



Mercedes-Benz

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

## ESTIMATE FOR SMN4964P

Ms Koh

WIP No

64929

Reg No/Reg Date

SMN4964P / 04/03/2015

Date In/Mileage

/ 0

Chassis No

WDD2050452R040072

Engine No

27492030319823

Make/Model

MB/MB C 250 SEDAN (W205) "AMG LINE"

Colour/Trim

027 775 Iridium sil/ 042 267 Aubergine/B

### Vehicle & Document Information

| Account No  | Terms | Date/Time Printed | CSE | Operator           |      |            |       |         |
|---|-------|-------------------|-----|--------------------|------|------------|-------|---------|
| CTP00001  | Cash  | 16/05/2023/ 08:09 | VS  | 356 / Vincent Seah |      |            |       |         |
| Description of Goods / Services                                   |       |                   |     |                    | Qty  | Unit Price | Disc% | Amount  |
| Z REQUEST   |       |                   |     |                    |      |            |       |         |
| Customer Request  |       |                   |     |                    |      |            |       |         |
| M BPNSUN  |       |                   |     |                    |      |            |       |         |
| POLICY NO/ACC DATE : PNPV2020-0002923-03 //13.05.2023             |       |                   |     |                    |      |            |       |         |
| DRIVE IN/EXCESS : 13.05.2023 // TP CAR NO.: SMB5026D= SMRT        |       |                   |     |                    |      |            |       |         |
| DATE IN/DATE SURVEY:  |       |                   |     |                    |      |            |       |         |
| BY/AUTHORIZED ON :  |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    |      |            |       | 15.00   |
| M BPNSUN  |       |                   |     |                    |      |            |       |         |
| SUNDRIES  |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    |      |            |       | 0.10    |
|   |       |                   |     |                    |      |            |       | 380.00  |
| 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 FRONT BUMPER AND ACCIDENT AFFECTED AREA                |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 2261.81    | 00.00 | 2261.81 |
| M FRONT BUMPER  |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 104.61     | 00.00 | 104.61  |
| M RHF BASIC MOUNTING FOR BUMPER                                   |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 8.00 | 5.34       | 00.00 | 42.72   |
| M RIVET   |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 74.77      | 00.00 | 74.77   |
| M RIGHT FOGLAMP COVER   |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 39.27      | 00.00 | 39.27   |
| M RH COVER BUMPER AREA  |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 1233.72    | 00.00 | 1233.72 |
| M RADAR SENSOR  |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 205.45     | 00.00 | 205.45  |
| M DISTANCE SENSOR   |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 7.85       | 00.00 | 7.85    |
| M SPACER RING   |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 30.06      | 00.00 | 30.06   |
| M UPPER BUMPER COVER SEALING                                      |       |                   |     |                    |      |            |       |         |
|   |       |                   |     |                    | 1.00 | 182.20     | 00.00 | 182.20  |
| M LOWER BASIC MOUNTING FOR BUMPER                                 |       |                   |     |                    |      |            |       |         |

Confirmed & accepted by

Nett 6,977.46  
8% GST on 6977.46 558.20  
Total Payable 7,535.66

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: 6298 1818  
Fax: 6779 5383  
www.mercedes-benz.com.sg



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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              | 15/05/2023 15:23 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 11/05/2023 16:33 (SGT)              |
| Exact Location of Accident      | Singapore                           |
| Additional Location Information | ORCHARD RD. OUTSIDE CENTER POINT    |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMN4964P |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |             |
|--------------------------|-------------|
| Is company?              | No          |
| Name Of Registered Owner | KOH YAN QIU |
| NRIC No                  | 7612D       |
| Email Address            |             |
| Mobile Phone No          |             |
| Alternative Phone No     | -           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Mercedes                  |
| Model  | C250                      |
| 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? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 1991                      |

#### INSURANCE COMPANY

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Insurance Company         | FWD Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | PNPV2020-00002923-03    |

#### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | KOH YAN QIU |
| NRIC No        |             |
| Date Of Birth  |             |
| Occupation     | Indoor      |



|  |            |
|--|------------|
| Date Of Driving Pass   | 19/05/2005 |
| Driving experience   | 18 YEARS   |
| Gender   | Female     |
| Mobile Number  | [REDACTED] |
| Alt. Phone Number  | -          |
| Email Address  | [REDACTED] |
| Address  | [REDACTED] |
| Address complement   | -          |
| Postcode   | [REDACTED] |
| Is the driver the policyholder?                              | Yes        |
| If No, Relationship of the Driver with the Insured           | -          |
| 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)   | 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

#### REFER TO ATTACHED

#### 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 | SMB5026D |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |
| Vehicle Colour              | -        |
| Vehicle Category            | Bus      |
| Name of Driver              | -        |
| 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

VEHICLE NO:  
DATE OF ACCIDENT:

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 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 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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

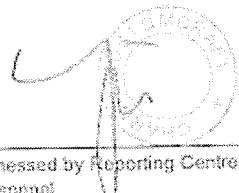
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

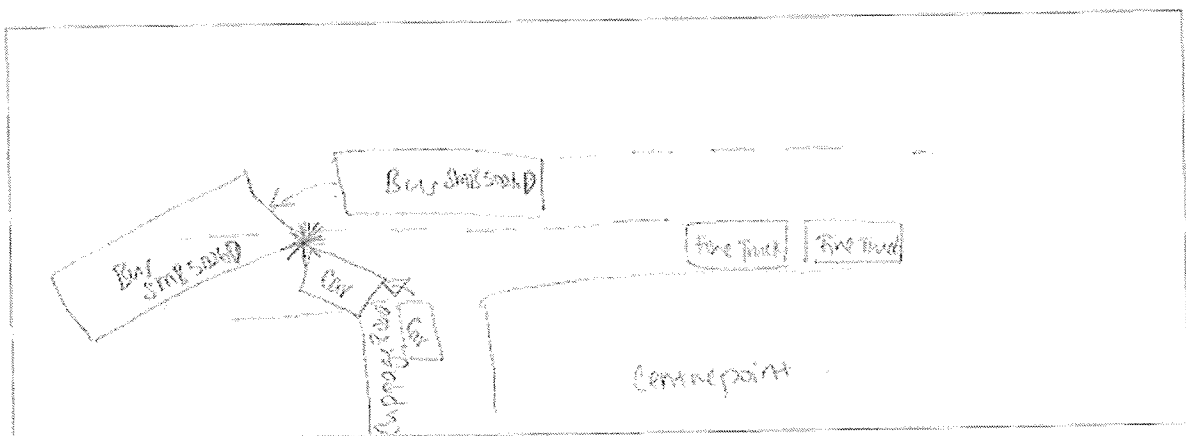
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

  
Policyholder's Signature / Date &  
Time 13/5/23  
10:10am  
Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date  
& Time

  
Witnessed by Reporting Centre  
Personnel



Describe Circumstances of the Accident

VEHICLE NO:

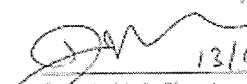
DATE OF ACCIDENT:

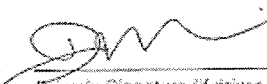
(Thursday)

|   |                          |
|---|--------------------------|
| Date of Accident  | 11 May 2023, Time 4:33pm |
| I exited Centrepoint Carpark, to Clippage Road. waited at the stop line to turn left to Orchard Road. Right outside Centrepoint, there was 2 fire engine small trucks on the bus lane (first lane).   |                          |
| After waiting to ensure there is no cars, I turned left to Orchard Road. As I was turning, I saw bus number 190, car plate SMR5026D, changing from second lane to first lane. At that time, I gauged that the bus is too near and had stopped. The bus continued and the back left corner scrapped the front of my car (right bumper corner). |                          |
| The bus did not stop and continued driving off. I had to continue behind the bus till it stopped at the next bus stop at Concorde Hotel. Alighted from the car to inform the bus driver of the accident.  |                          |
| Late reporting is due to office hours working from 8:30am to 6pm. I was unable to report on 12 May 2023 as it was a working day, my work is in a bank and entails client meetings hence was unable to step away. <del>When I called</del> <del>Glenn's contact</del> Hence reporting on 13 May 2023, 9:30am first thing in the morning.       |                          |
| REPORTING ONLY ( ) OWN DAMAGE ( ) THIRD PARTY <input checked="" type="checkbox"/> OWN WORKSHOP <input checked="" type="checkbox"/>  |                          |

**Declaration** NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
13/05/23  
10:30am

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
13/05/23  
10:30am

  
Witnessed by Reporting Centre Personnel