



Mercedes-Benz

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

ESTIMATE FOR SKF5138S

Mdm Moh Hoi Cheng

71 Verde Crescent
Singapore 688426

Mobile: 97683266

Vehicle & Document Information

WIP No **22682**
Reg No/Reg Date **SKF5138S / 11/06/2012**
Date In/Mileage **/ 0**
Chassis No **WDD2040452A725460**
Engine No **27191031356005**
Make/Model **MB/C 180K (BlueEFFICIENCY) S**
Colour/Trim **024 497 Cuprite Bro/ 042 224 Leather Cas**

Account No	Terms	Date/Time Printed	CSE	Operator
CSM00128	Cash	09/04/2018/ 13:36		350 / Eric Lee Ming Hui

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
<p>M BPNSUN POLICY NO/ACC DATE : 2100351458 / 7-4-18 TP VEH NO : SHB7891T - FIRST CAP DATE IN/DATE SURVEY: BY/AUTHORIZED ON :</p>				
A BPILAB USING STAR DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT			0.10	380.00
A BPIRES RESPRAY REAR BUMPER, RH/ REAR FENDER.				1800.00
A BPILAB PANEL BEATING TO REPAIR AFFECTED AREAS, REMOVE AND REPLACE WITH NEW BODY PANELS AND REFINISH.				2880.00
M REAR BUMPER	1.00	1328.74	00.00	1328.74
M LEFT CHROME MOULDING	1.00	132.56	00.00	132.56
M RIGHT CHROME MOULDING	1.00	132.56	00.00	132.56
M CTR CHROME MOULDING	1.00	186.40	00.00	186.40
M RH/ REAR LAMP COMBINATION	1.00	678.06	00.00	678.06

Eric Lee Ming Hui

DID : 6771 4336 HP : 9181 7717

Email : eric.lee@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Confirmed & accepted by

Nett **7,518.32**
7% GST on **7518.32** **526.28**

Authorized signatory and company stamp

Total Payable 8,044.60

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



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Singapore 128378
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Fax: 6779 5383
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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 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	09/04/2018 10:44
Date Of Accident	07/04/2018 22:30
Exact Location Of Accident	71 VERDE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5138S
Insured/Policyholder	
Name Of Registered Owner	MOH HOI CHENG
NRIC No	S0527255F
Email Address	HOICHENG.MOH@VOITH.COM
Mobile Phone No	(LOCAL) +65-97683266
Alternative Phone No	HOME-63103018

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (A)

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100351458-04
Cover Note Number	11/12/2017-10/12/2018

Driver

Name of Driver	MOH HOI CHENG
NRIC No	S0527255F
Date Of Birth	30/05/1948
Occupation	INDOOR
Date Of Driving Pass	13/05/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	+65-97683266
Fax Number	
Contact Number	HOME-63103018
EEmail Address	HOICHENG.MOH@VOITH.COM

Address	71 VERDE CRESCENT
Postcode	688426
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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

refer to attached

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 Witness 1

Name	HUANG HANMING
Phone Number	93899283
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7891T
Vehicle Make/Model/Colour	TRANS CAB RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HEE JOO
NRIC/Passport Number	S0011106F
Contact Number	91915529
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

• No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in my home, getting ready to shower, around 10:30, on the 3rd floor. My handphone rang and my neighbour informed me that a taxi had hit my car, which was parked outside my house, along the road. One neighbour heard a loud bang and went out to see. He stopped the taxi, and when I went down to check, the taxi driver had already parked his taxi in front of my gate. The back right corner of my bumper was damaged and there were red paint marks on the side of my car (driver side).

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: