



Mercedes-Benz

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

ESTIMATE FOR SDW4455B

INDIA INTERNATIONAL INSURANCE P/L

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

Vehicle & Document Information
WIP No 19243
Reg No/Reg Date SDW4455B / 19/03/2024
Date In/Mileage / 0
Chassis No W1N2476842W3503653
Engine No 28281480076626
Make/Model MB/GLB 180
Colour/Trim 027 787 Mountain Gt/ 041 101 Black

Account No	Terms	Date/Time Printed	CSE	Operator				
WI000576	Credit	08/07/2024/ 17:09	VS	356 / Vincent Seah				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
Z REQUEST								
Customer Request								
M BPNSUN								
POLICY NO/ACC DATE :720040441//06.07.2024								
DRIVE IN/EXCESS : 08.07.2024 // TP CAR NO.:SLE3461P-INDIA								
DATE IN/DATE SURVEY:								
BY/AUTHORIZED ON :								
M BPNSUN								15.00
SUNDRIES								
A BPILAB								120.00
CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT								
A BPILAB								1200.00
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.								
A BPIRES								1200.00
RESPRAY ON REAR BUMPER AND ACCIDENT AFFECTED AREA								
M REAR BUMPER					1.00	1520.45	00.00	1520.45
M CTR BASIC CARRIER FOR BUMPER					1.00	139.63	00.00	139.63
M STEP PLATE					1.00	251.31	00.00	251.31
M REAR LOWER BUMPER					1.00	604.52	00.00	604.52
M CHROME COVER,REAR BUMPER					1.00	1474.90	00.00	1474.90
M BOTTOM LEFT TRIM STRIP					1.00	141.96	00.00	141.96
M LEFT EXHAUST COVER					1.00	180.35	00.00	180.35
M LOWER LHR BRACKET, BUMPER					1.00	32.86	00.00	32.86
M LHR OUTER RADAR ABSORBER					1.00	51.02	00.00	51.02
M LHR RADAR CONTROL UNIT, COMPLETE					1.00	1854.91	00.00	1854.91
M LHR RADAR BRACKET					1.00	34.43	00.00	34.43
M LHR BASIC CARRIER FOR BUMPER					1.00	55.10	00.00	55.10
M LEFT BUMPER LATERAL SUPPORT					1.00	115.63	00.00	115.63
M LHR REFLECTOR LENS					1.00	33.05	00.00	33.05
M COVER, SUBSTRUCTURE					1.00	177.61	00.00	177.61
M DISTANCE SENSOR					1.00	329.75	00.00	329.75
M DECOUPLING RING					1.00	7.63	00.00	7.63
M LEFT REAR LAMP COMBINATION					1.00	712.23	00.00	712.23

Confirmed & accepted by

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.



and Mercedes-Benz are trademarks of 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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WI000576	Credit	08/07/2024/ 17:09	VS	356 / Vincent Seah

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M REAR-END PANEL	1.00	2918.32	00.00	2918.32
M REAR CROSS MEMBER	1.00	719.37	00.00	719.37

THIS IS NOT AN OFFICIAL TAX INVOICE

ESTIMATE

Confirmed & accepted by

Nett 13,890.03
9% GST on 13890.03 1250.10

Authorized signatory and company stamp

Total Payable 15,140.13

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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	08/07/2024 15:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/07/2024 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TECK WHYE AVENUE & CHOA CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW4455B
INSURED/POLICYHOLDER	
	
Is company?	No
Name Of Registered Owner	YIEW SIEW MONG
NRIC No	SXXXX044G
Email Address	yiewsm@gmail.com
Mobile Phone No	(Phone) +65-96964921
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB 180
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

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	720040441

DRIVER

Name of Driver	YIEW SIEW MONG
NRIC No	SXXXX044G
Date Of Birth	28/02/1958

Occupation	Indoor
Driving Pass Date	18/04/1977
Driving experience	47 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96964921
Alt. Phone Number	-
Email Address	teoeye8@hotmail.com
Address	BLK 6 TECK WHYE QAVENUE #11-130
Address complement	-
Postcode	680006
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)	1
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	-

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	SLE3461P
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
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)	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 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:

(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

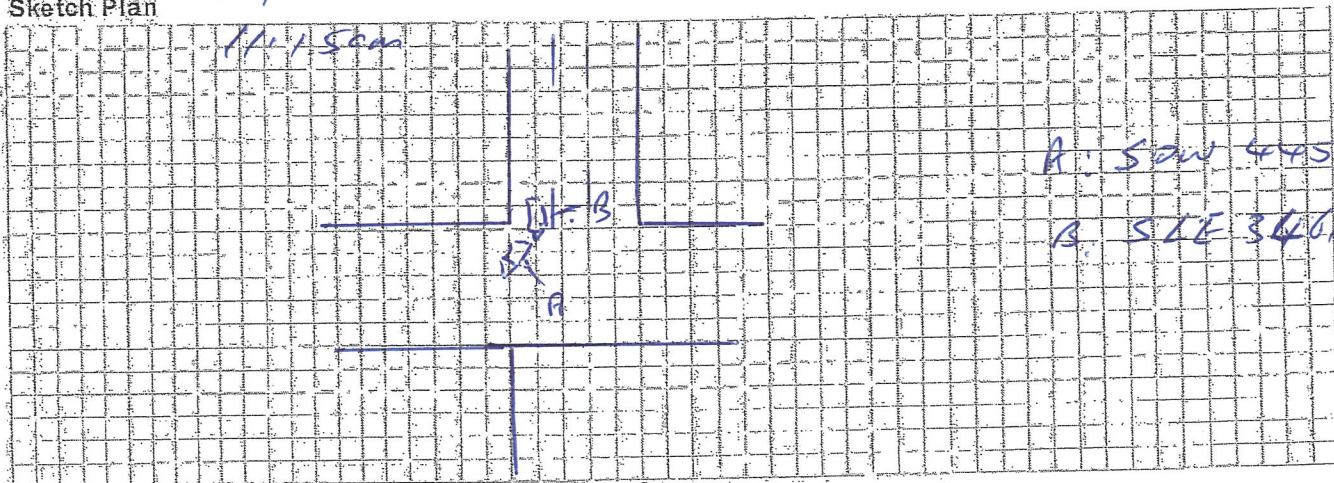
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: 08/07/2024

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

My vehicle SDW 4455 B was stationary
vehicle SLE 3461 P Right Front hit
into my vehicle SDW 4455 B left
Rear

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time


08/07/2024
11:15am

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

Witnessed by Reporting Centre
Personnel

