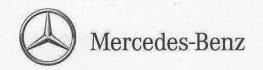
RES. REC. BY: PANEL REF: CS/U012/07	01704/Ritd3 1 8975
	GNMENT
	1 21/2 012 4 20K 217
From: Date:	Veh No: Yr Regn: Yr Regn: Type: M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
DD I PI WS I TP RES I OD RES I EVA I INV I NIV	Truck / Trailer or
To Inspect Vehicle No: SKM 813 4	Make: MERCEDES BONZ CLA 200(RIBIO.C 1595
et Workshop m/s CYLLC & CORLINGE	Colour BUKK A/C: Insured / Std / NI / NA
188 PKHOKH LOSP	Sp.Reading 52362 T/Radio; Insured / Std / NI / NA
nsured: Wol	Eng/No:
Policy No.	CMO: WAD 1173432NO 72285.
Claims No.	Gen. Cond: Good / Fair) Poor / Burnt
Sum Insured: Excess:	Steering: In order Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SIRIM / STD A/Rim or
	Tyre Size: F: 228/40R18
(Policy Condition) Purper which	R: Y
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR/ SUMI /
repair at the time of inspection.	TOYO/YOKO or .
Bal. or Market Value: 68 K	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal, 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	UBal. C mm UBal. 6 . mm
Est. Repairs: days Res.: Yes or No	D.O.A. DO 02/2021 D.O.I. 15/02/2021
Lum Sum: % · 3 Val.: Yes or No	Survey held at CYUE & CARRIAGE
- Collin Collin	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / C	DUT FRET Of S
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
tyme Mt-24K	
finalize \$3784.85, 3DAYS	RED:6185.22; 62%
. IIIIaii20 \$0704.00, 3DATO	
	•
Dale/Time, File Pass to? : Prell. Report	Days Of Repair: 3
Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
	d Fee: : Site Insp (\$) - s+Rssi
	: Interview (\$) Photos
Repart Format:	:Tech, Invs (\$) Others
Lucep Fien (I.B.A: (†)	:Weeland (%
	TOTAL

a war b



ESTIMATE FOR SKM813Y*

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

Kamila G Kirpalani

62C Meyer Road Singapore 437889

Mobile: +6583636066

Vehicle & Document Information

WIP No 48224

Reg No/Reg Date SKM813Y* / 23/10/2014

Date In/Mileage

Chassis No WDD1173432N072285

Engine No 27091030346442

Make/Model MB/CLA 200 BlueEFFICIENCY (C

Colour/Trim 021 191 Cosmos Blac/ 041 151-Leather Twi

	Terms	Date/Time Printe	∍d	CSE	Operator		1755		
CS100003	Cash	04/02/2021/ 1	16:20	K0	301 / Kerlyn Ong				
		Description	of Goods / S	ervices		Qty	Unit Price	Disc%	Amount
M BPNSUN POLICY		E: DHOM1200318 : 04/02/2021		2/02/2021	FICIA	RASILA POO	loof8		OICE
DATE I	N/DATE SURV HRIZED ON		// \$500			330	aus		,
A BPILAB		• EPLACE ATTACHED	DAMAGED P	ARTS & RE	FINISH	11126	120216	1110	960 1920.0 600 968.0
A BPIRES	Y FRONT BUM		DAINGED	ANTO W NE	4 . 4	EXIE			600 960.0
A BPILAB		NOSTIC TO CHECK	ON CONTRO	LINT T RE	SET MEMORY TO	Reve	21	0.10	380.0
		ANDARD. NETT			Manne	Rever Peruny	before	pain	120.0
TO REM	OVE, REPLACE	HEADLAMP WITH	FOCUS . NE	TT\\\)				
1 FRONT	BUMPER tor	ANY SIGN	()	*		1.00 1.00	1421.95	00.00	1421.9
1 FRONT	DISTANCE SE	NSOR ?				2.00	182.48		364.9
SPACER	RING Ner /		and the same of th			2.00		00.00	12.7
RH/ HE	ADLAMP COVE	R MIS				1.00	70.74	00.00	70.7
RH/ HE.	ADLAMP COVE	R SPRING *	7			1.00		00.00	4.9
RH/ FR	ONT FENDER	INTERMEDIATE LA	YER '			1.00		00.00	17.9
	ADLAMP ?	7				1.00	2632.90		2632.9
	ADLAMP SEAL					1.00		00.00	75.0
RH/ HE	ADLAMP CONT	ROL UNIT :				1.00	870.27		870.2
		E ADJUSTMENT -				1.00	314.71		314.7 340.6
I LKONI	CROSS MEMBE	EMBER ABSORBER	7			1.00 1.00	340.68 160.37		160.3

To display damaged part(s) during resurvey

Parts prices are subject to confirmation
Third party survey is on a "Without Prejudice" basis

Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

7% GST on 9730.85

9,730.85 681.16

• No illegal modification(s) is allowed

Authorized signatory and company stamped and

is subject to final approval from Insura

Total Payable

Nett

10,412.01

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required.

Estimated dosks quitted any 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 mist 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



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 witholding 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

04/02/2021 10:47 (SGT) 02/02/2021 17:00 (SGT) 465 Joo Chiat Rd, Singapore 427677 465 joo chiat rd, carpark S0127 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKM813Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No

KAMILA G KIRPALANI SXXXX097J kavikirps@gmail.com (Phone) +65-91065344 +65-91065344

VEHICLE PARTICULARS

Manufacturer Model Variant

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? Vehicle Category

Mercedes Cla200

Private use

Yes Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

United Overseas Insurance Comprehensive No DHOM120031811701

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KAVI KIRPALANI SXXXX649A 11/10/1990 Indoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

No

18/01/2010

Male

437889

No

No

Child

Clear

Dry

No

No

Yes

2

11 YEARS AND 1 MONTH

(Phone) +65-91065344

kavikirps@gmail.com

62C Meyer Road

Bedok Division Headquarters

(Phone) +65-18002440000

(Fax) +65-64443009

30 Bedok North Road Singapore 469676

Hit and run / Vandalism / Damaged whilst parked

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, G/20210204/7013 LODGE AT BEDOK DIVISION HQ I PARKED MY CAR (LICENCE PLATE NUMBER SKM813Y) AT PUBLIC CARPARK S0127, IN PARKING SPOT NUMBER 8 OF 12. UPON RETURNING, I DID NOT REALIZE THAT THERE HAD BEEN DAMAGE TO THE CAR AND DROVE HOME. ON THE NEXT DAY (03/02/2021) I REALIZED THAT THERE HAD BEEN DAMAGE TO THE FRONT RIGHT SIDE OF MY CAR. UPON DRIVING BACK TO THE PARKING LOT TO CHECK THE LOCATION ETC, I RECOVERED DEBRIS FROM MY CAR AT THE EXACT LOCATION IT WAS PARKED, THEREFORE ASSUMING IT MUST HAVE HAPPENED WHILE THE VEHICLE HAS BEEN PARKED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model

Vehicle Variant

UNKNOWN





1 of 2

Report No. G/20210204/7013

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made	Vide Re	port No.		Station Diary No.
04/02/2021 09:46				Total or Didity 140.
Name Of Informant	Address			
KAVI KIRPALANI	62C MEYER ROAD SINGAPORE 437889			7889
ID Type / ID No.	Contact		011101110111111110	7000
NRIC NO / S9036649A	Home/O	ffice:	Mobile:	
			91065344	
Nationality	Email Address			
SINGAPORE CITIZEN	KAVIKIRPS@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Business development manager	Male	30	11/10/1990	Indian
Institution/School Name	Languag	e		10.10.10.11
	English			
Date/Time Of Incident	Location Of Incident			
02/02/2021 16:20 - 02/02/2021 17:20	465 JOC	CHIAT RO	AD SINGAPORE	427677
Brief details.				1011

I parked my car (liscence plate SKM813Y) at public carpark S0127, in parking spot number 8 of 12.

Upon returning, I did not realise that there had been damage to the car and drove home .

On the next day (03/02/21) I realised that there had been damage to the front right side of my car. Upon driving back to the parking lot to check the location etc., I recovered debris from my car at the exact location it was parked, therefore assuming it must have happened while the vehicle has been parked.

Signature Of Officer Recording The Report:	Signature Of Informant:			
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2021 09:46			
Officer In-Charge Of Case:	Classification Of Case:			

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210204/7013

Insurance claim has been processed but I have been advised to file a police report as this may be classified as a hit and run case.

Person Name	KAVI KIRPALANI		
ID Type	NRIC NO	ID No	000000101
Gender	Male	Age	S9036649A 30
Race	Indian	Language	English
Occupation	Business development manager	Address	62C MEYER ROAD
			SINGAPORE 437889
Mobile No	91065344	Is Informant A	Yes
		Victim?	
		VICTIM?	
Person Name	KAVI KIRPALANI (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2021 09:46		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			



Business/Occupn... INDOOR

United Overseas Insurance Limited 3 Anson Road #28-01 Springleaf Tower Singapore 079909

Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Email: ContactUs@uoi.com.sg uoi.com.sg

Co. Reg. No. 197100152R

ORIGINAL

UNIDRIVE

RENEWAL CERTIFICATE Agency A000401 Class of Policy MOTOR Policy Number DH0M12003181170 Account A000401 Issued on 09/09/2019 in UOI Replacing Policy no. DHOM12003181170(Client 0363480 Acceptance Date 04/09/2019 Replacing Cover Note 18497 Period of Insurance from 23/10/2019 to 22/10/2021 , both dates inclusive Insured's Name.... MDM KAMILA G. KIRPALANI Mailing Address... 62C MEYER ROAD SINGAPORE 437889

Premium ANNUAL PREMIUM

SGD689.40 Total Annual Premium

SGD689.40 Premium Due SGD1,378.80 Premium GST SGD96.52 Total Due SGD1,475.32

KAVI KIRPALANI

EXCESS FOR NAMED DRIVER REFER TO DRIVER AGE MUST BE ABOVE 25 YEAR AND OR DRIVING EXPERIENCE MORE THAN THREE (3) YEARS

Risk No. 001 UNIDRIVE 1. Registration SKM813Y Make/Model .. MERCEDES BENZ CLA200 (R18)

Type of Cover COMPREHENSIVE No. of seats 4 Body Type SALOON Engine No. .. 27091030346442 Capacity cc's 1595

Yr of Manuf/Regn 2014/2014 Chassis No. . WDD1173432N072285 NCB%..... 50.00

Certificate Ref. PVI INDEMNITY FOR TOTAL LOSS..... MARKET VALUE NAMED DRIVERS

SGD500.00 OTHERS SGD1,500.00 APPL TO <25 YRS & OR <3YRS EXP SGD3,000.00 WINDSCREEN DAMAGE CLAIM SGD100.00 Named Drivers KAMILA G. KIRPALANI GOBIND KIRPALANI VISHAL KIRPALANI

KAPIL KIRPALANI VEHICLE ATTACHMENT : WITH SUN ROOF

THE FOLLOWING CLAUSES AND ENDORSEMENTS APPLY TO THIS POLICY

2 YEAR PLAN 2 - EXCESS - DAMAGE CLAIMS

- AN EXCESS OF \$100 (BEFORE GST) APPLIES FOR EACH WINDSCREEN CLAIM TERRORISM EXCLUSION ENDORSEMENT

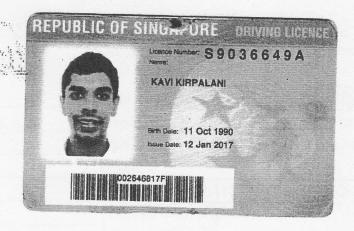
CONTRACTS (RIGHT OF THIRD PARTIES) ACT 2001

25 - STRIKE RIOT AND CIVIL COMMOTION

SECTION III - MEDICAL EXPENSES

SECTION IV - PERSONAL ACCIDENT BENEFITS

2 E - YOUNG AND INEXPERIENCED DRIVERS



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E.)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A