



Mercedes-Benz

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

ESTIMATE FOR SKS2951L

MS FIRST CAPITAL INSURANCE LIMITED

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

Vehicle & Document Information

WIP No 62461  
Reg No/Reg Date SKS2951L / 02/04/2015  
Date In/Mileage / 0  
Chassis No WDC1569432J020338  
Engine No 27091030414724  
Make/Model MB/GLA 200 B/E OFFROADER (X1  
Colour/Trim 027 761 Polar Silver/ 046 651 DINAMICA/AR

Account No	Terms	Date/Time Printed	CSE	Operator
WF001862	Credit	17/01/2023/ 11:15	K0	301 / Kerlyn Ong

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z REQUEST Customer Request				
M BPNSUN POLICY NO/ACC DATE : 2100407769-07 // 11/01/2023 DRIVE IN/TP VEHICLE NO. : 17/01/2023 // SHB1801T - FIRST CAPITAL DATE IN/DATE SURVEY: BY/AUTHORIZED ON :				
A BPILAB DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.				1920.00
A BPIRES RESPRAY RH/ FRONT DOOR, RH/ REAR DOOR & RH/ REAR FENDER				3000.00
A BPILAB USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT			0.10	380.00
A BPILAB REMOVE & TRANSFER DOOR MECHANICAL & ELETRICAL INSTALL TO NEW DOOR.NETT			0.05	800.00
A BPILAB TO INSPECT & CONDUCT WHEEL ALIGNMENT.NETT				540.00
S BPNSUB TRANSFER RIM AND BALANCING TYRE. NETT PURCHASE ORDER NO:				60.00
M RH/ FRONT DOOR	1.00	2111.02	00.00	2111.02
M RH/ FRONT DOOR SEAL	1.00	317.72	00.00	317.72
M RH/ FRONT DOOR ORNAMENTAL MOLDING	1.00	123.46	00.00	123.46
M RH/ FRONT DOOR ABSORBING	1.00	74.42	00.00	74.42
M RH/ FRONT DOOR TRIM STRIP	1.00	207.96	00.00	207.96
M RH/ REAR DOOR	1.00	2274.37	00.00	2274.37
M RH/ REAR DOOR SEAL	1.00	317.72	00.00	317.72
M RH/ REAR DOOR ORNAMENTAL MOLDING	1.00	149.84	00.00	149.84
M RH/ REAR DOOR ABSORBING	1.00	74.42	00.00	74.42
M RH/ REAR DOOR GUARD PLATE	1.00	36.44	00.00	36.44
M RH/ REAR DOOR ORNAMENTAL TRIM	1.00	194.99	00.00	194.99
M RH/ REAR DOOR 3/4 WINDOW	1.00	152.25	00.00	152.25

Confirmed & accepted by

**Kerlyn Ong Kai Li**  
DID : 6771 4420 HP : 9186 5113  
Email : kerlyn.ong@cyelecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

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



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Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M RH/ REAR DOOR ORNAMENTAL TRIM	1.00	341.69	00.00	341.69
M RH/ RUNNING BOARD	1.00	341.69	00.00	341.69
M RH/ RUNNING BOARD BRACKET	1.00	81.68	00.00	81.68
M RH/ RUNNING BOARD BRACKET	1.00	78.54	00.00	78.54
M RH/ REAR FENDER WHEEL ARCH TRIM	1.00	262.62	00.00	262.62
M RH/ REAR SPOKE WHEEL	1.00	1633.61	00.00	1633.61

THIS IS NOT AN OFFICIAL TAX INVOICE  
ESTIMATE

Confirmed & accepted by

**Kerlyn Ong Kai Li**

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclicarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Authorized signatory and company stamp

	Nett	15,474.44
8% GST on	15474.44	1237.96
	<b>Total Payable</b>	<b>16,712.40</b>

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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 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	12/01/2023 10:25 (SGT)
Reported by	Both
Date of Accident	11/01/2023 17:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	The Grand Stand Parking Lot 200 Turf Club Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2951L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Kristina Debbie Tan Chua
NRIC No	S7981851H
Email Address	kristinaklip@gmail.com
Mobile Phone No	(Phone) +65-97120782
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
Variant	BENZ GLA200 BE (AMG)
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	1595

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100407769-07

#### DRIVER

Name of Driver	KLIP DONALD WILLIAM
Passport No/FIN	G1454559Q
Date Of Birth	22/06/1970
Occupation	Indoor

Date Of Driving Pass .....	23/09/2021
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97120782
Alt. Phone Number .....	-
Email Address .....	NOEMAIL@AIG.COM
Address .....	116 LAUREL WOOD AVENUE
Address complement .....	TENERIFFE SINGAPORE
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Regular weather
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	-

PASSENGER 1

Name .....	Alessandra Klip
Gender .....	Female

PASSENGER 2

Name .....	Sebastian Klip
Gender .....	Male

PASSENGER 3

Name .....	Donald Klip
Gender .....	Male

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

no notes

ATTACHMENT(S)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB1801T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-97996922
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	-

SKETCH PLAN

