



Mercedes-Benz

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

## ESTIMATE FOR SKG5275Z

Hexacon Construction Pte Ltd

432 Balestier Road  
#02-432 Public Mansion  
Singapore 329813  
Attn: Mr Pang Hoe Sang  
96380542

### Vehicle & Document Information

WIP No **27920**  
Reg No/Reg Date **SKG5275Z / 17/07/2018**  
Date In/Mileage **0**  
Chassis No **WDD2130452A475322**  
Engine No **27492031519027**  
Make/Model **MB/MB E 250 SEDAN EXCLUSIVE/EXCLUSIVE**  
Colour/Trim **021 197 Obsidian Bl/ 048 815 Nappa Porce**

Account No	Terms	Date/Time Printed	CSE	Operator
WCV10652	CRDVCH	27/10/2018/ 10:32		301 / Kerlyn Ong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z REQUEST				
Customer Request				
A BPIRES				960.00
RESpray REAR BUMPER				
A BPILAB				1920.00
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.				
A BPILAB			0.10	380.00
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT				
M REAR BUMPER	1.00	1430.46	00.00	1430.46
M LH/ REAR BUMPER CHROME MOULDING	1.00	121.18	00.00	121.18
M RH/ REAR BUMPER CHROME MOULDING	1.00	121.18	00.00	121.18
M REAR BUMPER LOWER TRIM	1.00	260.25	00.00	260.25
M REAR BUMPER LOWER CHROME MOULDING	1.00	301.99	00.00	301.99
M CTR/ BASIC MOUNTING FOR BUMPER	1.00	79.85	00.00	79.85

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

Confirmed & accepted by

Nett **5,574.91**  
7% GST on **5574.91** **390.24**  
**Total Payable 5,965.15**

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

## 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 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 Report	29/10/2018 08:46
Date Of Accident	26/10/2018 14:40
Exact Location Of Accident	ALONG AYE TOWARD TOWN AFTER CLEMENTI EXIT
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG5275K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HEXACON CONSTRUCTION PTE LTD
Co Reg No	198204843K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97988736

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1800082900
Cover Note Number	

### Driver

Name of Driver	DOMINIC CHOY SEONG SEAN
NRIC No	S26105601
Date Of Birth	08/09/1967
Occupation	INDOOR
Date Of Driving Pass	29/06/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97988736
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	530 BALESTIER ROAD #14-01 S 329857
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
Number of vehicles involved in the accident	2
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)	1

#### 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?	YES
Remarks/ Reasons:	REFER CSE KO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFP32C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAM KWONG FAI
NRIC/Passport Number	S7839480C
Contact Number	
Address	
Postcode	
Insurance Company Name	FWD SINGAPORE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 27/10/2018 1026

Driver's Signature

(If driver is not the policyholder)

Date & Time

**Kerlyn Ong Kai Li**

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

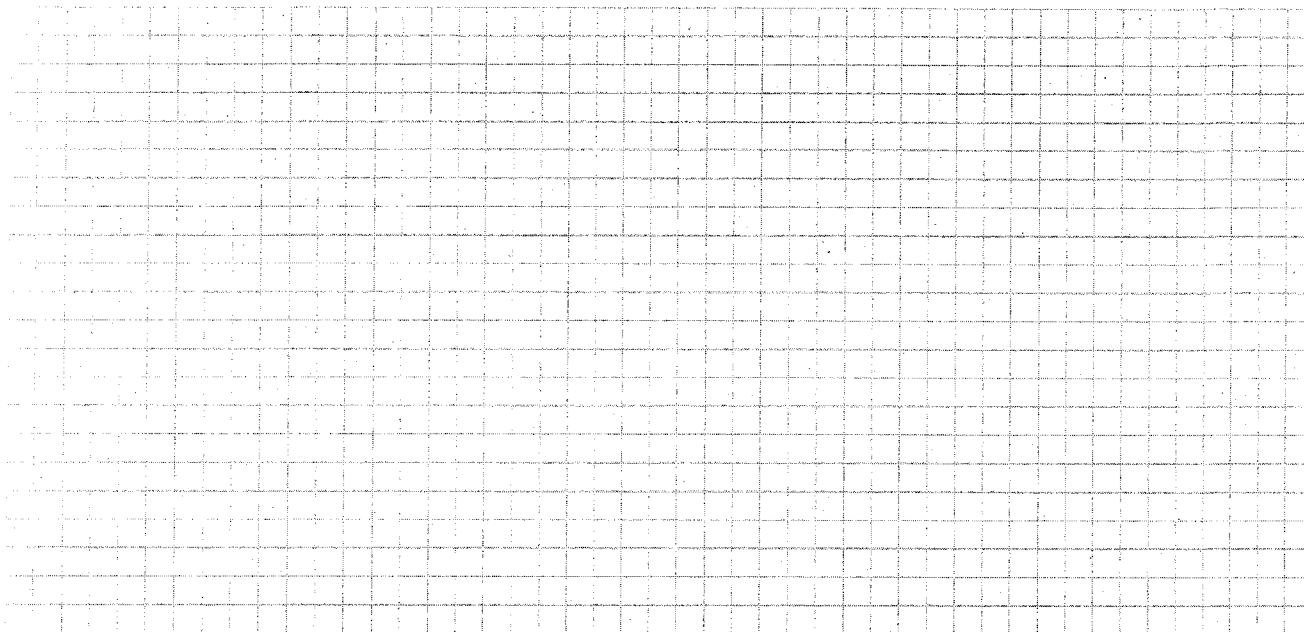
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS DRIVING MY CAR (SKG5275Z) ALONG AYE TOWARD TOWN AFTER CLEMENTI EXIT. I WAS TRAVELLING AT THE EXTREME RIGHT LANE. VEHICLES INFRONT OF ME HAD STOPPED, I FOLLOWED SUIT TO STOP. AS I STOPPED MY CAR, VEHICLE B (SFP32C) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION.

**DECLARATION**

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

**Please note that you have 14 calendar 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)

A handwritten signature in black ink, appearing to read 'Kerlyn Ong Kai Li'.

Policyholder's Signature

Date & Time 27/10/2018 1026

Driver's Signature

(If driver is not the policyholder)

Date & Time

**Kerlyn Ong Kai Li**

DID : 6771 4420 HP : 9186 5113

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Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.: