



Mercedes-Benz

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

ESTIMATE FOR SLQ2277Z

Mr Lim

36 Countryside Road
Singapore 789802

Mobile: +6596363306

Vehicle & Document Information

WIP No **57440**
Reg No/Reg Date **SLQ2277Z / 31/07/2017**
Date In/Mileage **/ 0**
Chassis No **WDD1179422N496420**
Engine No **27091031251980**
Make/Model **MB/MB CLA 180 S/B (X117) "FACELIFT"**
Colour/Trim **027 787 Mountain Gr/ 041 151 Lther ARTIC**

Account No	Terms	Date/Time Printed	CSE	Operator	Description of Goods / Services	Qty	Unit Price	Disc%	Amount
CSM00128	Cash	09/06/2022/ 11:53	VS	356 / Vincent Seah					
Z REQUEST					Customer Request				
M BPNSUN					POLICY NO/ACC DATE :SP2000435666-01 //				
					DRIVE IN/EXCESS : 09.06.2022 //				
					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					TO REMOVE,REPLACE HEADLAMP WITH FOCUS . NETT				120.00
A BPILAB					PANEL BEAT TO REPAIR AFFECTED AREAS , REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH.				1200.00
A BPIRES					RESPRAY ON FRONT BUMPER AND ACCIDENT AFFECTED AREA				1200.00
M FRONT BUMPER						1.00	1433.30	00.00	1433.30
M COMPANY SIGN						1.00	65.25	00.00	65.25
M RADAR SENSOR						1.00	1233.72	00.00	1233.72
M IMPACT ABSORBER						1.00	184.71	00.00	184.71
M TOP BASIC MOUNTING FOR BUMPER						1.00	183.05	00.00	183.05
M RH TOP BASIC MOUNTING FOR BUMPER						1.00	33.83	00.00	33.83
M RHF SIDE STABILITY						1.00	66.57	00.00	66.57
M RHF MOUNTING RAIL						1.00	15.36	00.00	15.36
M RIGHT AIR FLOW SERRATION						1.00	80.80	00.00	80.80
M LEFT AIR FLOW SERRATION						1.00	70.96	00.00	70.96
M FRAME SEGMENT-RADIATOR GRILLE						1.00	295.45	00.00	295.45
M STAR CARRIER HOUSING-SILVER						1.00	180.79	00.00	180.79
M MERCEDES STAR CARRIER						1.00	81.30	00.00	81.30
M MERCEDES STAR						1.00	142.78	00.00	142.78

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.



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



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CSM00128	Cash	09/06/2022/ 11:53	VS	356 / Vincent Seah				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
M	CENTRAL RIGHT TRIM STRIP				1.00	81.96	00.00	81.96
M	CENTRAL LEFT TRIM STRIP				1.00	81.96	00.00	81.96
M	RIGHT HEADLAMP UNIT				1.00	3099.15	00.00	3099.15
M	FRONT SUPPORT PANEL				1.00	1027.99	00.00	1027.99
M	CROSS MEMBER				1.00	350.27	00.00	350.27

Confirmed & accepted by

Nett 11,624.20
7% GST on 11624.20 813.69

Authorized signatory and company stamp

Total Payable 12,437.89

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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	02/06/2022 12:30 (SGT)
Date of Accident	31/05/2022 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ecp/keppel rd before pie exit 2b
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2277Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEE TECK
NRIC No	S0067771Z
Email Address	EWGIN@GMAIL.COM
Mobile Phone No	(Phone) +65-91802436
Alternative Phone No	+65-91802436

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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000435666-01
Cover Note Number	-

DRIVER

Name of Driver	LIM ZHONG YI EUGINE
NRIC No	S9541836H

Date Of Birth	17/11/1995
Occupation	Outdoor
Date Of Driving Pass	07/01/2016
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91802436
Alt. Phone Number	-
Email Address	EWVGIN@GMAIL.COM
Address	36, COUNTRY SIDE ROAD
Address complement	-
Postcode	789802
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
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 SEKTC PLAN

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	SMV1692B
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMW5936S
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 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 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.



Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
 Blk 6 Sin Ming Road
 #01-58/00/52 Sin Ming Ind Est
 Singapore 575843
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>A: SLO2272</p> <p>B: SMV1692R</p> <p>C: CMW5936S</p>				



Describe Circumstances of the Accident


ECM/KEPPEL ROAD

- Driving at ~~KPE~~ ^{ECM/KEPPEL ROAD}, before Fort Road / PIE exit.
- Car in front of me (SMV1692B) suddenly braked.
- I braked but still resulted in collision.
- Upon leaving vehicle to check for damage, realised car in front of me also collided to other vehicle, SMW59365.
- Photos of damages were taken, my vehicle's dashboard footage downloaded.
- Traffic police took down particulars of 3 vehicle drivers.
- Left thereafter.

Declaration

We declare the foregoing particulars are true in every respect.



 Policyholder's Signature / Date & Time


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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 675043
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)
 Witnessed by Reporting Centre Personnel