



Mercedes-Benz

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

ESTIMATE FOR SJP1336Y

LONPAC INSURANCE BHD

MOTOR CLAIM DEPARTMENT
300 BEACH ROAD
#17-04/07 THE CONCOURSE
SINGAPORE 199555
62507388

Vehicle & Document Information

WIP No **40512**
Reg No/Reg Date **SJP1336Y / 15/09/2015**
Date In/Mileage **0**
Chassis No **WDD2120342B195312**
Engine No **27492030425411**
Make/Model **MB/E 200 2.0 SEDAN (W212) "A**
Colour/Trim **025 585 Covelline B/ 042 258 Basalt Grey**

Account No	Terms	Date/Time Printed	CSE	Operator			
WL001605	Credit	09/01/2020/ 17:34	K0	301 / Kerlyn Ong			
Description of Goods / Services				Qty	Unit Price	Disc%	Amount

Z REQUEST

Customer Request
M BPN SUN

POLICY NO/ACC DATE : DHOM120045731900 // 09/01/2020
DRIVE IN/TP VEHICLE NO : 09/01/2020 // XD1043P - LONPAC
DATE IN/DATE SURVEY:
BY/AUTHORIZED ON :

A BPILAB

STRAIGHTEN, REMOVE SUPPORT ASSY FROM FRAME IMPACT
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.

A BPIRES

RESPRAY BONNET & FRONT BUMPER

A BPILAB

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

A BPILAB

TO REMOVE, REPLACE HEADLAMP WITH FOCUS. NETT

M FRONT BUMPER

M LH/ FRONT BUMPER RAIL

M FRONT BUMPER SEAL

M LH/ BASIC MOUNTING FOR BUMPER

M BONNET

M BONNET COMPANY SIGN

M BONNET HOOK

M BONNET SAFETY HOOK

M BONNET CATCH

M BONNET STOP BUFFER

M RADIATOR GRILLE MOULDING

M RADIATOR GRILLE

M RADIATOR GRILLE BEAM

M LH/ TOP RADIATOR GRILLE MOULDING

M RH/ TOP RADIATOR GRILLE MOULDING

M LH/ BOTTOM RADIATOR GRILLE MOULDING

3840.00

1800.00

0.10

380.00

120.00

1.00 1481.83 00.00 1481.83

1.00 17.62 00.00 17.62

1.00 56.92 00.00 56.92

1.00 85.35 00.00 85.35

1.00 2473.48 00.00 2473.48

1.00 77.91 00.00 77.91

2.00 33.17 00.00 66.34

1.00 79.10 00.00 79.10

2.00 34.34 00.00 68.68

2.00 10.71 00.00 21.42

1.00 354.79 00.00 354.79

1.00 193.89 00.00 193.89

1.00 183.05 00.00 183.05

1.00 40.12 00.00 40.12

1.00 40.12 00.00 40.12

1.00 40.12 00.00 40.12

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.

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



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WL001605	Credit	09/01/2020/ 17:34	K0	301 / Kerlyn Ong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M RH/ BOTTOM RADIATOR GRILLE MOULDING	1.00	40.12	00.00	40.12
M MERCEDES STAR	1.00	136.49	00.00	136.49
M MERCEDES STAR BEAM	1.00	77.44	00.00	77.44
M MERCEDES STAR BEAM	1.00	264.00	00.00	264.00
M FRONT STIFFENING	1.00	162.28	00.00	162.28
M FRAME FOR HEADLAMP UNIT	1.00	275.81	00.00	275.81
M LH/ HEADLAMP UNIT	1.00	5167.48	00.00	5167.48

Confirmed & accepted by

Nett 17,544.36
7% GST on 17544.36 1228.11

Authorized signatory and company stamp

Total Payable 18,772.47

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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 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	09/01/2020 17:11
Date Of Accident	09/01/2020 13:10
Exact Location Of Accident	OUTSIDE 24 TUAS AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP1336Y
Insured/Policyholder	
Name Of Registered Owner	CHIANG MUN FAI
NRIC No	SXXXX727H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91152991
Alternative Phone No	OFFICE-91152991

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120045731900
Cover Note Number	

Driver

Name of Driver	CHIANG MUN FAI
NRIC No	SXXXX727H
Date Of Birth	06/09/1969
Occupation	INDOOR
Date Of Driving Pass	20/09/1989
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91152991
Fax Number	
Contact Number	OFFICE-91152991
Email Address	NOEMAIL

Address	BLK 620 BUKIT BATOK CENTRAL #19-524
Postcode	650620
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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

I PARKED MY CAR AT 24 TUAS AVENUE 4. AS I WAS IN THE CONSTRUCTION SITE FOR A MEETING. CAR B (XD1043P) HAD REVERSED ONTO MY CAR AND CAUSED DAMAGES ON MY CAR.

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	XD1043P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AVADAIKUTTY GANESH MOORTHY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

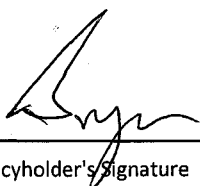
SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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. 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 09/01/2020 1549

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

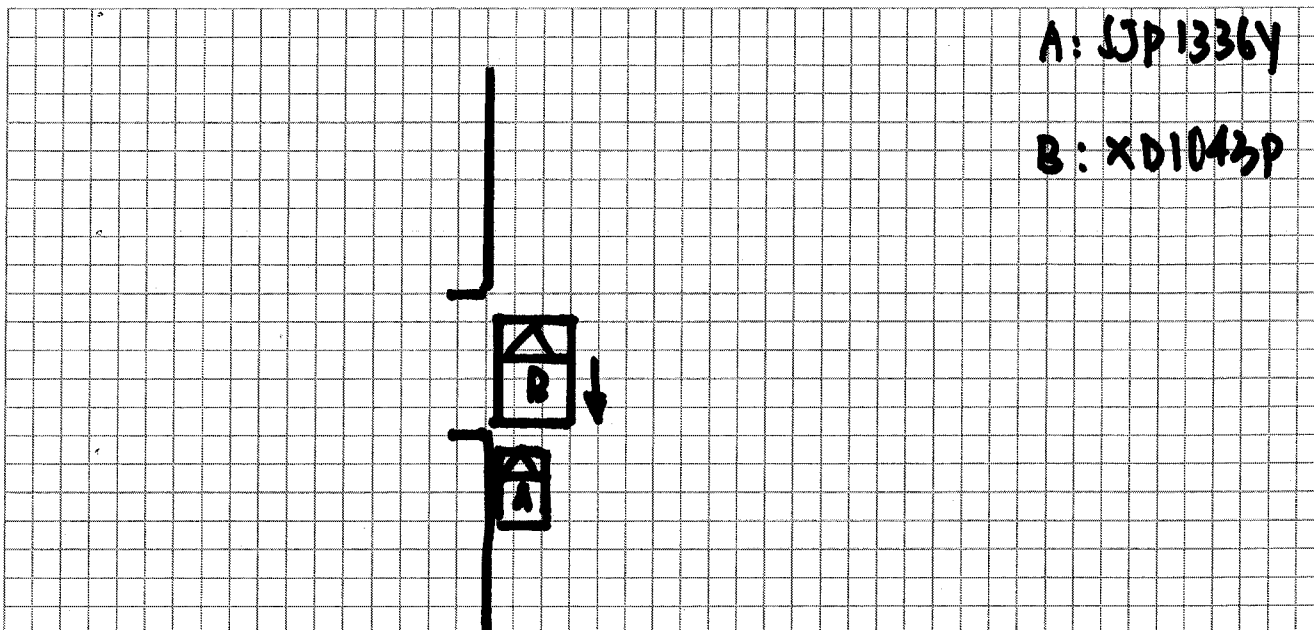
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I PARKED MY CAR (SJP1336Y) AT 24 TUAS AVENUE 4 . AS I WAS IN THE CONSTRUCTION SITE FOR A MEETING, VEHICLE B (XD1043P) HAD REVERSED ONTO MY CAR AND CAUSED DAMAGES ON MY VEHICLE.

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)

Policyholder's Signature

Date & Time 09/01/2020 1549

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
Reporting Centre Personnel
Customer Service Centre - Pandan Loop

Name: KERLYN

NRIC/FIN No.: