



Mercedes-Benz

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

ESTIMATE FOR SGP5352J

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

WIP No
Reg No/Reg Date SGP5352J / 15/07/2016
Date In/Mileage / 0
Chassis No WDD2050402R177300
Engine No 27491030629653
Make/Model MB/MB C 180 SEDAN (W205) "AVANTGARDE / A
Colour/Trim 027 796 Citrine Bro/ 041 101 ARTICO Blac

Vehicle & Document Information

11605

Account No	Terms	Date/Time Printed	CSE	Operator
WA000001	Credit	31/07/2023/ 14:46	VS	356 / Vincent Seah

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
Z REQUEST Customer Request M BPNSUN POLICY NO/ACC DATE :7220060897-01//31.07.2023 DRIVE IN/EXCESS :31.07.2023 // TP CAR NO: SMN2518H=ALLIANZ 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				96.00
A BPILAB CHECK REAR LIGHTING SYSTEM AND WATER TEST FOR ANY LEAKAGE. NETT				2400.00
A BPILAB PANEL BEAT TO REPAIR AFFECTED AREAS , REMOVE AND REPLACE WITH NEW BODY PANELS WITH REFINISH			0.01	3200.00
A BPIRES RESPRAY ON REAR BUMPER, RHR FENDER, END PANEL AND ACCIDENT AFFECTED AREA				
M RHR BASIC MOUNTING FOR BUMPER	1.00	80.73	00.00	80.73
M REAR BUMPER	1.00	1947.67	00.00	1947.67
M RIVET	4.00	5.34	00.00	21.36
M REAR BUMPER CHROME MOULDING	1.00	326.71	00.00	326.71
M REAR LOWER BUMPER	1.00	283.67	00.00	283.67
M RIVET	2.00	5.34	00.00	10.68
M TOP RHR BASIC MOUNTING FOR BUMPER	1.00	46.81	00.00	46.81
M RHR SIDE STABILITY	1.00	80.11	00.00	80.11
M CTR BASIC MOUNTING FOR BUMPER	1.00	131.31	00.00	131.31
M DISTANCE SENSOR	1.00	205.45	00.00	205.45
M SPACER RING	1.00	7.85	00.00	7.85
M RIGHT REAR LAMP COMBINATION	1.00	839.11	00.00	839.11
M REAR END PANEL	1.00	1878.49	00.00	1878.49

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.

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



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67143369

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WA000001	Credit	31/07/2023/ 14:46	VS	356 / Vincent Seah

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M REAR CROSS MEMBER	1.00	851.32	00.00	851.32

THIS IS NOT AN OFFICIAL TAX INVOICE

ESTIMATE

Confirmed & accepted by

8% GST on 12802.27
Nett 12,802.27
1024.18

Total Payable 13,826.45

Authorized signatory and company stamp

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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 First Submission	31/07/2023 10:47 (SGT)
Reported by	Actual Driver
Date of Accident	31/07/2023 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVE 2 SLIP ROAD TURNING LEFT INTO CLEMENTI RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGP5352J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEW MEI YOKE
NRIC No	SXXXX608C
Email Address	RJSIEW@YAHOO.COM
Mobile Phone No	(Phone) +65-82000632
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	7220060897-01

DRIVER

Name of Driver	JOANNE SIEW RUYAN
NRIC No	SXXXX243Z
Date Of Birth	16/12/1980

Occupation	Indoor
Date Of Driving Pass	15/08/2020
Driving experience	2 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82000632
Alt. Phone Number	-
Email Address	RJSIEW@YAHOO.COM
Address	59 WATTEN ESTATE ROAD
Address complement	-
Postcode	287534
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
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)	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	ANG WEI HEONG
Gender	Male

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	SMN2518H
Vehicle Manufacturer	Opel
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MACK
Contact Number	(Phone) +65-86931153
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

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

Witnessed by Reporting Centre Personnel

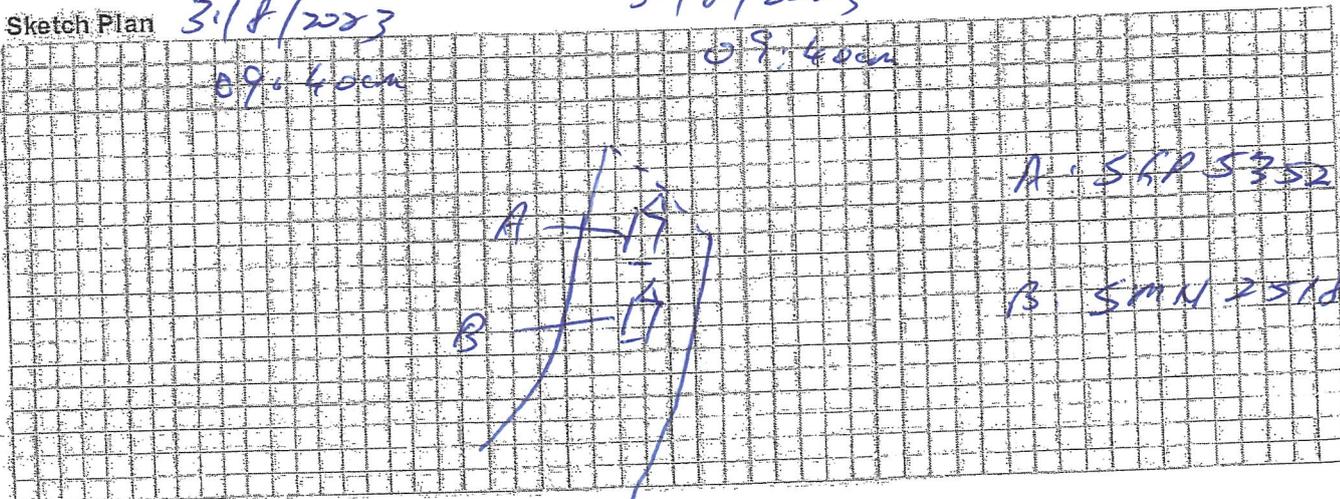
Sketch Plan

31/8/2023

31/8/2023

09.40am

09.40am



Describe Circumstances of the Accident:

My vehicle SRP5352J was stationary.
Vehicle Left Front SMN 251PH.
kitted into my vehicle SRP5352J
Right Rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

3.18/2023
09:40am

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


3.18/2023
09:40am

Witnessed by Reporting Centre
Personnel

