

ASS. REC. BY:

REF:

C9/FCI22002949/Rqy3

307R

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SNE 5287Pat Workshop m/s CYCLE & CARRIAGEof 188, PANDAN LOPInsured: FCI

Policy No. _____

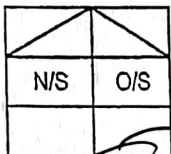
Claims No. D22000915MVQC

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 175k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SNE 5287P Yr Regn: 2022 / MARType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MERCEDES BENZ CLA 180 C.P C.C. 1332Colour: BLACK A/C: Insured / Std / NI / NASp. Reading: 326 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WIKI183842N286589Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R18

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or HankookFront 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmL/Bal. 6 mm D.O.I. 05/04/22D.O.A. 27/03/22 Survey held at CYCLE & CARRIAGE (PL)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>REPAIR LIMIT - 88K</u>
	<u>Rasul finalised final fig \$4184.04, 3 days. (Red \$1421.89, 25%)</u>

Date/Time, File Pass to?

☐

: Preli. Report

1) 20/04 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Rep. Format: TPLump Sum / I.B.I. (\$) 4184.04Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)



Mercedes-Benz

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

ESTIMATE FOR SNE5287P

MS FIRST CAPITAL INSURANCE LIMITED

MOTOR CLAIM DEPARTMENT
6 RAFFLES QUAY
#21-00
SINGAPORE 048580
65073848

Vehicle & Document Information

WIP No **55855**
Reg No/Reg Date **SNE5287P / 23/03/2022**
Date In/Mileage **0**
Chassis No **W1K1183842N2865890**
Engine No **28291480770390**
Make/Model **MB/CLA 180 COUPE**
Colour/Trim **021 191 Cosmos Blac/ 041 111 Black**

SNE5287P

Account No	Terms	Date/Time Printed	CSE	Operator		
WF001862	Credit	29/03/2022/ 17:43	CH	371 / Go Chee Han		
Description of Goods / Services						
7 REQUEST			Qty	Unit Price	Disc%	Amount

THIS IS NOT AN OFFICIAL TAX INVOICE					
ESTIMATE					
<p>Customer Request M BPN50N</p> <p>POLICY NO/ACC DATE : LIBERTY // 27-3-2022 DRIVE IN/TP VEH NUMBER : 28-3-2022 // SML2071P - MS FIRST CAPITAL DATE IN/DATE SURVEY: DIRECT SETTLEMENT BY:</p> <p>A BPILAB DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.</p> <p>A BPIRES RESPRAY REAR BUMPER</p> <p>A BPILAB USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT</p> <p>A BPILAB CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT</p> <p>M REAR BUMPER <i>scr</i></p> <p>M RH/BASIC CARRIER FOR BUMPER</p> <p>M REAR LOWER BLACK TRIM, BUMPER <i>scr</i></p> <p>M REAR BUMPER TRIM STRIP <i>scr</i></p> <p>M RH/REAR LAMP COMBINATION <i>scr</i></p>					
				0.10	380.00
					120.00
		1.00	1312.82	00.00	1312.82
		1.00	84.72	00.00	84.72
		1.00	460.31	00.00	460.31
		1.00	150.91	00.00	150.91
		1.00	697.17	00.00	697.17

960 1440.00
800 960.00
380.00
120.00

Repair
to 90010068

3 days
P/P

05/04/22
01540

Reg before print

Go Chee Han

DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:

Date:
Confirmed & accepted by

7% GST on **Nett 5,605.93**
5605.93
392.42

Authorized signatory and company stamp

Total Payable 5,998.35

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.



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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 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 Submission 28/03/2022 16:22 (SGT)
Date of Accident 27/03/2022 15:22 (SGT)
Exact Location of Accident Singapore
Additional Location Information HAIG ROAD CAR PARK AT BLOCK 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE5287P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CYCLE AND CARRIAGE LEASING PTE LTD
Company Reg No 2XXXXX307R
Email Address WILSON.HO@CYCLECARRIAGE.COM.SG
Mobile Phone No (Phone) +65-91185926
Alternative Phone No +65-91185926

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla180
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1332

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver FIONA YEO LI CHOO
NRIC No SXXXX841H

Date Of Birth	19/02/1967
Occupation	Indoor
Date Of Driving Pass	12/07/1989
Driving experience	32 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98288720
Alt. Phone Number	-
Email Address	FIONA.YEO@TESA.COM
Address	4 HOLLAND CLOSE #05-17
Address complement	-
Postcode	271004
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML2071P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

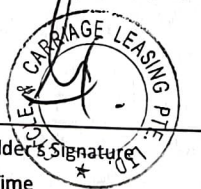
IMPORTANT NOTICE

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.

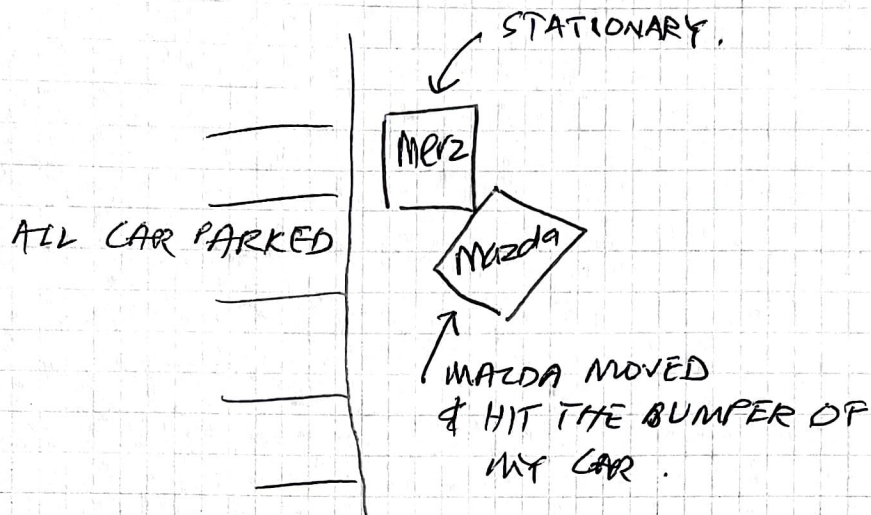
Policyholder's Signature
Date & Time



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

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Reporting Centre Personnel's
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked stationary.

The Mazda rear-ended my vehicle while attempting to move off.

Location: car park of Block 12 Haig Rd

Time: 3.22pm

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

K

Driver's Signature

(If driver is not the policyholder)

Date & Time

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarrriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Reporting Centre Personnel's
Name:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	307R
Vehicle Details	
Vehicle No.:	5NE5287P
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Apr 2022
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	CLA180 COUPE PROGRESSIVE
Primary Colour:	Black
Manufacturing Year:	2022
Engine No.:	28291480770390
Chassis No.:	W1K1183842N286589
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$33,710.00
Original Registration Date:	23 Mar 2022
First Registration Date:	23 Mar 2022
Transfer Count:	0
Actual ARF Paid:	\$39,194.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Mar 2032
PARF Rebate Amount:	\$29,395.00
Intended COE Rebate Details	
COE Expiry Date:	22 Mar 2032
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$57,599.00
COE Rebate Amount:	\$57,351.00
Total Rebate Amount:	\$86,746.00

The information contained herein is correct as at 07 Apr 2022

OK

Mercedes-Benz A-Class Saloon A180 Progressive

[Overview](#)

[Financial](#)

[Accessories](#)

[Similar](#)

[Research](#)

[Photos](#)

[Map](#)

Price	\$172,888		
Depreciation	\$15,850 /yr View models with similar depreciation	Reg Date	26-Jan-2022 (9yrs 9mths 18days COE left)
Mileage	300 km	Manufactured	2021
Road Tax	\$586 /yr	Transmission	Auto
Dereg Value	\$83,001 as of today (change)	OMV	\$30,679
COE	\$57,898	ARF	\$34,951
Engine Cap	1,332 cc	Power	96.0 kW (128 bhp)
Curb Weight	N.A.	No. of Owners	1
Type of Vehicle	Luxury Sedan		