

ASS. REC. BY: Tough REF: CS/ICS 24 110609/T9P3

ASSIGNMENT

2030/07

From: _____ Date: _____

Estimated Cost: _____

OD / TP WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \$72K

IDAC Accident Rpt Consistent? : Yes or No

GIA / PR Seent Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / 24 HRS

Vehicle: IN / OUT

Date: _____ on Contacted: _____

Date / To: _____ instruction

Veh No: 85615052 Yr Regn: 2010, 08

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Newerider Benz S30 c.c. 2997

Colour: Grey AC: Insured / Std / NI / NA

Sp. Reading: _____ T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBD221542 A345627

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size: F: 255/45R18

R: 2

BS / DOV EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.L. 11/5/25

Survey held at C&C Pardon Loop

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Frt & Rear n/s.

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Prell. Report

1) _____
Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS: _____

Photos _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Rep. Format: _____

Lump Sum / I.B.J. / _____



Mercedes-Benz

28/11

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

ESTIMATE FOR SJG1505Z

ECICS Limited

Motor Claims Department
10 Eunus Road 8
#09-04A Singapore Post Centre
Singapore 408600
63374779

Vehicle & Document Information

WIP No 22480
Reg No/Reg Date SJG1505Z / 18/08/2010
Date In/Mileage 91
Chassis No SWDD2211542A345627
Engine No 27294631563707
Make/Model MB/S 300 LONG SEDAN (V221)
Colour/Trim 023 368 Flint Grey / 042 275 Leather Bei

Account No	Terms	Date/Time Printed	CSE	Operator				
WE000073	Credit	28/11/2024/ 13:28		1208/ Foong Shih Jye				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
Z REQUEST								
Customer Request								
M BPNSUN								
POLICY NO/ACC DATE : 2100223699-14 // 27 NOV 2024								
DRIVE IN/EXCESS :								
DATE IN/DATE SURVEY:								
BY/AUTHORIZED ON :								
A BPILAB								
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.								2880 3840.00
A BPIRES								
RESPRAY BUMPER FRONT, BUMPER REAR AND BOOT LID								2400 2700.00
A BPILAB							0.10	380.00
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY ETC								120.00
A BPILAB								
CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT								bt 60.00
S BPNSUB								
SUPPLY 1 SET NUMBER PLATE WITH HOUSING. NETT								
*FRONT								15.00
M BPNSUN								
SUNDRIES					1.00	2066.64	00.00	de 2066.64
M REAR BUMPER					1.00	131.69	00.00	an 131.69
M BUMPER REAR CHROME LEFT					1.00	111.80	00.00	an 111.80
M LEFT REAR BUMPER REINFORCEMENT					1.00	888.31	00.00	st 888.31
M TAIL PIPE COVER					1.00	20.61	00.00	st 20.61
M LEFT ATTACHMENT ANGLE BRACKET					1.00	77.40	00.00	st 77.40
M LEFT REAR BUMPER REINFORCEMENT					1.00	112.24	00.00	st 112.24
M RIGHT REAR BUMPER REINFORCEMENT					1.00	131.69	00.00	an 131.69
M BUMPER REAR RIGHT CHROME					1.00	114.38	00.00	an 114.38
M SLK 300 TYPE DESIGNATION					1.00	200.36	00.00	an 200.36
M REAR LID EDGE GARNISH					1.00	1012.09	00.00	an 1012.09
M LEFT TAIL LAMP					1.00	45.83	00.00	an 45.83
M LEFT TAIL LAMP SEAL					1.00	55.32	00.00	an 55.32
M REAR MERCEDES STAR								
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								
• Modification(s) is allowed								
• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company								
Acknowledged by Repairer								
Signature:								
Date:								

Confirmed & accepted by

Tayfun 97495749 7-8 days
WIP 11/13/25 3:30 pm
Rony before paint tayfun@khambo.com

Authorized signatory and company stamp

Foong Shih Jye

Cycle & Carriage Industries Pte Ltd

Body Care & Repair Center

DID: 6771 4346 HP: 97896038 Fax: 6872 1272

Email: shihjye.foong@cyclecarriage.com.sg

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.

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



Mercedes-Benz

Cycle & Carriage
Industries Pte Limited
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Account No	Terms	Date/Time Printed	CSE	Operator
WE000073	Credit	28/11/2024/ 13:28		I208/ Foong Shiuh Jye
Description of Goods / Services				
			Qty	Unit Price
M GROMMET			3.00	3.11
M LICENSE PLATE MOLDING			1.00	120.60
				Disc%
				00.00
				00.00
			Amount	
			9.33	
			120.60	

M GROMMET
M LICENSE PLATE MOLDING

THIS IS NOT AN OFFICIAL TAX INVOICE

ESTIMATE

Confirmed & accepted by

9% GST on Net 12,213.29 1099.20

Total Payable 13,312.49

Authorized signatory and company stamp

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Pandan Loop Service Center
188 Pandan Loop
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Tel 6777 8388
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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	27/11/2024 16:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/11/2024 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FULLERTON SQUARE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1505Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PIETER LUIT DE RIDDER
NRIC No	SXXXX721B
Email Address	pieter.de.ridder@outlook.com
Mobile Phone No	(Phone) +65-96158327
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S300I
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	2997
Vehicle Fuel	-
First Registration Date	18/08/2010
Chassis no	WDD2211542A345627
Effective Date/Time of Ownership	18/08/2010 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100223699-14

DRIVER

Name of Driver
NRIC No
Date Of Birth
Occupation
Driving Pass Date
Driving License Pass Class
Driving License Validity
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

PIETER LUIT DE RIDDER
SXXXX721B
13/02/1960
Indoor
02/10/2008
3
Valid
16 YEARS AND 1 MONTH
Male
(Phone) +65-96158327
-
pieter.de.ridder@outlook.com
17 GLADIOLA DRIVE
-
578798
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Chain Collision
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
3
No
-
Yes
1
No
-
-
-
-
-

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

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

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer

SKZ1476L
-

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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKQ984R
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	-
No. Of Passenger (Including Driver)	-

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 willful 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 :

(f) 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;

(ii) 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

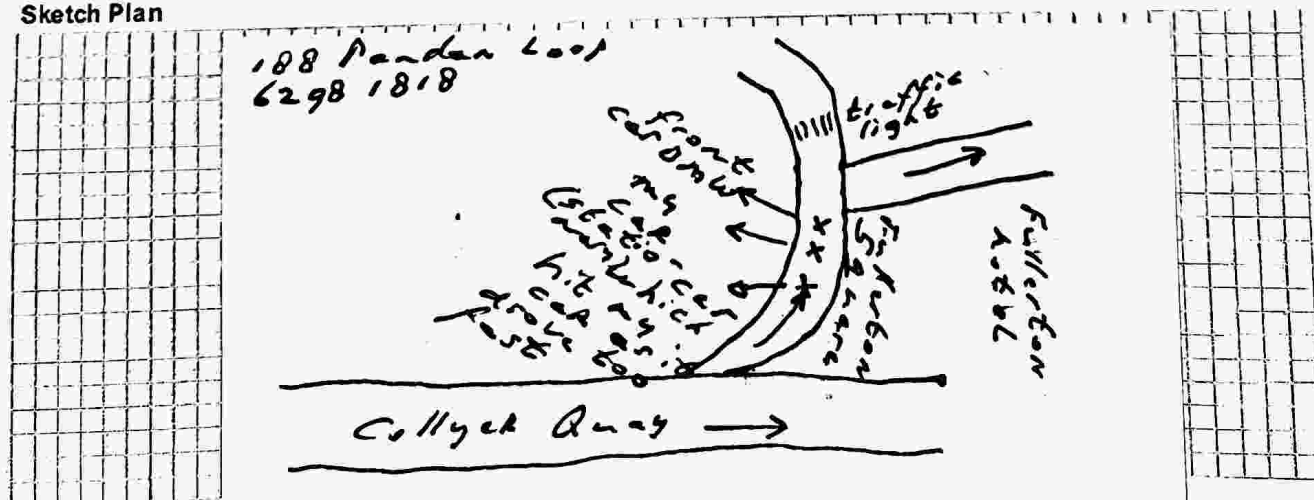
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

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

Foong Shiuh Jye
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4346 HP: 9789 6038 Fax: 6772 1272
Email: foongshiuhjye@ccr.com.sg
Website: www.ccr.com.sg
Personnel

Sketch Plan

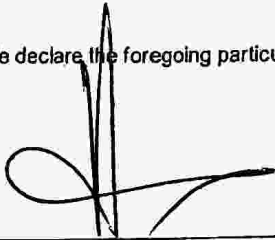


Describe Circumstances of the Accident

I was standing stationary behind a white BMW in front of the traffic light at Fullerton Square when a car ran into the back of my car because it was driving too fast. I got pushed forward approx 1.5 mt and hit the car in front of me. It had rained and it seemed that the car behind me drove too fast. My car has scratches and a loose trim at the back of the car and some scratches at the front. I was not at fault as I was stationary and kept a safe distance in front of a traffic light.

Declaration

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

Foong Shiuh Jye

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center

DID: 6771 4346 HP: 97896038 Fax: 6872 1272

Email: shiuhjye.foong@cyclecarriage.com.sg

Witnessed by Reporting Centre
Personnel