



Mercedes-Benz

Cycle & Carriage Industries Pte Limited
Authorised Dealer
Company No. 196400387W
GST Reg No. MR-8500111-X

ESTIMATE FOR XE5968P

SembWaste Pte Ltd

30 Hill Street
#05-04
Singapore 179360

67233200A/C

WIP No

Reg No/Reg Date

Date In/Mileage

Chassis No

Engine No

Make/Model

Colour/Trim

Vehicle & Document Information

59297

XE5968P / 20/11/2020

WIP/124545

W11964014204631007

936912C0210734

MBCV/Arocs 2630 6X4 3900

914 Arctic White / NA NOT APPLICABLE

Account No	Terms	Date/Time Printed	CSE	Operator
WS000458	Credit	18/11/2022/ 16:53	PC	610 / Philip Cheong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
A-00940101 TO REPAIR FRONT LEFT ACCIDENT ARE			35.00	1560.00
M STEP PLATE <i>side</i>	1.00	872.96	30.00	611.07
M FRONT FOG LAMP	1.00	555.67	30.00	388.97
M BUMPER, FRONT <i>de</i>	1.00	755.82	30.00	529.07
M BRACKET	1.00	197.78	30.00	138.45
M FACING <i>side</i>	1.00	78.19	30.00	54.73
M FRONT SPOILER <i>de</i>	1.00	349.14	30.00	244.40
M FACING <i>X</i>	1.00	54.60	30.00	38.22
M LAMP UNIT <i>?</i>	1.00	1161.87	30.00	813.31

ESTIMATE

Link Auto Consultancy hence notify the repairer of the following:

- To repair 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:

Rasul
H/ 96010068
2 days
P/P
08/12/22 @ 1510
Resy after repair
(new parts)

Confirmed & accepted by

Nett	4,378.22
7% GST on	4378.22
	306.48

Total Payable 4,684.70

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.

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 Actual 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 03/11/2022 18:38 (SGT)
Reported by Driver
Date of Accident 02/11/2022 21:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information NEIL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE5968P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SEMBWASTE PTE LTD
Company Reg No 199507280G
Email Address ENVIRONMENT_PR@SEMBCORP.COM
Mobile Phone No (Phone) +65-82680661
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model ACROS
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 12960

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5117487274-02

DRIVER

Name of Driver BALAN S/O RETHINASAMY
NRIC No S2687764D
Date Of Birth 23/11/1957
Occupation Outdoor

Date Of Driving Pass 30/11/1983
 Driving experience 39 YEARS
 Gender Male
 Mobile Number (Phone) +65-91143103
 Alt. Phone Number -
 Email Address MOHAMED.RANI@SEMBBCORP.COM
 Address BLK 710 #03-102 YISHUN AVENUE 5
 Address complement -
 Postcode 760710
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 Does Driver Own Other Vehicles? No
 Vehicle Registration Number of Other Vehicle Owned by Driver -
 Insurance Company of Other Vehicle Owned by Driver -

e Colour
 le Category
 ne of Driver
 i/C No
 ontact Number
 Address
 Address compl
 Postcode
 Insurance
 Nature
 Del

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
 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
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

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

ON THE 02112022 AT 2110HRS I WAS TRAVELLING ALONG NEIL ROAD DRIVING COMPANY VEHICLE XE5968P. THERE WERE 4 LANES, I WAS ON RIGHT MIDDLE LANE GOING STRAIGHT SLOWLY. A CAR ON MY LEFT CHANGED INTO MY LANE AND SIDE SWIPPED MY VEHICLE. THE CAR PLATE IS SLC8490H. NO ONE WAS INJURED. WE HAVE VIDEO FOOTAGE TO PROVE INCIDENT,.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident ADV SEMBWASTE MR CHUA TOI SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLC8490H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
Private hire
LIM FATT CHEONG
S7863309C
(Phone) +65-84980478
-
-
-
-
-
2

Describe Circumstances of the Accident

REFER TO CASE INCIDENT STATEMENT.

Declaration
I hereby declare the foregoing particulars are true to my knowledge.

3/11/22
1845/2015

RAM

3/11/22
1845/2015

[Signature]

Simon S
5990918

IMPORTANT NOTICE

SKETCH PLAN

1. This report is prepared for the use of the Insurers in respect of the above accident.

2. The facts stated herein are based on the information given by the parties to the accident.

3. Information provided to me by the parties to the accident is given in good faith and to the best of their knowledge and belief.

4. The facts are stated as they appear to me and I do not assume any liability for the accuracy or completeness of the information contained herein.

5. **ACCIDENT INVESTIGATION REPORT FOR THE Traffic Police Department for Investigation.**

6. This report is prepared for the use of the Insurers and is not intended to be used as evidence in any court of law.

7. By the signature of the Insurers, I am hereby engaged to the Insurers and to issue of the report being made available to the Insurers.

8. I understand, acknowledge, agree and warrant that the Insurers are entitled to use the information provided by me for the purpose of the investigation and for any other purpose authorized by the Insurers and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way.

9. I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way.

10. I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way.

11. I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way.

12. I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way.

13. I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way.

14. I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way.

15. I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way and I warrant that I will not make any statement or disclosure of information which is false, misleading or deceptive in any way.



3/1/22
1845NES

[Signature]

Driver's Signature of owner or the public insurer. Date & Time

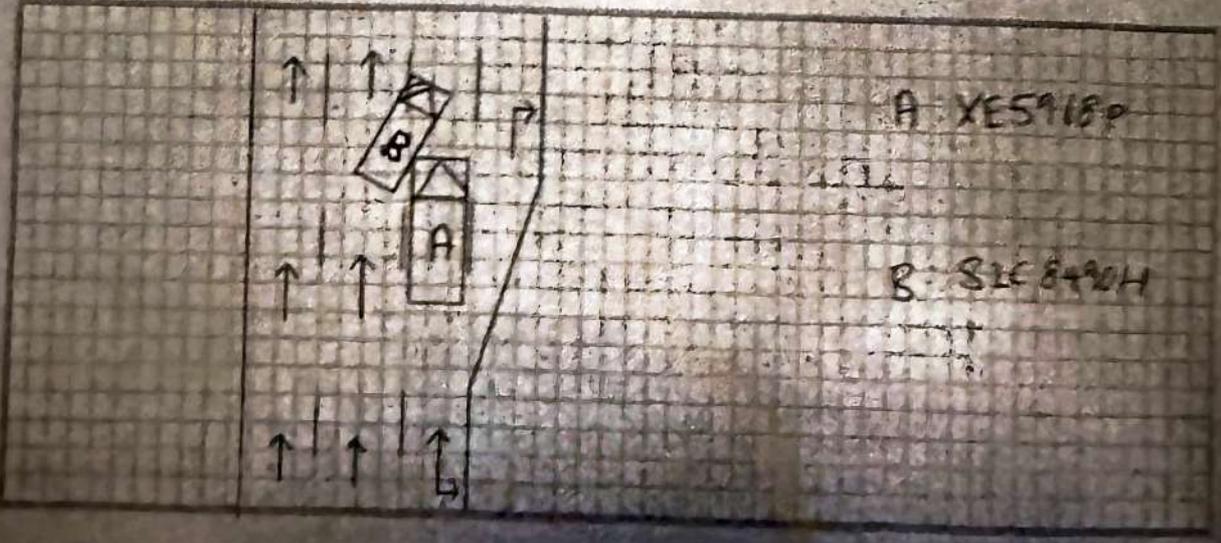
3/1/22
1845NES

[Signature]

Simon S
S11010

Witness's Signature of the Traffic Police Officer. Date & Time

Sketch Plan



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 280G

Vehicle Details

Vehicle No.: XE5968P

Vehicle to be Exported: No

Intended Deregistration Date: 11 Dec 2022

Vehicle Make: MERCEDES BENZ

Vehicle Model: AROCS 2630 6X4 3900 (AUTO,ABS)

Primary Colour: White

Manufacturing Year: 2020

Engine No.: 936912C0210734

Chassis No.: W1T96401420463100

Maximum Power Output:

Open Market Value: \$96,295.00

Original Registration Date: 20 Nov 2020

First Registration Date: 20 Nov 2020

Transfer Count: 0

Actual ARF Paid: \$4,815.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date:

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 19 Nov 2030

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 10

QP Paid: \$33,778.00

COE Rebate Amount: \$26,815.00

Total Rebate Amount: \$26,815.00