



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

ESTIMATE FOR SGB9000Y

MS FIRST CAPITAL INSURANCE LIMITED

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

Vehicle & Document Information

WIP No	11088
Reg No/Reg Date	SGB9000Y / 20/04/2015
Date In/Mileage	/ 0
Chassis No	WDD2050402R058028
Engine No	27491030369395
Make/Model	MB/MB C 180 SEDAN (W205) "AVANTGARDE / A
Colour/Trim	028 890 Cavansit Bl/ 041 118 Alpaca grey

Account No	Terms	Date/Time Printed	CSE	Operator
WF001862	Credit	05/07/2023/ 16:36	VS	356 / Vincent Seah

Description of Goods / Services		Qty	Unit Price	Disc%	Amount
Z REQUEST					
Customer Request					
M BPNSUN					
POLICY NO/ACC DATE :7230013349//04.07.2023					
DRIVE IN/EXCESS :05.07.2023 // TP CAR NO.: SHF30L=FIRST CAPITAL					
DATE IN/DATE SURVEY:					
BY/AUTHORIZED ON :					
M	BPNSUN				15.00
	SUNDRIES				
A	BPILAB			0.10	380.00
USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO IDENTIFICATION STANDARD. NETT					
A	BPILAB				1200.00
PANEL BEAT TO REPAIR AFFECTED AREAS , REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH.					
A	BPIRES				1200.00
RESPRAY ON REAR BUMPER AND ACCIDENT AFFECTED AREA					
M	REAR CROSS MEMBER	1.00	851.32	00.00	851.32
M	REAR BUMPER	1.00	1889.77	00.00	1889.77
M	LHR BUMPER CHROME MOULDING	1.00	114.03	00.00	114.03
M	RHR BUMPER CHROME MOULDING	1.00	114.03	00.00	114.03
M	REAR LOWER BUMPER	1.00	283.67	00.00	283.67
M	REAR BUMPER CHROME MOULDING	1.00	326.71	00.00	326.71
M	CTR BASIC MOUNTING FOR BUMPER	1.00	131.31	00.00	131.31

Confirmed & accepted by

	Nett	6,505.84
3% GST on	6505.84	520.47
	Total Payable	7,026.31

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	05/07/2023 16:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/07/2023 17:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BENDEMEER RD TWDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB9000Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SHIO HWI
NRIC No	SXXXX733C
Email Address	[REDACTED]
Mobile Phone No	[REDACTED]
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7230013349

DRIVER

Name of Driver	LIM SHIO HWI
NRIC No	SXXXX733C
Date Of Birth	[REDACTED]
Occupation	Indoor

Date Of Driving Pass	16/03/2001
Driving experience	22 YEARS AND 4 MONTHS
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	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

REFER TO SKETCH PLAN

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	SHF30L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TOH KANG HAN
Contact Number	[REDACTED]

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

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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

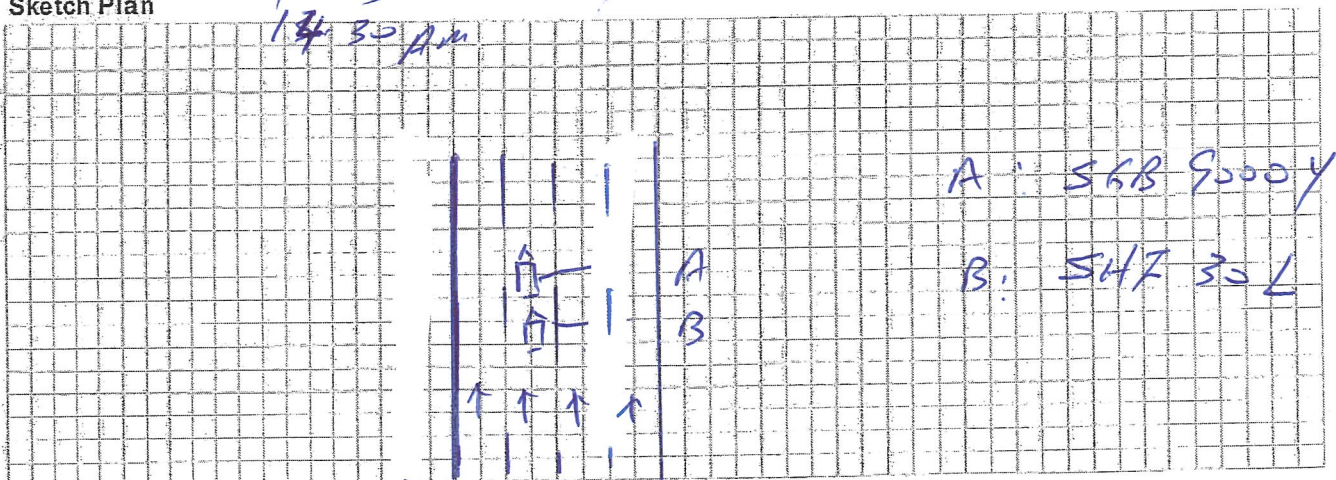
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Case ID: A/20230704/0097

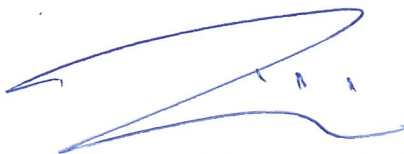
Investigator: AIO Ref: Contact: 655 5076

Heavy traffic, my vehicle 56B 9000Y was stationary and vehicle 54Z 30L (Front) hit into my vehicle 56B 9000Y rear portion.

The driver's of 54Z 30L refused to exchange particulars, so I called Police comes over to the accident scene. Then the driver's of 54Z 30L agreed to exchange particulars.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

05/07/2023
14:30pm

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

Witnessed by Reporting Centre Personnel

