



Mercedes-Benz

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

# ESTIMATE FOR SNF5484G

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

### Vehicle & Document Information

WIP No 17371  
Reg No/Reg Date SNF5484G / 02/06/2022  
Date In/Mileage 0  
Chassis No W112 30802B0403223  
Engine No 26492030483343  
Make/Model MB/E 200 SEDAN  
Colour/Trim 025 595 Nautic Blue/ 048 804 Sienna Brow

| Account No | Terms  | Date/Time Printed | CSE | Operator         |
|------------|--------|-------------------|-----|------------------|
| WA000001   | Credit | 17/07/2023/ 11:43 | K0  | 301 / Kerlyn Ong |

| Description of Goods / Services  | Qty  | Unit Price | Disc% | Amount  |
|--|------|------------|-------|---------|
| Z REQUEST<br>Customer Request<br>M BPNSUN<br>POLICY NO/ACC DATE : SP200511921 // 15/07/2023<br>DRIVE IN/EXCESS : 17/07/2023 // \$600<br>DATE IN/DATE SURVEY:<br>BY/AUTHORIZED ON : |      |            |       | 3840.00 |
| A BPILAB<br>STRAIGHTEN, REMOVE SUPPORT ASSY FROM FRAME IMPACT<br>DISASSEMBLE AND REPLACE ATTACHED DAMAGED PARTS & REFINISH.  |      |            |       | 3000.00 |
| A BPIRES<br>RESPRAY BONNET, FRONT BUMPER & RH/ FRONT FENDER  |      |            | 0.10  | 380.00  |
| A BPILAB<br>USING XENTRY DIAGNOSTIC TO CHECK ON CONTROL UNIT RESET MEMORY TO<br>IDENTIFICATION STANDARD. NETT  |      |            |       | 120.00  |
| A BPILAB<br>TO REMOVE, REPLACE HEADLAMP WITH FOCUS. NETT   | 1.00 | 1723.81    | 00.00 | 1723.81 |
| M FRONT BUMPER   | 1.00 | 86.07      | 00.00 | 86.07   |
| M RH/ FRONT BUMPER LOWER GRILLE  | 1.00 | 72.66      | 00.00 | 72.66   |
| M RH/ FRONT BUMPER LOWER GRILLE MOULDING   | 1.00 | 18.35      | 00.00 | 18.35   |
| M RH/ FRONT BUMPER BRACKET   | 1.00 | 306.95     | 00.00 | 306.95  |
| M FRONT DISTANCE SENSOR  | 1.00 | 6.72       | 00.00 | 6.72    |
| M DECOUPLING RING  | 1.00 | 71.09      | 00.00 | 71.09   |
| M RH/ BASIC CARRIER FOR BUMPER   | 1.00 | 2588.73    | 00.00 | 2588.73 |
| M BONNET   | 1.00 | 122.48     | 00.00 | 122.48  |
| M BONNET MERCEDES STAR   | 2.00 | 45.86      | 00.00 | 91.72   |
| M BONNET SPRING ELEMENT  | 1.00 | 97.70      | 00.00 | 97.70   |
| M BONNET RETAINING HOOK  | 1.00 | 1162.73    | 00.00 | 1162.73 |
| M RH/ FRONT FENDER   | 1.00 | 3677.73    | 00.00 | 3677.73 |
| M RH/ HEADLAMP UNIT  | 1.00 | 785.35     | 00.00 | 785.35  |
| M RH/ HEADLAMP UNIT CONTROL UNIT   | 1.00 | 1080.64    | 00.00 | 1080.64 |
| M FRONT STIFFENING   |      |            |       |         |

Confirmed & accepted by

**Kerlyn Ong Kai Li**

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Authorized signatory and company stamp  
Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

|                      |                  |
|----------------------|------------------|
| Nett                 | 19,232.73        |
| 8% GST on            | 19232.73         |
| <b>Total Payable</b> | <b>20,771.35</b> |

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              | 17/07/2023 14:38 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 15/07/2023 17:30 (SGT)              |
| Exact Location of Accident      | Singapore                           |
| Additional Location Information | JURONG WEST STREET 92               |
| Country/State of Loss           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SNF5484G |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                           |
|--------------------------|---------------------------|
| Is company?              | No                        |
| Name Of Registered Owner | PARAMASIVAM TAMILSELVAN   |
| NRIC No                  | SXXXX998A                 |
| Email Address            | PTAMILSELVAN@YAHOO.COM.SG |
| Mobile Phone No          | (Phone) +65-91854358      |
| Alternative Phone No     | -                         |

### VEHICLE PARTICULARS

|  |             |
|--|-------------|
| Manufacturer   | Mercedes    |
| Model  | E200        |
| 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? | 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 | SP2005511921                          |

### DRIVER

|                |                         |
|----------------|-------------------------|
| Name of Driver | PARAMASIVAM TAMILSELVAN |
| NRIC No        | SXXXX998A               |
| Date Of Birth  | 11/09/1974              |
| Occupation     | Indoor                  |

|  |                                       |
|--|---------------------------------------|
| Date Of Driving Pass .....   | 14/05/2002                            |
| Driving experience .....   | 21 YEARS AND 2 MONTHS                 |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-91854358                  |
| Alt. Phone Number .....  | -                                     |
| Email Address .....  | PTAMILSELVAN@YAHOO.COM.SG             |
| Address .....  | BLK 917 JURONG WEST STREET 91 #09-136 |
| Address complement .....   | -                                     |
| Postcode .....   | 640917                                |
| 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 .....   | Hit and run / Vandalism / Damaged whilst parked |
| 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) .....   | 0   |
| 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? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20230717/7014

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 ..... | UNKNOWN |
| Vehicle Manufacturer .....        | -       |
| Vehicle Model .....               | -       |
| Vehicle Variant .....             | -       |

|   |              |
|---|--------------|
| Vehicle Colour .....                          | -            |
| Vehicle Category .....                        | NA / Unknown |
| 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**

**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 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 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 17/07/2023 1129

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

Driver's Signature (if driver is not the policyholder) / Date & Time  
Witnessed by Reporting Centre Personnel **KERLYN**

**Sketch Plan**

Grid area for drawing the sketch plan.

**Describe Circumstances of the Accident**

REFER TO POLICE REPORT NO.T/20230717/7014

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time 17/07/2023 1129

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

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

Witnessed by Reporting Centre  
Personnel **KERLYN**



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>17/07/2023 10:45 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars                       |            |   |                                     |
|---|------------|---|-------------------------------------|
| Name of Informant:<br>PARAMASIVAM TAMILSELVAN |            | Address:<br>917 JURONG WEST STREET 91 #09-136 SINGAPORE<br>640917 |                                     |
| ID Type / ID No.:<br>NRIC NO / S7468998A      |            | Contact No.:<br>Home/Office: Mobile: 91854358                     |                                     |
| Nationality:<br>INDIAN                        |            | Email:<br>PTAMILSELVAN@YAHOO.COM.SG                               |                                     |
| Sex:<br>Male                                  | Age:<br>48 | Date of Birth:<br>11/09/1974                                      | Type of Informant:<br>Vehicle Owner |
| Race:<br>Indian                               |            | Language:<br>English  |                                     |
| Occupation:<br>Business development manager   |            | Driving Licence Information:<br>Class: 3 Date of Expiry:          |                                     |

| General Information of the Accident      |                           |                    |  |                                     |
|--|---------------------------|--------------------|--|-------------------------------------|
| Type of Accident:                        | Non-Injury<br>Hit and Run | Drink Drive:<br>No | Date/Time of Accident:<br>15/07/2023 17:30 | Type of Location:<br>Car Park       |
| Location:<br><br>JURONG WEST STREET 92   |                           |                    |  |                                     |
| Weather:                                 |                           | Road Surface:      |  |                                     |
| Traffic Flow:<br>Two Way                 |                           | Traffic Control:   |  | Traffic Volume:                     |
| Type of Collision:<br>STATIONARY VEHICLE |                           |                    |  | Anyone conveyed by ambulance:<br>No |

| Details of Vehicle Involved |      |                  |                   |       |                     |       |
|-----------------------------|------|------------------|-------------------|-------|---------------------|-------|
| Vehicle No.                 | Type | Make             | Model             | Color | Conditio            | No of |
| SNF5484G                    | Car  | MERCEDES<br>BENZ | E200<br>EXCLUSIVE | Blue  | Slightly<br>Damaged | 0     |

| Details of Vehicle Insurance |  |              |            |             |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                      | Insurance No | Effective  | Expiry Date |
| SNF5484G                     | ALLIANZ GENERAL INSURANCE<br>COMPANY (MALAYSIA) BERHAD | SP2005511921 | 02/06/2023 | 01/06/2024  |



**SINGAPORE  
POLICE FORCE**



T/20230717/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20230717/7014

**CONTINUATION OF REPORT**

| Details of Person Involved        |                         |                                   |                                 |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                         |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA    |                                 |
| Vehicle Owner                     |                         |                                   |                                 |
| Name                              | PARAMASIVAM TAMILSELVAN | ID No.                            | S7468998A                       |
| Related Vehicle                   | SNF5484G (Car)          | Contact No.                       | 91854358                        |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | NIL                     | Date                              | NIL                             |
| No. of Days granted Medical Leave | NIL                     | Degree of                         | NIL                             |

Brief Details.

I PARKED MY CAR @ HDB CAR PARK J61 ON 26TH JUNE 2023. IM IN OVERSEAS TRIP UNTI 15TH JULY 2023. I COVERED UP THE CAR WITH CANVAS. WHEN IM BACK ON 15TH I OPENED THE CAVAS AND FOUND OUT THE DAMAGES ON MY CAR. RIGHT SIDE HEAD LIGHT AND FRONT BONNET AND BUMPER WAS DAMAGED. YOU IMMEDIATILY CONTACTED MSCP MANAGEMENT AND THEY REQUIRED ME TO MAKE A POLICE REPORT FOR INSURANCES PURPOSES.



**SINGAPORE  
POLICE FORCE**



T/20230717/7014

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230717/7014

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
SUFYAN BIN KHAIRI  
Contact No.: 65476148

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
17/07/2023 10:45

Classification Of Case:

This report is lodged at Jurong West NPC Kiosk 1  
NP168

**Allianz Insurance Singapore Pte. Ltd.**

**POLICY SCHEDULE  
ALLIANZ MOTOR PROTECT**

**ORIGINAL**

|                          |   |  |
|--------------------------|---|--|
| Date                     | : | 18 April 2023  |
| Policy Number            | : | SP2005511921   |
| Type of Cover            | : | ALLIANZ MOTOR PROTECT                                |
| Plan Type                | : | Comprehensive  |
| Intermediary             | : | ALLINK INSURANCE AGENCY PTE LTD                      |
| Intermediary Code        | : | 0000396  |
| Policyholder/Insured     | : | PARAMASIVAM TAMILSELVAN                              |
| Correspondence Address   | : | NO. 5 SOON LEE STREET #06-41 SINGAPORE 627607        |
| Replacing Cover Note No. | : | NA   |
| Period of Insurance      | : | From 02/06/2023 To 01/06/2024 (Both Dates Inclusive) |
| Premium Payable          | : | S\$ 1865.39  |
| GST 8%                   | : | S\$ 149.23   |
| Total Premium Payable    | : | S\$ 2014.62  |

|                     |   |   |                      |                  |
|---------------------|---|---|----------------------|------------------|
| Make and Model      | : | Mercedes Benz E200  |                      |                  |
| Agreed Value        | : | MARKET VALUE  | Off Peak Car         | : No             |
| Registration No.    | : | SNF5484G  | Good Driver Discount | : No             |
| Year of Manufacture | : | 2022  | Body Type            | : Cabriolet      |
| Engine Capacity     | : | 1991.0  | Engine No.           | : 26492030483343 |
| Chassis No.         | : | W1K2130802B040322   | Windscreen           | : UNLIMITED      |
| Hire Purchase Owner | : | NA  | No Claims Discount   | : 10 %           |
| Additional Cover    | : | Preferred Workshop for Accident Repairs<br>Medical Expenses<br>Personal Accident Benefits |                      |                  |
| Named Drivers       | : | PARAMASIVAM TAMILSELVAN   |                      |                  |
| Excess              | : | Own Damage  | S\$                  | 600.00           |
|                     | : | Windscreen Damage   | S\$                  | 100.00           |

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7468998A**  
 Name: **PARAMASIVAM TAMILSELVAN**

Birth Date: **11 Sep 1974**  
 Issue Date: **18 May 2011**




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

|          |  | EFFECTIVE DATE |
|----------|--|----------------|
| Class 2B | Motorcycles =< 200 cc  | 14 May 2008    |
| Class 3  | Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg | 14 May 2008    |

NP 428A

Licence No: S7468998A

