



Mercedes-Benz

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

ESTIMATE FOR SNH6534D

ALLIANZ INSURANCE SINGAPORE PTE.
LTD.
MOTOR CLAIM DEPARTMENT
79 ROBINSON ROAD
#09-01
SINGAPORE 068897
67143369

Vehicle & Document Information

WIP No **62374**
Reg No/Reg Date **SNH6534D / 17/11/2022**
Date In/Mileage **/ 0**
Chassis No **W1K2130532B0407449**
Engine No **27492032012379**
Make/Model **MB/E 300 e SEDAN**
Colour/Trim **021 197 Obsidian Bl/ 042 214 Rough Leath**

Account No	Terms	Date/Time Printed	CSE	Operator
WA000001	Credit	12/01/2023/ 10:53	YK	395 / Yik Chan Hoe

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z REQUEST Customer Request M BPNSUN POLICY NO/ACC DATE : SP2003915046 // 11/01/2023 DRIVE IN/EXCESS : 12/01/2023 // TBA DATE IN/DATE SURVEY: BY/AUTHORIZED ON :				1200.00
A BPILAB PANEL BEATING TO REPAIR AFFECTED AREAS, REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH				1200.00
A BPIRES RESPRAY REAR BUMPER			0.10	380.00
A BPILAB USING XENTRY SYSTEM TO CHECK CONTROL UNITS, RESET SYSTEM TO STANDARD SETTINGS. NETT				120.00
A BPILAB CHECK REAR LIGHTING SYSTEM AND CONDUCT WATER TEST FOR ANY LEAKAGE. NET				
M REAR BUMPER	1.00	987.75	00.00	987.75
M RIGHT REAR BUMPER LATERAL SUPPORT	1.00	89.31	00.00	89.31
M RIGHT REAR BASIC CARRIER, BUMPER	1.00	83.28	00.00	83.28

Yik Chan Hoe

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: chanhoe.yik@cyclecarriage.com.sg

Confirmed & accepted by

Nett **4,060.34**
8% GST on **4060.34** **324.83**
Total Payable 4,385.17

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
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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 GlA 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	11/01/2023 14:14 (SGT)
Reported by	Driver
Date of Accident	11/01/2023 07:20 (SGT)
Exact Location of Accident	Marine Parade Rd, Singapore
Additional Location Information	MARINE TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH6534D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Mercedes-Benz Singapore Pte. Ltd. (MBS)
Company Reg No	1XXXXX355E
Email Address	thanh_son.nguyen@mercedes-benz.com
Mobile Phone No	(Phone) +65-87775984
Alternative Phone No	(Office) +65-90038279

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E300
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003915046

DRIVER

Name of Driver	MANOJ PADMANABHAN
NRIC No	SXXXXX562F
Date Of Birth	21/02/1977
Occupation	Indoor

Date Of Driving Pass	04/07/2013
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87775984
Alt. Phone Number	-
Email Address	thanh_son.nguyen@mercedes-benz.com
Address	6 RIVERVALE LINK #10-06
Address complement	-
Postcode	545042
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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)	2
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	KRISHNA
Gender	Female

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 11/01/2023 AROUND 0720HRS, I WAS DRIVING VEHICLE A SNH6534D ALONG MARINE TERRACE. WHILE STATIONARY IN TRAFFIC CONJUNCTION VEHICLE B SBS6214L WHICH WAS TURNING LEFT FROM MARINE PARADE TO MARINE TERRACE, GRAZE AGAINST THE REAR RIGHT BUMPER VEHICLE A. NOBODY WAS INJURED AND NO ANY OTHER VEHICLE INVOLVED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6214L
Vehicle Manufacturer	Mercedes

Vehicle Model	Citaro
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MOHD AZRI BIN SENIN
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**

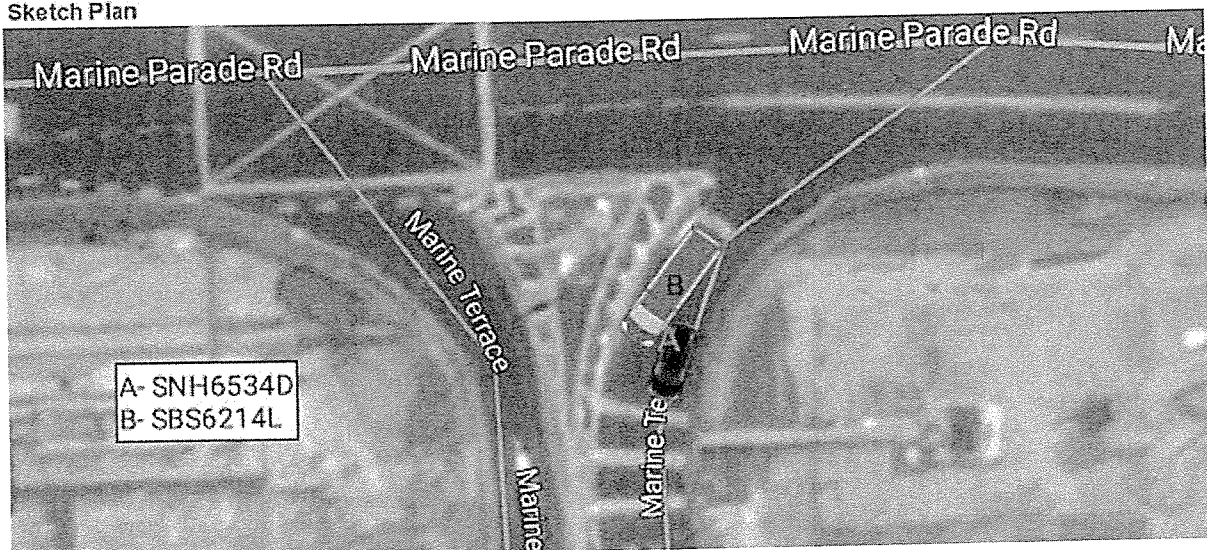
1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 center 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 based 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

11/01/23 - 1145HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 11/01/2023 AROUND 0720HRS, I WAS DRIVING VEHICLE A SNH6534D ALONG MARINE TERRACE. WHILE STATIONARY IN TRAFFIC CONJUNCTION VEHICLE B SBS6214L WHICH WAS TURNING LEFT FROM MARINE PARADE TO MARINE TERRACE, GRAZE AGAINST THE REAR RIGHT BUMPER VEHICLE A. NOBODY WAS INJURED AND NO ANY OTHER VEHICLE INVOLVED

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

Witnessed by Reporting Centre Personnel