



Mercedes-Benz

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

## ESTIMATE FOR SJB3322Y

Mr Ho Wai Ki Ricky

38 Lakeshore View  
Sentosa Cove  
Singapore 098318

### Vehicle & Document Information

WIP No **19518**  
Reg No/Reg Date **SJB3322Y / 03/12/2007**  
Date In/Mileage **0**  
Chassis No **WDD2211562A176703**  
Engine No **27296530754862**  
Make/Model **MB/S 350 LONG SEDAN (V221)**  
Colour/Trim **021 197 Obsidian Bl/ 042 201 Black**

Account No	Terms	Date/Time Printed	CSE	Operator
CSM00128	Cash	12/12/2017/ 11:04	K0	301 / Kerlyn Ong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M BPNSUN POLICY NO/ACC DATE : 2100052556-10 // 09/12/2017 DRIVE IN/TP VEHICLE NO. : 11/12/2017 // SJU150X - LONPAC DATE IN/DATE SURVEY: BY/AUTHORIZED ON :				
A BPILAB STRAIGHTEN, REMOVE SUPPORT ASSY FROM FRAME IMPACT DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.				4800.00
A BPIRES RESPRAY BOOT LID, REAR BUMPER & END PANEL				2400.00
A BPILAB USING STAR DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT				480.00
A BPILAB CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT				120.00
A BPILAB REMOVE & REFIT LUGGAGE COMPARTMENT, TRIM, GARNISH- CARPET FOR NECESSARY REPAIR. NETT				960.00
M REAR BUMPER	1.00	1802.38	00.00	1802.38
M LH/ REAR BUMPER REINFORCEMENT	1.00	83.57	00.00	83.57
M RH/ REAR BUMPER REINFORCEMENT	1.00	83.57	00.00	83.57
M REAR PARKING SENSOR UNIT	2.00	175.37	00.00	350.74
M REAR SPACER RING	2.00	6.26	00.00	12.52
M CABLE HARNESS	1.00	193.37	00.00	193.37
M LH/ TAIL PIPE COVER	1.00	745.59	00.00	745.59
M REAR BUMPER MOUNTING BRACKET	2.00	15.99	00.00	31.98
M LH/ REAR BUMPER GUIDE	1.00	45.14	00.00	45.14
M BOOT LID	1.00	3242.38	00.00	3242.38
M BOOT LID SEAL	1.00	93.87	00.00	93.87
M LH/ BOOT LID HINGE LEVER	1.00	175.57	00.00	175.57
M RH/ BOOT LID HINGE LEVER	1.00	175.57	00.00	175.57
M REAR MERCEDES STAR	1.00	45.55	00.00	45.55
M GROMMET	3.00	2.16	00.00	6.48

Confirmed & accepted by

**Kerlyn Ong Kai Li**  
DID : 6771 4420 HP : 9186 5113  
Email : kerlyn.ong@cyclecarrriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

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.



WE DRIVE FIRST CLASS



Mercedes-Benz - are registered trademarks of Daimler, Stuttgart, Germany

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



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CSM00128	Cash	12/12/2017/ 11:04	K0	301 / Kerlyn Ong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M S350 EMBLEM	1.00	80.01	00.00	80.01
M BOOT LID CHROME MOULDING	1.00	163.01	00.00	163.01
M LH/ TAILLAMP	1.00	576.04	00.00	576.04
M LH/ TAILLAMP TS COVER	1.00	175.98	00.00	175.98
M REAR CROSS MEMBER	1.00	676.80	00.00	676.80
M REAR INNER CROSS MEMBER	1.00	1088.33	00.00	1088.33

Confirmed & accepted by

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Authorized signatory and company stamp

Nett **18,608.45**  
7% GST on **18608.45** **1302.59**  
**Total Payable 19,911.04**

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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 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 ability.
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 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 Report	11/12/2017 17:06
Date Of Accident	09/12/2017 15:30
Exact Location Of Accident	FARRER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB3322Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO WAI KI RICKY
NRIC No	S2623300C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97559737
Alternative Phone No	OFFICE-97559737

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S350

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

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	HO WAI KI RICKY
NRIC No	S2623300C
Date Of Birth	31/10/1949
Occupation	INDOOR
Date Of Driving Pass	16/12/1994
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97559737
Fax Number	
Contact Number	OFFICE-97559737
Email Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### 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 this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU150X  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver LIM BENG WWEE  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name LONPAC INSURANCE BHD  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

## 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.

**Kerlyn Ong Kai Li**

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

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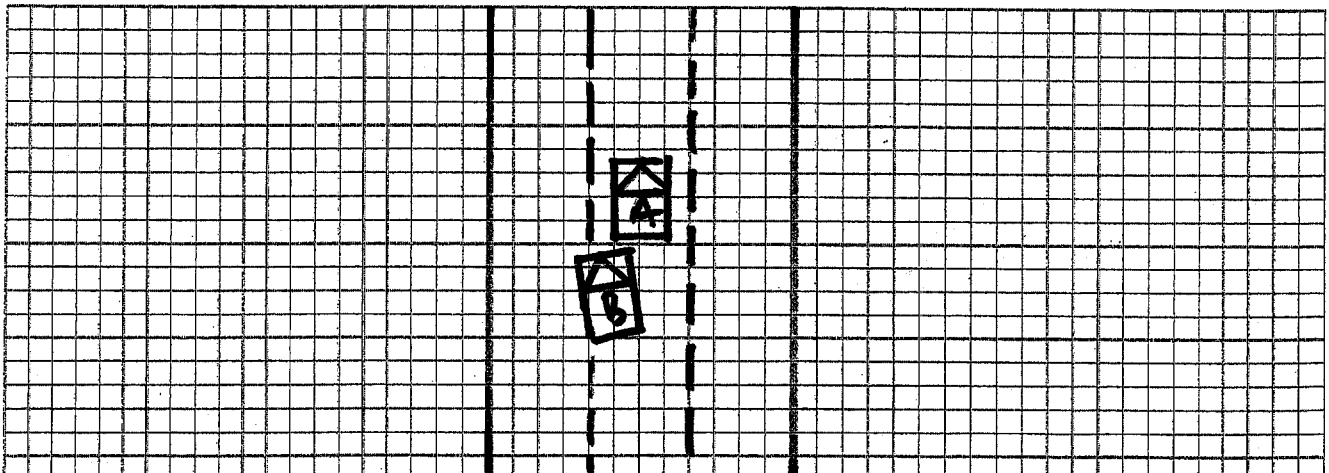
Witnessed by Reporting Centre

Personnel **KERLYN**

  
Policyholder's Signature / Date &  
Time 11/12/2017 1551

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

#### Sketch Plan



**Describe Circumstances of the Accident**

I WAS DRIVING MY CAR (SJB3322Y) ALONG FARRER ROAD. I WAS ON THE CENTER LANE AND WAS GOING STRAIGHT. VEHICLE B (SJU150X) CAME FROM THE REAR FOLLOWING BEHIND ME SUDDENLY LOST CONTROL AND HAD COLLIDED ONTO MY LEFT REAR PORTION.

**Declaration**

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

**Please note that you have 14 calender days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.**

(Please contact your insurance company for any further details)

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Policyholder's Signature / Date &

Time 11/12/2017 1551

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

Witnessed by Reporting Centre  
Personnel KERLYN