



Mercedes-Benz

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

ESTIMATE FOR SGU6247Y

EQ INSURANCE COMPANY LIMITED

MOTOR CLAIM DEPARTMENT
5 MAXWELL ROAD #17-00
TOWER BLOCK, MND COMPLEX
SINGAPORE 069110
62239433

Vehicle & Document Information

WIP No **39450**
Reg No/Reg Date **SGU6247Y / 18/04/2017**
Date In/Mileage **1 / 0**
Chassis No **WDD2050402R257383**
Engine No **27491030869166**
Make/Model **MB/MB C 180 SEDAN (W205) "AVANTGARDE / A**
Colour/Trim **027 775 Iridium Sil/ 041 101 ARTICO Leat**

Account No	Terms	Date/Time Printed	CSE	Operator	
WE000058	Credit	05/12/2019/ 13:27	K0	301 / Kerlyn Ong	
Description of Goods / Services		Qty	Unit Price	Disc%	Amount

Z REQUEST

Customer Request

M BPNSUN

POLICY NO/ACC DATE : 2100506814-02 // 05/12/2019

DRIVE IN/EXCESS : 05/12/2019 //

DATE IN/DATE SURVEY:

BY/AUTHORIZED ON :

A BPILAB

DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.

A BPIRES

RESpray REAR BUMPER

A BPILAB

USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT

A BPILAB

CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT

1920.00

960.00

0.10

380.00

120.00

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

7% GST on **Nett 3,380.00**
236.60

Authorized signatory and company stamp

Total Payable 3,616.60

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.



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	05/12/2019 13:06
Date Of Accident	05/12/2019 08:30
Exact Location Of Accident	SLIP RD HOSPITAL DRIVE ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU6247Y
Insured/Policyholder	
Name Of Registered Owner	MOK YIN PING
NRIC No	S1611175I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96532077
Alternative Phone No	OFFICE-96532077

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	2100506814-02
Cover Note Number	

Driver

Name of Driver	MOK YIN PING
NRIC No	S1611175I
Date Of Birth	23/10/1963
Occupation	INDOOR
Date Of Driving Pass	08/08/1983
Driving Experience	36 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96532077
Fax Number	
Contact Number	OFFICE-96532077
EMail Address	NOEMAIL

Address	17 KARIKAL LANE
Postcode	427100
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	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

I STOPPED MY CAR AT SLIP RD HOSPITAL DRIVE ROUND-ABOUT AS THERE WERE VEHICLES ON THE ROUNDABOUT. AS I STOPPED FOR AWHILE, CAR B (SJV9109C) BEHIND OF ME DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION.

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	SJV9109C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BAO HONGLIANG
NRIC/Passport Number	S7483503A
Contact Number	97113556
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

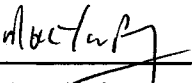
Kerlyn Ong Kai Li

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop



Policyholder's Signature

Date & Time 05/12/2019 1152

Driver's Signature

(If driver is not the policyholder)

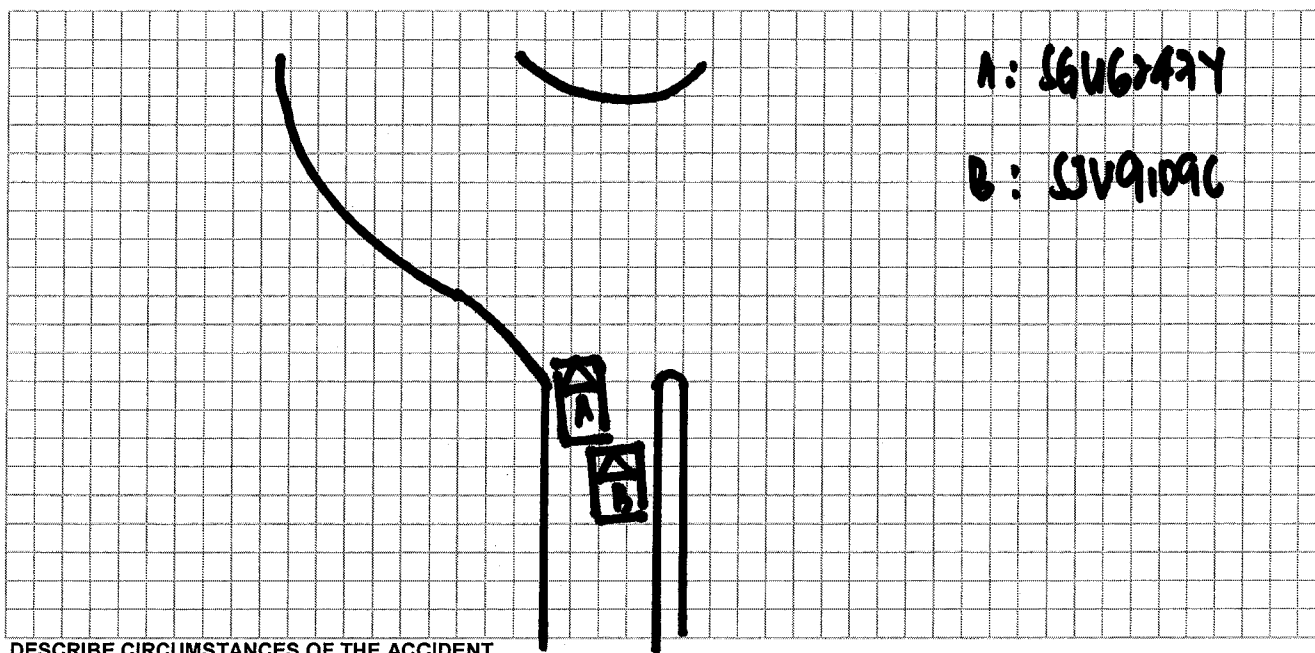
Date & Time

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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AS I STOPPED FOR AWHILE, VEHICLE B (SJV9109C) BEHIND OF ME 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)

Kerlyn Ong Kai Li

Policyholder's Signature

Date & Time 05/12/2019 1152

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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Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop
Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.: