



Mercedes-Benz

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

ESTIMATE FOR SJP831R

Tan

Blk 752 Choa Chu Kang North 5
#12-205
Singapore 680752

Mobile: +6596919627

Vehicle & Document Information

WIP No **56078**
Reg No/Reg Date **SJP831R / 07/03/2018**
Date In/Mileage **/ 0**
Chassis No **WDD2130452A400350**
Engine No **27492031349711**
Make/Model **MB/MB E 250 2.0 SEDAN (W213) "AVANTGARDE**
Colour/Trim **029 992 Selenite Gr/ 042 201 Black**

Account No	Terms	Date/Time Printed	CSE	Operator	Description of Goods / Services	Qty	Unit Price	Disc%	Amount
CSM00128	Cash	08/04/2022/ 15:20	VS	356 / Vincent Seah					
Z REQUEST									
Customer Request									
M BPNSUN									
POLICY NO/ACC DATE :SP2000881317-01 // 06.04.2022									
DRIVE IN/EXCESS : 08.04.2022 //									
DATE IN/DATE SURVEY:									
BY/AUTHORIZED ON :									
M BPNSUN									
SUNDRIES									15.00
A BPILAB									
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT								0.10	380.00
A BPILAB									
DISASSEMBLE AND REPLACE ON REAR BUMPER, BOOT AND ACCIDENT AFFECTED AREA									1920.00
A BPIRES									
RESPRAY ON REAR BUMPER, BOOT AND ACCIDENT AFFECTED AREA									1800.00
M REAR BUMPER						1.00	2093.33	00.00	2093.33
M RIVET						2.00	4.81	00.00	9.62
M CTR BASIC MOUNTING FOR BUMPER						1.00	131.66	00.00	131.66
M REAR BUMPER CHROME MOULDING						1.00	355.64	00.00	355.64
M REAR LOWER BUMPER						1.00	329.97	00.00	329.97
M GROMMET						3.00	2.64	00.00	7.92
M MERCEDES STAR						1.00	53.84	00.00	53.84
M BOOT CHROME MOULDING						1.00	168.28	00.00	168.28
M E250 MODEL PLATE						1.00	94.08	00.00	94.08
M TRUNK LID						1.00	2663.84	00.00	2663.84
M REAR CROSS MEMBER						1.00	925.24	00.00	925.24

Confirmed & accepted by

Nett **10,948.42**
7% GST on **10948.42** **766.39**

Authorized signatory and company stamp

Total Payable **11,714.81**

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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188 Pandan Loop
Singapore 128378
Tel: 6777 8388
Fax: 6779 5383
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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 Submission	07/04/2022 12:03 (SGT)
Date of Accident	06/04/2022 18:20 (SGT)
Exact Location of Accident	Near Republic Blvd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP831R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN AIK CHIN
NRIC No	S7242776I
Email Address	aikchintan@gmail.com
Mobile Phone No	(Phone) +65-96919627
Alternative Phone No	+65-96919627

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000881317-01
Cover Note Number	-

DRIVER

Name of Driver	TAN AIK CHIN
NRIC No	S7242776I

Date Of Birth	19/11/1972
Occupation	Indoor
Date Of Driving Pass	07/07/1994
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96919627
Alt. Phone Number	+65-96919627
Email Address	aikchintan@gmail.com
Address	BLK 752 CHOA CHU KANG NORTH 5
Address complement	#12-205
Postcode	680752
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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

I WAS STOPPED AT THE JUNCTION DUE TO TRAFFIC LIGHT, SUDDENLY I GOT HIT FROM THE BACK BY SMD 3525 H.

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	SMD3525H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Outlander
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	ROHIT
Contact Number	(Phone) +65-97314387
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

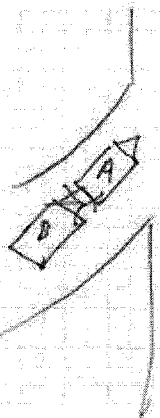
1. Please report correctly the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 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 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.
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 any person(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in the 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 (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 07/04/2022
Policyholder's Signature / Date & Time
0950

Sketch Plan

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


Witnessed by Reporting Person(s)
Chang Aue Sing
17/04/2022



A = SJP 831 R
B = SMD 3525H

Describe Circumstances of the Accident

I was stopped at the junction due to traffic light,
suddenly I got hit from the back by SMP 3525 H.

Declaration

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

Policyholder's Signature / Date &
Time

7/11/2002
@1020

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

Witnessed by Reporting Centre
Personnel

Chang Chia Sing
1.7.02