedes-Benz Group AG

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
www.mercedes-benz.com.sg

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission	17/08/2024 12:14 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/08/2024 18:40 (SGT)
Exact Location of Accident	MCE, Singapore
Additional Location Information	TOWARD KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH8528J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHERYL QUEK YUN HUI
NRIC No	S9202940I
Email Address	CHERYLQUEK_92@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98191123
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1400
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5140148424

DRIVER



Name of Driver	CHERYL QUEK YUN HUI
NRIC No	S92029401
Date Of Birth	18/01/1992
Occupation	Indoor
Driving Pass Date	08/08/2014
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	10 YEARS
Gender	Female
Mobile Number	(Phone) +65-98191123
Alt. Phone Number	-
Email Address	CHERYLQUEK_92@HOTMAIL.COM
Address	BLK 329 #03-633
Address complement	UBI AVENUE 1
Postcode	400329
Is the driver the policyholder?	Yes
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	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	QUEK KENG LIAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I CAME TO A STOP DUE TO TRAFFIC. SUBSEQUENTLY VEHICLE B, FAIL TO STOP ON TIME AND COLLIDED WITH MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	PLEASE E-MAIL TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL8606U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NUR HIDAYAH BINTE MAHADI
NRIC No	S9545269H
Contact Number	(Phone) +65-87487067
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/are 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.



17062024 & 1300HRS

Policyholder's Signature / Date & Time

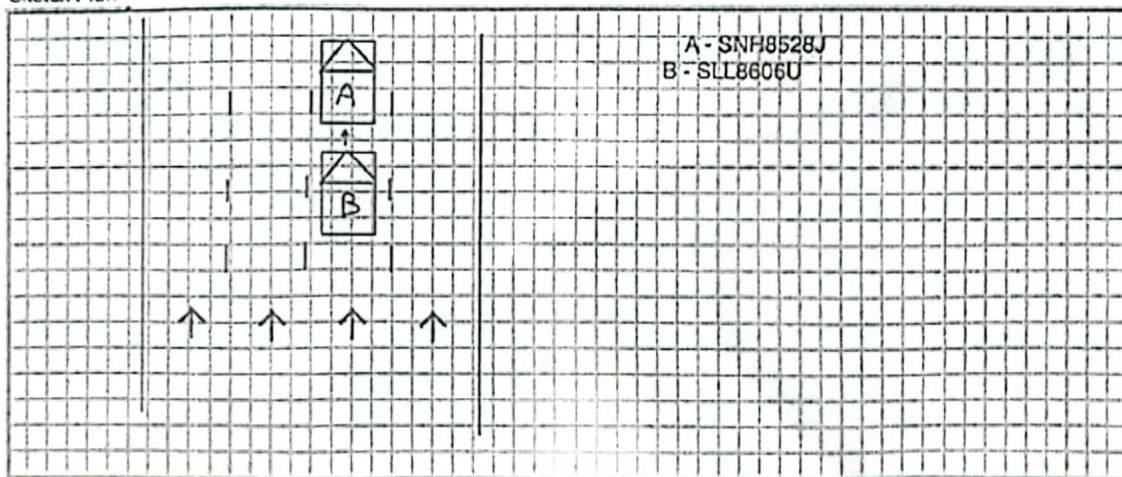
Driver's Signature (if driver is not the policyholder) / Date & Time



Mohammad Ikhsan Bin Abdul Aziz

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

Sketch Plan



Describe Circumstance of the Accident

Declaration

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

17082024 & 1200HBS
Policyholder's Signature / Date & Time

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

Mohammad Ehsan Bin Abdul Aziz
Witnessed by Reporting Centre Personnel
(Name as in NRIC card)