



Mercedes-Benz

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

ESTIMATE FOR SJU1665X

CHINA TAIPING INSURANCE (S) PTE LTD
ATTN: MOTOR CLAIM DEPARTMENT
3 ANSON ROAD #16-00
SPRINGLEAF TOWER
SINGAPORE 079909
62222366

Vehicle & Document Information
WIP No 23036
Reg No/Reg Date SJU1665X / 28/04/2023
Date In/Mileage 0
Chassis No W1K2060412R0812274
Engine No 254915V0116302
Make/Model MB/C 180
Colour/Trim 029 970 Spectral B1/ 041 111 ARTICO Leat

Account No	Terms	Date/Time Printed	CSE	Operator	LKK Auto Consultants hence notify the Repairer of the following:			
WC000668	Credit	27/12/2024/ 19:49	CH	371	<ul style="list-style-type: none"> 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 			
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
Z REQUEST								
Customer Request								
M-BPNSUN								
POLICY NO/ACC DATE : 7230042349-01 // 23-12-2024								
DRIVE IN/EXCESS : 24-12-2024 // TBA								
DATE IN/DATE SURVEY:								
BY/AUTHORIZED ON :								
A BPILAB								
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.								960 1440.00
A BPIRES								800 1200.00
RESpray REAR BUMPER								
A BPILAB							0.10	380.00
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT								
A BPILAB								120.00
CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT								15.00
M BPNSUN								
SUNDRIES								
M REAR BUMPER					1.00	2147.47	00.00	2147.47
M REAR BUMPER LOWER BLACK TRIM					1.00	378.66	00.00	378.66
M LH/REAR BUMPER TRIM STRIP					1.00	124.21	00.00	124.21
M CTR/REAR BUMPER TRIM STRIP					1.00	266.14	00.00	266.14
M TOWING COVER TRIM STRIP					1.00	35.47	00.00	35.47
M TOWING EYE COVER					1.00	66.82	00.00	66.82
M TOWING EYE COVER BLACK TRIM					1.00	28.49	00.00	28.49
M CUPPED BLIND RIVET					10.00	5.50	00.00	55.00
M CROSSMEMBER, REAR					1.00	876.06	00.00	876.06

Taufik 97495749 wp' 13/1/25 4pm
Plp Resurvey before paint 03 days
taufik@lkkauto.com

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan-go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Confirmed & accepted by

Authorized signatory and company stamp

Nett 7,133.32
9% GST on 7133.32 642.00
Total Payable 7,775.32

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

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	24/12/2024 11:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/12/2024 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALEXANDRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1665X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH CHUNG HAUR
NRIC No	SXXXX910E
Email Address	ch.koh@hotmail.com
Mobile Phone No	(Phone) +65-98779636
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1332
Vehicle Fuel	-
First Registration Date	28/04/2023
Chassis no	W1K2060412R081227
Effective Date/Time of Ownership	28/04/2023 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230042349-01

DRIVER

Name of Driver	KOH CHUNG HAUR
NRIC No	SXXXX910E
Date Of Birth	07/04/1978
Occupation	Indoor
Driving Pass Date	17/08/2004
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98779636
Alt. Phone Number	-
Email Address	ch.koh@hotmail.com
Address	BLK 451B BUKIT BATOK WEST AVE
Address complement	#11-697
Postcode	652451
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)	4
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	YENNY
Gender	Female

PASSENGER 2

Name	MAVERYK HYUNO KOH SOONG NGOU
Gender	Male

PASSENGER 3

Name	MEREDYTH HYUNA KOH SOONG NGIA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GBL1157M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	TAN KE XU
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
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

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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclicarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT : T/20241223/2078

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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



1202412200008

1 of 1

Report No: 1202412214003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2024 20:59		Vide Report No.:		Station Diary No. 69
Informant's Particulars				
Name of Informant: KOH CHUNG HAUR		Address: 451B BUKIT BATOK WEST AVENUE 6 #11-697 SINGAPORE 652451		
ID Type / ID No.: NRIC NO / S7874910E		Contact No.: Home/Office: Mobile: 94779636		
Nationality: SINGAPORE CITIZEN		Email: ch.koh@hotmail.com		
Sex: Male	Age: 46	Date of Birth: 07/04/1978	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: University Lecturer		Driving Licence Information: Class 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2024 16:20	Type of Location: Merging lane towards expressway
Location: ALEXANDRA RD				
Lamp Post Number: 15652				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GH1157M	Motor van	TOYOTA		Grey	Slightly Damaged	0
CEH240K	Motor car	MERCEDES BENZ	C180	Blue	Slightly Damaged	3



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



Report No: T20141225004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KE XU	ID No.	S98137241
Related Vehicle	GBL1157M (Motor van)	Contact No.	96534098
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	YENNY	ID No.	S8977291E
Related Vehicle	SJU1665X (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	MAVERYCK HYUNO KOH SOONG NGOU	ID No.	T1519758C
Related Vehicle	SJU1665X (Motor car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20241223/2078

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20241223/2078

CONTINUATION OF REPORT

Driver Name	KOH CHUNG HAUR		ID No.	S7874910E
Related Vehicle	SJU1665X (Motor car)		Contact No.	98779636
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Passenger Name	MEREDYTH HYUNA KOH SOONG NGIA		ID No.	T1300647J
Related Vehicle	SJU1665X (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight

Brief Details.

On the above-mentioned, date, time and location, I was driving my vehicle bearing registration number SJU1665X along Alexandra Road towards AYE. My wife, nine-year-old son, and eleven-year-old daughter were in the vehicle with me as well. I was travelling along the slip road towards AYE and slowed down as there was oncoming traffic from the right side. My vehicle was then hit from the rear by a grey van bearing registration number GBL1157M. After the incident, both myself and the driver of the van, stopped our vehicles and exchanged particulars. My vehicle sustained dents to the rear bumper. A short while later, I received a WhatsApp message from +65 9733 0611, with the name STEVE SIM, requesting for a private settlement. I declined the offer as I intend to settle this matter with insurance.

Traffic police and SCDF were not called down to scene.

I wish to state that my vehicle has an in-car camera and capture footage of the incident.

I also wish to state that at the time of incident, neither I, nor the occupants of my vehicle experienced any noticeable bodily pains. However a few hours later, we are starting to experience some soreness at our neck and back region.



SINGAPORE
POLICE FORCE

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Jurong East N.P.C.
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

INVESTIGATION REPORT

Report No: 2024-11-01

CONTINUATION OF REPORT

Signature of Officer Recording The
D/
SGT 2 PIUS ZAI ZHEN NING

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
23/12/2024 20:59

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No: 65476219

Classification Of Case:

NP168