

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

ESTIMATE FOR SNB8813S*RA

ALLIANZ INSURANCE SINGAPORE PTE.

LTD.

MOTOR CLAIM DEPARTMENT 79 ROBINSON ROAD

#09-01

SINGAPORE 068897

67143369

Vehicle & Document Information

61036 WIP No

Reg No/Reg Date

SNB8813S*RA / 09/07/2020

Date In/Mileage Chassis No.

W1N2539802F8065526

Engine No Make/Model

26492030283820 MB/GLC 200

Colour/Trim

028 890 Cavansite B/ 041 101 ARTICO Blac

Date/Time Printed CSE Operator Account No Terms Vincent Seah 07/12/2022/ 17:49 Credit WA000001 Amount Disc% Unit Price Qty Description of Goods / Services Z REQUEST Customer Request M BPNSUN POLICY NO/ACC DATE :5128583072 : 17.11.2022 // TP CAR NO.:SNB8157C=ALLIANZ INS DRIVE IN/EXCESS DATE IN/DATE SURVEY: BY/AUTHRIZED ON 15.00 M BPNSUN SUNDRIES 380.00 0.10 A BPILAB USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT 1200.00 A BPILAB PANEL BEAT TO REPAIR AFFECTED AREAS , REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH. 1200.00 A BPIRES RESPRAY ON REAR BUMPER AND ACCIDENT AFFECTED AREA 1002.77 1002.77 00.00 1.00 REAR BUMPER 535.33 00.00 535.33 1.00 REAR LOWER BUMPER 780.48 780.48 00.00 1.00 REAR BUMPER CHROME 61.79 61.79 00.00 1.00 COVER, TOWING EYE М 1172.58 195.43 00.00 6.00 DISTANCE SENSOR 42.60 7.10 00.00 6.00 SPACER RING М 190.21 00.00 190.21 1.00 CTR BASIC MOUNTING FOR BUMPER 340.78 М 340.78 00.00 1.00 COVER, REAR LOWER BUMPER 97.41 97.41 00.00 1.00 LHR EXHAUST CHROME TRIM М 98.26 00.00 98.26 1.00 RIGHT EXHAUST CHROME RIM М 71.62 71.62 00.00 1.00 1655.71 00.00 М STIFFENER 1655.71 1.00 REAR END PANEL 850.57 М 850.57 00.00 1.00 CROSSMEMBER, REAR Confirmed & accepted by 9,695.11 Nett 678.66 7% GST on 9695.11 10,373.77 Total Payable 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.

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 Actual 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
- 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 17/11/2022 12:57 (SGT) Reported by Driver 16/11/2022 15:30 (SGT) Date of Accident Exact Location of Accident Singapore TPE (KPE) BEFORE BUANGKOK EAST DR EXIST Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB8813S INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WAH MEN MEE NRIC No. S8466207J MAGGIE_MEE1984@HOTMAIL.COM Email Address Mobile Phone No (Phone) +65-81144488

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Glc200 Model

Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto 2000

INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company Policy Number / Cover Note Number 5128583072

DRIVER

WA YAW KUAN Name of Driver S8576415B NRIC No 15/02/1985 Date Of Birth Indoor

Date Of Driving Pass	20/06/2012 10 YEARS AND 5 MONTHS
Oriving experience	
Gender	Male (86 03289158
Mobile Number	(Phone) +65-93289158
Alt. Phone Number	- COM COM COM
Email Address	MARCUS8528@GMAIL.COM
Address	11 SELETAR ROAD
Address complement	#03-53
Postcode	807016
Is the driver the policyholder?	No
If No. Relationship of the Driver with the Insured	Spouse
Door 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	Clear
Road Surface	Wet
Road Surface	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Number of venicles involved in the accident?	No
Was anybody injured in the Accident?	-
Was any injured conveyed to hospital by ambulance?	- Yes
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
soliciting/offering accident claims assistance?	-
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?	•
n y 55, 292	
CIRCUMSTANCES OF ACCIDENT	
IT WAS RAINING HEAVILY AND THE TRAFFIC WAS HEAVY. VEHICLES AHEAD OF ME STARTED TO SLOWED TO A STO SLOWED TO A COMPLETE STOP. SUBSEQUENTLY, I EXPE	I WAS DRIVING STRAIGHT AT AROUND 40KPH, WHEN THE OP DUE TO WATER PONDING. I RESPONDED BUT BRAKING AND RIENCED A COLLISION FROM THE REAR OF MY VEHICLE
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SNB8157C

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Private car
Name of Driver	ZENDEN
NRIC No	S8839881E
Contact Number	(Phone) +65-90403403
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Circumstance of the Accident	
	ara jaman yan ay inanangana ji sa alanga, magika ya jini igin mana ya a ana ka jini jangaya jalangada ana ka jinaya mana ya ana goda ya ay inga mana jana goda ya ay inga mana ya ana goda ya ay inga mana ya ay inga mana ya ana goda ya ay inga mana ya ana goda ya ay inga mana ya ay
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	and the grant contract the contract of the con
200 May 12 12 12 12 12 12 12 12 12 12 12 12 12	operiormality was the training in the European William (the Control of the Contro
claration e declare the foregoing particulars are true in every respect.	
V	
an-	Ignatius Lim
Nicyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) /	

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 Actual Driver.
- Information provided must be as truthful and accurate as possible. Any willul 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- By the todgement 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:

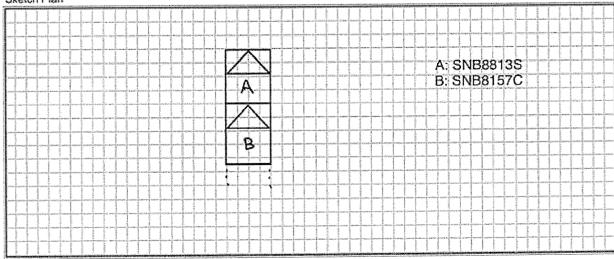
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 covernment agencylauthority (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 tawyers/law firms), which may be sited outside of pingapore, for one or more of the above Purposes.

Policyholder's Signature / Date 3 Time Oriver's Signature (if driver is not the policyholder) / Date

Ignatius Lim
Wilnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

8 Time 17/11/2022, 1300

Sketch Plan



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