



Balamuruhan Serga
690, Jurong West Central 1, #02-199
Singapore 640690

Attention: Owner
Contact: 94571803

COMPLETE VMS PTE LTD
5, Soon Lee Street, #01-54, Singapore 627607
(Tel) 6555 6111 (Fax) 6554 0012 (Web) www.completevms.com.sg
The Premier One Stop Vehicle Accident Claims Centre

ESTIMATE ES 012604
Date 26/12/2024
Vehicle Number SKD7590R
Make / Model MERCEDES BENZ C 180 KOMPRESSOR
Engine Number 27191031350339
Chassis Number WDD2040452A644516
Accident Date 28 Nov 2024
Policy Number 5121498712-03

Description

Qty Unit Price Amount

Parts

List Items

Rear Bumper / DEF	1	S\$1,523.30	S\$1,370.97
Rear Bumper Center Chrome BR ? BR	1	S\$387.20	S\$348.48
Rear Bumper Side Chrome R/H	1	S\$312.70	S\$281.43
Rear Bumper Side Chrome L/H BR	1	S\$312.70	S\$281.43
Rear Bumper Side Retainer L/H	1	S\$137.70	S\$123.93
Rear Bumper Reinforcement ? / BT	1	S\$672.60	S\$605.34
Rear End Panel X R	1	S\$987.40	S\$888.66
Rear Sponge ? X ^	1	S\$243.10	S\$218.79
Exhaust Tail Pipe X ^	1	S\$127.30	S\$114.57
Rear Tail Lamp L/H X ^	1	S\$1,267.90	S\$1,141.11
Reverse Sensor Outer L/H ? - shared	1	S\$322.50	S\$290.25
Tail Lamp Bracket L/H ? - BR	1	S\$132.80	S\$119.52

Discount 10% applied \$5,784.48

Special Nett Items

Rear Bumper Clip / NK	10	S\$7.50	S\$75.00 30
			\$75.00

Labour

Spray Paint All Affected Area	1	S\$900.00	S\$900.00 200
To Remove And Refit Damage Parts To Facilitate Repair	1	S\$900.00	S\$900.00 200
Rust Proofing Treatment	1	S\$90.00	S\$90.00 30

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COMPLETE VMS PTE LTD
This is only an estimate base on our pr
may be require after the work has begi

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:

al parts and labour time which



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	29/11/2024 15:48 (SGT)
Reported by	Actual Driver
Date of Accident	28/11/2024 17:30 (SGT)
Exact Location of Accident	Near 290 Orchard Rd, Singapore 238859
Additional Location Information	Junction between Orchard Road and Bideford Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7590R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Serga S/O Rengasamy
NRIC No	SXXXX452H
Email Address	balaserga18@gmail.com
Mobile Phone No	(Phone) +65-91453181
Alternative Phone No	-
VEHICLE PARTICULARS	
Manufacturer	Mercedes
Model	C180k
Variant	MERCEDES BENZ / C 180 KOMPRESSOR
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1597
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	5121498712-03

DRIVER

Name of Driver	Balamuruhan Serga
NRIC No	TXXXX597D
Date Of Birth	18/03/2001
Occupation	Indoor
Driving Pass Date	20/11/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-94571803
Alt. Phone Number	-
Email Address	balaserga18@gmail.com
Address	Blk 690 Jurong West Central 1
Address complement	#02-199
Postcode	640690
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Pushpa
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6125S
Vehicle Manufacturer Hyundai
Vehicle Model Ioniq
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver Lim Kwang Seng
Passport No/FIN SXXX906B
Contact Number (Phone) +65-96885187
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Balamuruhan Serga
Gender Male
Phone No (Phone) +65-94571803
Address Blk 690 Jurong West Central 1
Address Complement #02-199
Post Code 640690
Approximate Age Years Old 23
Injuries Sustained Neck Injury
Injured person in which vehicle? SKD7590R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person Pushpa
Gender Female
Phone No (Phone) +65-96349960
Address Blk 690 Jurong West Central 1
Address Complement #02-199
Post Code 640690
Approximate Age Years Old -
Injuries Sustained Neck Injury
Injured person in which vehicle? SKD7590R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

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.
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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/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

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

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

Sketch Plan

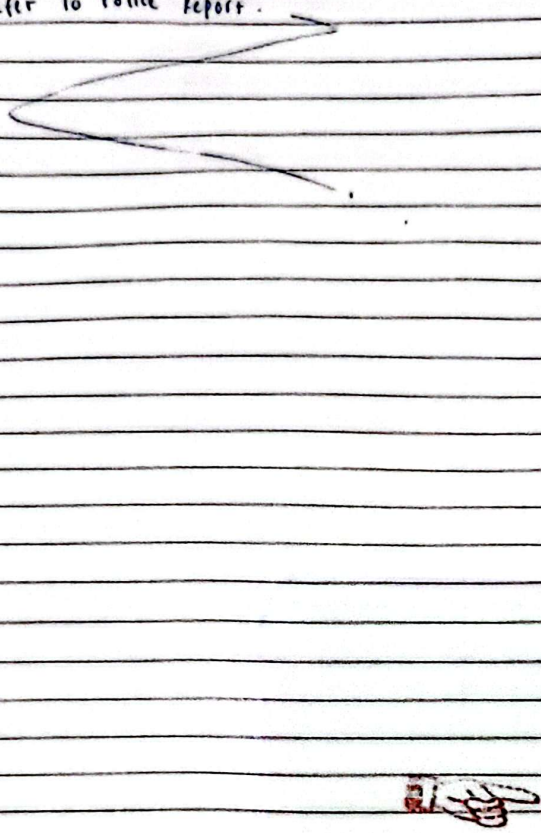
A: SKD7590R
B: SH61255

other accidents

vJun2022

Describe Circumstance of the Accident

Refer To Police Report.



Declaration

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

Policyholder's Signature / Date & Time

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

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