

Tough

08/FC123000602/Twy3.

ASSIGNMENT

LEWIS & CLARK / 1804-05

	Weekend (\$
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1) Others



Mercedes-Benz

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

ESTIMATE FOR SMA34T

MS FIRST CAPITAL INSURANCE LIMITED

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

WIP No
Reg No/Reg Date
Date In/Mileage
Chassis No
Engine No
Make/Model
Colour/Trim

Vehicle & Document Information

62466
SMA34T / 21/05/2018
/ 0
WDD2462422J475786
27091031611671
MB/B 180 SEDAN (W246) "STYLE
026 650 Calcit Whit/ 041 111 Black

Account No	Terms	Date/Time Printed	CSE	Operator				
WF001862	Credit	02/03/2023/ 10:31		371 / Go Chee Han				
Description of Goods / Services					Qty	Unit Price	Disc%	Amount
Z REQUEST								
Customer Request								
M BPNSUN								
POLICY NO/ACC DATE : DMPSCSNW00104742201 // 17-1-2023								
DRIVE IN/TP VEH NUMBER : 17-1-2023 // YQ1945G -								
DATE IN/DATE SURVEY:								
DIRECT SETTLEMENT BY:								
A BPILAB								960 1920.00
DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.								1600 1800.00
A BPIRES								
RESPRAY FRONT BUMPER & ENGINE HOOD								
A BPILAB							0.10	✓ 380.00
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT								? 120.00
A BPILAB								bt ✓ 60.00
TO REMOVE, REPLACE HEADLAMP WITH FOCUS . NETT								X 960.00
S BPNSUB								
SUPPLY 1 SET NUMBER PLATE WITH HOUSING, NETT								
A 60102301								
INITIAL ACCIDENT DIAGNOSIS PERFORM CHECK KNOCKING NOSIE					1.00	1522.98	00.00	de ✓ 1522.98
M FRONT BUMPER					2.00	3.05	00.00	ne ✓ 6.10
M LOCK CLIP					1.00	68.61	00.00	ne ✓ 68.61
M FRONT BUMPER MB EMBLEM					1.00	121.89	00.00	de ✓ 121.89
M LICENSE PLATE MOLDING					1.00	163.35	00.00	? 163.35
M IMPACT ABSORBER					1.00	184.40	00.00	? 184.40
M TOP BASIC MOUNTING FOR BUMPER					1.00	145.89	00.00	ing ✓ 145.89
M MERCEDES STAR					1.00	82.12	00.00	? 82.12
M MERCEDES STAR CARRIER					1.00	238.43	00.00	de ✓ 238.43
M SILVER GRILLE MOLDING					1.00	86.07	00.00	ne ✓ 86.07
M LH/TOP ORNAMENTAL TRIM					1.00	82.30	00.00	ne ✓ 82.30
M RH/TOP ORNAMENTAL TRIM					1.00	82.30	00.00	ne ✓ 82.30
M LH/BOTTOM ORNAMENTAL TRIM					1.00	82.30	00.00	ne ✓ 82.30
M RH/BOTTOM ORNAMENTAL TRIM					1.00	82.30	00.00	ne ✓ 82.30

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.

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Pandan Loop Service Center
188 Pandan Loop
Singapore 128378
Tel: 6298 1818
Fax: 6779 5383
www.mercedes-benz.com.sg



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Mercedes-Benz

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Account No	Terms	Date/Time Printed	CSE	Operator
WF001862	Credit	02/03/2023/ 10:31		371 / Go Chee Han

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M GRILLE	1.00	194.14	00.00	194.14
M RH/HEADLAMP UNIT	1.00	3066.01	00.00	3066.01

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey 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:

Taufik 97495749
WP 2/3/23 @ 3:20pm
05 days
p/p Resurvey before paint
taufik@lkkauto.com

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.go@cyclecarrriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Confirmed & accepted by

Authorized signatory and company stamp

Nett 11,366.89
8% GST on 11366.89 909.35
Total Payable 12,276.24

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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	17/01/2023 12:09 (SGT)
Reported by	Driver
Date of Accident	17/01/2023 09:32 (SGT)
Exact Location of Accident	7 Soon Lee St, Singapore 627608
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA34T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ONG WEE SOON
NRIC No	S0127191A
Email Address	alvin_clarice@hotmail.com
Mobile Phone No	(Phone) +65-97348104
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPSCSNW00104742201

DRIVER

Name of Driver	CHAY NAN YAN
NRIC No	S8228107Z
Date Of Birth	20/08/1982
Occupation	Indoor

Date Of Driving Pass	15/06/2001
Driving experience	21 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91007062
Alt. Phone Number	-
Email Address	alvin_clarice@hotmail.com
Address	53 WEST COAST PARK
Address complement	-
Postcode	127661
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	Collision - Head to Rear
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 17/1/2023 AT ABOUT 0932HR.I WAS DRIVING AT 7 SOON LEE ST LV3, I WAS EXITING THE BUILDING , WHILE QUEUEING TO GO DOWN THE RAMP.SUDDENLY VEHICLE B REVERSE HIS LORRY AND COLLIDED ONTO MY CAR. I HONKED HIM WHEN I SAW HIM REVERSE BUT HE STILL COLLIDED ONTO MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ1945G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	LYU DENGXUE
NRIC No	G2818876K
Contact Number	(Phone) +65-88090759
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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 lodgment 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)**

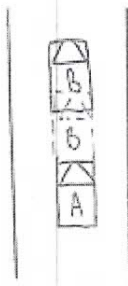
I understand, acknowledge, agree and consent that:

- (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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



B: 1619456

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/1/2023 at about 0930hrs. I was driving at 7 soon he ~~st~~ I was exiting
the building. while ^{SP} ~~st~~ ^{to} go down the ramp. suddenly vehicle B
reverse his lorry and collided onto my car. I honked him when I saw him
reverse but he still collided onto my vehicle.

DECLARATION

I/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: _____

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.: