



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
Authorised Dealer
Company No. 196400367W
GST Reg No. MR-8500111-X

ESTIMATE FOR SNR6953A

MS FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIM DEPARTMENT
6 RAFFLES QUAY
#21-00
SINGAPORE 048580
65073848

Vehicle & Document Information
WIP No 20692
Reg No/Reg Date SNR6953A / 05/10/2016
Date In/Mileage / 0
Chassis No WDD2130422A030253
Engine No 27492030696364
Make/Model MB/MB E 200 2.0 SEDAN (W213) "AVANTGARDE
Colour/Trim 029 992 Selenite Gr/ 042 215 Leather Sia

Account No	Terms	Date/Time Printed	CSE	Operator	Description of Goods / Services	Qty	Unit Price	Disc%	Amount
WF001862	Credit	09/09/2024/ 17:53	VS	356 / Vincent Seah					
Z REQUEST									
Customer Request									
M BPNSUN									
POLICY NO/ACC DATE :7240175207//08.09.2024									
DRIVE IN/EXCESS :09.09.204// TP CAR NO.: SHA7312D=FIRST CAPITAL									
DATE IN/DATE SURVEY:									
BY/AUTHORIZED ON :									
M BPNSUN									
SUNDRIES									15.00
A BPILAB									
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT								0.10	380.00
A BPILAB									1200.00
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.									1200.00
A BPIRES									
RESPRAY ON REAR BUMPER AND ACCIDENT AFFECTED AREA									
M REAR BUMPER						1.00	2332.84	00.00	2332.84
M REAR LOWER BUMPER						1.00	441.74	00.00	441.74
M REAR BUMPER CHROME MOULDING						1.00	414.53	00.00	414.53
M CUPPED BLIND RIVET						2.00	5.50	00.00	11.00
M CUPPED BLIND RIVET						12.00	5.50	00.00	66.00
M CTR BASIC MOUNTING FOR BUMPER						1.00	159.33	00.00	159.33
M LOWER LHR BRACKET						1.00	59.06	00.00	59.06
M LOWER RHR BRACKET						1.00	57.90	00.00	57.90
M REAR CROSS MEMBER						1.00	1179.24	00.00	1179.24

Confirmed & accepted by

Nett 7,516.64
9% GST on 7516.64 676.50
Total Payable 8,193.14

Authorized signatory and company stamp

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.



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Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
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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	09/09/2024 17:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/09/2024 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KOVAN MARKET OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR6953A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CASLIN LEE HUI LING
NRIC No	SXXXX315F
Email Address	caslin_lee@hyahoo.com.sg
Mobile Phone No	(Phone) +65-91272201
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991
Vehicle Fuel	-
First Registration Date	05/10/2016
Chassis no	WDD2130422A030253
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7240175207

DRIVER

Name of Driver	CASLIN LEE HUI LING
NRIC No	SXXXX315F
Date Of Birth	28/12/1976
Occupation	Indoor
Driving Pass Date	17/05/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91272201
Alt. Phone Number	-
Email Address	caslin_lee@hyahoo.com.sg
Address	30 UPPER SERANGOON VIEW #17-39
Address complement	-
Postcode	534208
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	EUGENE LEE
Gender	Male

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

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7312D
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	LIM LU PIN KELVIN
NRIC No	SXXXXX008I
Contact Number	-
Address	BLK 417 HOUGANG AVENUE 8 #06-982
Address complement	-
Postcode	530417
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' 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.

Policyholder's Signature / Date &
Time

Sketch Plan

09/08/2024

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

Witnessed by Reporting Centre
Personnel

14 30 pm

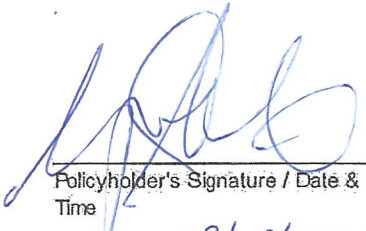
A: SNR 6953 A
B: SHA 7312

Describe Circumstances of the Accident

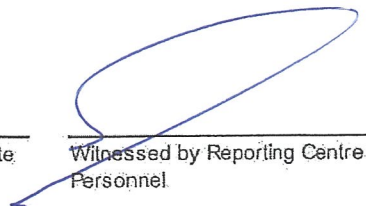
Moderate traffic. my vehicle SXR 6953 A
was stationary. vehicle SHA 7312 D R.94
Front hit into my vehicle SXR 6953 A
rear portion.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time
08/08/2024
14:30pm

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


Witnessed by Reporting Centre
Personnel