

ASS. REC. BY:

REF: CS/CT117018279/Rlt602

Special Instruction:

Surveyor
numen

Razul

ASSIGNMENT (Office)

From (Person):

Angie Foo

of

CTI

Date/Time:

22/9/17 1:33pm

Estimated Cost:

Bill to:

OD / (TP) WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SDY 1912

Insured:

SJD 301S

at Workshop m/s:

Ital Auto

Tel:

64751118

of

30 Leng Kee Rd, 159100 Leng Kee

Policy No:

Claim No:

SNM17D02952 C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

18/05/2017

CA / REV / REP. / REV 24 HRS

'wp'

25/9/17 10:30-11:30am

H.O.D. Endorsement:

Date/Time:

22/9/17

2:05pm

Person Contacted:

Shane Pascoe

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SDY 1912 - CS3/M38/17009733 / 1h 3m2 - D.O.A: 18/05/2017

SJD 301S - NA/CTI:17015923 / r3 - D.O.A: 16/08/2017

According to the repairer, owner withdraw claim.

convert to OD

Submit preli report.

REF: CTI

4842B

ASSIGNMENT

From _____ Date 25/9/17

Estimated Cost: _____

OD / ☒ WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No SDU 1912

at Workshop m/s Itai Auto

of 30 Leng Kee Rd, 159100 Leng Kee

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured _____ Excess _____

(Client's Record) _____

Make of Veh: _____

(Policy Condition) 10-30-11-30 2pm

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
-----	-----

Bal. or Market Value: _____

IDAC Accident Rpt. _____ Consistent? : Yes or No

GIA / PR Seen. _____ Consistent? : Yes or No

Est. Repairs: _____ days Res. Yes or No

Lum Sum: _____ % 3 Val. Yes or No

CA / REV / REP. / 24 HRS 'wp'

Date: _____ Person Contacted: _____

Date / Time _____ Action / Instruction _____

Vehicle IN / OUT _____

Veh No: SDU 1912 Yr Regn 1

Type ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make _____ CC _____

Colour: RED A.C. Insured / Std / NI / NA

Sp. Reading 63331 T. Radio Insured / Std / NI / NA

Eng/No: _____

C/No: ZFF68NHCO00201962

Gen. Cond: Good / Fair / Poor / Burnt

Steering ☒ in order / Jammed / Leaked / Burnt or _____

Brake ☒ in order / Jammed / Leaked / Burnt or _____

Modi: Nil / ☒ S/Rim / STD A/Rim or _____

Tyre Size: F: 335/25 22 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / ☒ PIA / SUMI / TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 8/05/17 D.O.I. 25/09/17

Survey held at ITAL

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or 0/8 FR

The U/C / Chassis frame / Body Structure affected due to collision

RECEIVED 01 JUN 2018

Date/Time File Pass to?

1/11b Typist

Date/Time File Return to?

2)

☒ Preli. Report
☐ Final Report
Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee

Transportation

) S + RS \$:

) Photos

) Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$ -)

250

250



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CTI17018279/R1tb

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 22-09-2017



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJD 301S	Veh. Inspected	SDU 191Z
Policy No.	DMPCSN3013681703	Coverage (\$)	0.00
Claim No.	SNM17D02952C02	Excess (\$)	0.00
Assign From	ANGIE FOO	Assign Date	22/09/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	18/05/2017	Inspection Date
Survey held at	ITAL AUTO PL 30 LENG KEE RD SINGAPORE 159100	

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 Sep 2017		22 Sep 2017 13:33 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	HARIYANTO WONGSODIHARDJO		
Main Claimant:	YUEN SIU MUN, ID: S7614842B		
Vehicle Reg. No.:	SDU191Z	Date of Loss:	18/05/2017 14:00 - :59
Claim Type:	TP / SNM17D02952C02	Policy/Cover Note No.:	DMPCSN3013681703
Vehicle Reg. No. (Insured):	SJD301S	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	ITAL Auto Pte Ltd (HQ) 30 Leng Kee Road, 159100 Leng Kee - Tel: 64751118		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Angie Foo - 6389 6186]		
Claimant's Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/10/2017]		
Adj Asg. Remarks:	PLEASE SURVEY THIRD PARTY, CHECK CONSISTENCY OF THE DAMAGES ON WITHOUT PREJUDICE.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
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No results.

Denise Tay (LKKAuto)

From: Shane Pascoe <shanepascoe@italauto.com.sg>
Sent: Friday, 1 June 2018 9:37 AM
To: Denise Tay (LKKAuto)
Cc: Pauline Neo May Fong
Subject: RE: *URGENT* SDU 191Z TP CHINA TAIPING

Hi Denise,

Liability not in SDU191Z favour.

Client has change to OD claim.

Best regards,

Shane Pascoe
Service Advisor



OFFICIAL FERRARI IMPORTER SINGAPORE

Ital Auto Pte Ltd

Ital Auto Pte Ltd 30 Leng Kee Road Singapore 159100

M (+65) 92777057
T (+65) 64751118 Ext 513 F (+65) 64743336
E shanepascoe@italauto.com.sg

W www.italauto.com.sg | facebook.com/Ferrari | twitter.com/Ferrari | instagram/Ferrari

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Friday, 1 June, 2018 9:31 AM
To: Shane Pascoe
Cc: Pauline Neo May Fong
Subject: *URGENT* SDU 191Z TP CHINA TAIPING
Importance: High

Dear Shane,

Kindly update on the status of this vehicle, SDU 191Z / TP / CHINA TAI PIN / DOA: 18/5/2017

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

* Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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 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 ability.
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 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 Report	19/05/2017 18:10
Date Of Accident	18/05/2017 14:05
Exact Location Of Accident	JOO CHIAT PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU191Z
Insured/Policyholder	
Name Of Registered Owner	YUEN SIU MUN
NRIC No	S7614842B
Email Address	SMYUEN.ATLAS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98567320
Alternative Phone No	OFFICE-92777057

Vehicle Particulars

Manufacturer	FERRARI
Model	458 SPIDER-4.5 (A)
Exact Purpose for which vehicle was being used at time of accident	TRANSPORTATION
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	YUEN SIU MUN
NRIC No	S7614842B
Date Of Birth	09/05/1976
Occupation	INDOOR
Date Of Driving Pass	02/12/1996
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98567320
Fax Number	
Contact Number	OFFICE-92777057
EMail Address	SMYUEN.ATLAS@GMAIL.COM

Address	
Postcode	437978
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	OPENING DOOR OF VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

My Car Ferrari 458 Spider SDU191Z was parked and stationary along parallel parking at Joo Chiat Place. I opened my door slightly at the first door stop. Two cars passed me without incident. I was about to set out, I heard a loud bang and realised SJD301S had collided into my door. I noticed her front bumper was damaged during the collision plus her side body panels

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD301S
Vehicle Make/Model/Colour	HONDA CIVIC SILVER
Details Of Properties	
Name of Driver	IVY TIONG ING GING
NRIC/Passport Number	S7280233J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	SIDE DOOR COLLISION
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

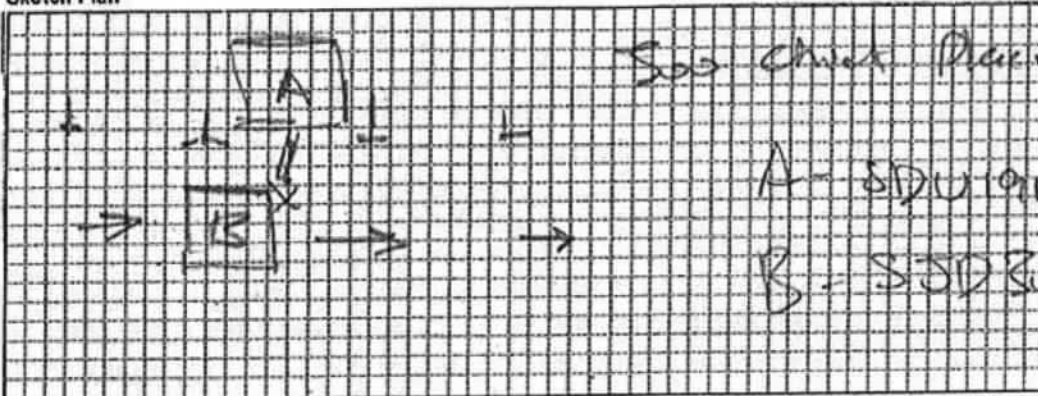
MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION		
Date of Report	19/5/17	Time: 14:00 hr
Date of Accident	18/5/17	Time: 14:02 hr
Exact Location of Accident	Joo chiat Road	
DETAILS OF OWN VEHICLE		
Vehicles Registration Number:	SDU 1912	Name of Registered Owner: Fuzi Supercare Pte Ltd
NRIC / Passport No. / FIN:		Co. Reg. No. (for Co. Vehicle Only):
Vehicle Particulars		
Manufacturer:	Ferrari	Model: 458 spider
Exact purpose for which vehicle was being used at time of accident.	Normal usage <input type="checkbox"/> Other <input type="checkbox"/> (please state):	
Are you claiming your own insurance policy for repair to your veh.?	Yes <input type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Third Party <input type="checkbox"/>	
Vehicle Category:	Private Car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>	
Insurance Company		
Name of Insurance Company:	Panatarnsun (MSIA)	
Type of Coverage:	Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>	
Fleet Policy:	Yes <input type="checkbox"/> No <input type="checkbox"/> Policy / Cover Note Number:	
Driver		
Name of Driver:	Yuen Siu Mun	NRIC / Passport No. / FIN: 57614583
Date of Birth:	9/5/76	Occupation: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass:		Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No:	98367300	Fax No.: Alternative Phone No.:
Address:	55 Meyer Road #18-04 (Post Code: 437978)	
Email Address:	smymen-atlas@gmail.com	
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured:	
Vehicle Registration Number of Driver's Own Vehicle (if applicable):		
Insurance Company of Driver's Own Vehicle (if applicable):		
Other Information of the Accident		
Type of Accident:	moving / passing car collided into my stationary car door	
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any other material or property damaged?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Are accident photos available for attachment	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?	
Was notice of Intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)		
Vehicles Registration No.:	SDA 3015	Vehicle Make / Model / Colour: Honda CM2 Silver
Details of Property Damaged in Accident:		
Name of Driver:	Vy. Fung Tien Ing Gng	NRIC/Passport Number: 57280233J
Contact Number:	9783 8216	(Post Code:)
Address:		
Insurance Company Name:		
Nature of Damage:	No. of Passengers (including Driver): 0	
Details of Witness - Name:		
Details of Witness - Contact Number:		
Details of Witness - Email Address:		
DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)		
Name:	Approximate Age:	
Address:	(Post Code:)	
Injuries Sustained:	Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	

Sketch Plan #2

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 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 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.

Sketch Plan**Describe Circumstances of the Accident**

My car Ferrari 458 spider SDU 1912 was parked and stationary along parallel parking of Joo Chiat Place.
I opened my door rightly to the first door step - 2 cars passed me without incident.
As I was about to get out, I heard a loud bang and realised SDD 3015 had collided into my door.
I noticed her front bumper was damaged from the collision + her side body panels.

Declaration

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



OFFICIAL FERRARI IMPORTER SINGAPORE

Date: 2-Jun-17

Ital Auto Pte Ltd

QUOTATION

To: China Taiping Insurance (Singapore) Pte. Ltd
Singapore 079909

Tel: 63896111 Fax: 62221033
email: e-claims@sg.cntaiping.com

Our Ref: 15077
Reg. No: SDU191Z
Model: 458 SPIDER
VIN: 201962
Mileage: 41010KM
Terms: INSURANCE

Item	Description	Qty	Unit Price Excl. GST	Line Discount	Line Amount Excl. GST
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LABOUR

L	REMOVE ALIGN AND REPLACE RIGHT DOOR AND ACCESSORIES. 7 days	56	\$ 220.00		\$ 12,320.00 ⁷⁰⁰⁰
L	RESpray NEW DOOR	1	\$ 1,400.00		\$ 1,400.00
Sub Total					\$ 13,720.00
Total Amount Include GST:					\$ 14,680.40

PARTS

P	COMPLETE RH DOOR STRUCTURE	1	\$ 14,180.73		\$ 14,180.73 ⁸¹
P	ADHESIVE PLUG	2	\$ 6.25		\$ 12.50 ^{rec}
P	FRONT RH WATERPROOF MEMBRANE	1	\$ 184.27		\$ 184.27 ^{rec}
P	REAR RH WATERPROOF MEMBRANE	1	\$ 194.24		\$ 194.24 ^{rec}
Sub Total					\$ 14,571.74
Total Amount Include GST:					\$ 15,591.76

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

This is an estimate only and does not represent a contract for services. This estimate is based on the scope of the work to be completed for the job as described above. This estimate is based on our evaluation of the requirements necessary to complete the job and does not include material price increases or additional labor and material which Date: may be required should unforeseen problems arise after the work has started. This quotation is valid for thirty (30) days only.

Grand Total before Tax: \$ 28,291.74
Grand Total Including GST: \$ 30,272.16































...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	22 Sep 2017		22 Sep 2017 13:33 Edit Adj Rpt	S\$22,971.74 Edit Estimates	S\$22,971.74 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	HARIYANTO WONGSODIHARDJO , Co. Reg. No.: -								
Main Claimant:	YUEN SIU MUN , ID: S7614842B								
Vehicle Reg. No.:	SDU191Z	Date of Loss:	18/05/2017 14:00 - :59						
Claim Type:	TP / SNM17D02952C02	Policy/Cover Note No.:	DMPCSN3013681703						
Vehicle Reg. No. (Insured):	SJD301S	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	ITAL Auto Pte Ltd (HQ) 30 Leng Kee Road, 159100 Leng Kee - Tel: 64751118								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Angie Foo - 6389 6186]								
Claimant's Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 03/10/2017]								
Adj Asg. Remarks:	PLEASE SURVEY THIRD PARTY, CHECK CONSISTENCY OF THE DAMAGES ON WITHOUT PREJUDICE.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SDU191Z (SNM17D02952C02)**
[SJD301S]
TP
YUEN SIU MUN
May 18 2017 2:00PM
[HARIYANTO WONGSODIHARDJO]
ITAL Auto Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	ITAL Auto Pte Ltd (HQ)	Thumbnail	Print
1	19/05/17 19:10	Accident Statement	 Load HTM	<input checked="" type="checkbox"/>
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On	ITAL Auto Pte Ltd (HQ)	Thumbnail	Print
1	19/05/17 19:05	THIRD PARTY [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
2	19/05/17 19:05	THIRD PARTY [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
3	19/05/17 19:05	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
4	19/05/17 19:05	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
5	19/05/17 19:05	Identification Card [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
6	19/05/17 19:05	THIRD PARTY [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
7	19/05/17 19:05	Identification Card [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
8	19/05/17 19:05	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
9	19/05/17 19:05	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
10	19/05/17 19:05	Accident Photo [Linked Accident Report Documents]	 Load JPG	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
2	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
3	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
4	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
5	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
6	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
7	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
8	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
9	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
10	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
11	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
12	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
13	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
14	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
15	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
16	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
17	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
18	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>
19	01/06/18 11:59	General View	 Load JPG	<input checked="" type="checkbox"/>

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
		ITAL Auto Pte Ltd (HQ)		
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
		China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		
1	22/09/17 13:36	INSURED SAS REPORT SJD301S		Load PDF
2	22/09/17 13:36	THIRD PARTY SDU191Z FROM ITAL AUTO PTE LTD -ESTIMATE		Load PDF
		ITAL Auto Pte Ltd (HQ)		
1	19/05/17 19:10	Sketch Plan [Linked Accident Report Documents]		Load TIF
2	19/05/17 19:10	Sketch Plan #2 [Linked Accident Report Documents]		Load TIF

Linked Accident Report Documents

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
		ITAL Auto Pte Ltd (HQ)		
1	19/05/17 19:10	Accident Statement		Load HTM
2	09/11/17 16:24	Addendum Sheet		Load TIF
3	09/11/17 16:24	Accident Statement Addm. #1		Load HTM
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
		ITAL Auto Pte Ltd (HQ)		
1	19/05/17 19:05	THIRD PARTY		Load JPG <input checked="" type="checkbox"/>
2	19/05/17 19:05	THIRD PARTY		Load JPG <input checked="" type="checkbox"/>
3	19/05/17 19:05	Accident Photo		Load JPG <input checked="" type="checkbox"/>
4	19/05/17 19:05	Accident Photo		Load JPG <input checked="" type="checkbox"/>
5	19/05/17 19:05	Identification Card		Load JPG <input checked="" type="checkbox"/>
6	19/05/17 19:05	THIRD PARTY		Load JPG <input checked="" type="checkbox"/>
7	19/05/17 19:05	Identification Card		Load JPG <input checked="" type="checkbox"/>
8	19/05/17 19:05	Accident Photo		Load JPG <input checked="" type="checkbox"/>
9	19/05/17 19:05	Accident Photo		Load JPG <input checked="" type="checkbox"/>
10	19/05/17 19:05	Accident Photo		Load JPG <input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
		ITAL Auto Pte Ltd (HQ)		
1	19/05/17 19:10	Sketch Plan		Load TIF
2	19/05/17 19:10	Sketch Plan #2		Load TIF

Documents Checklist

DOCUMENTS CHECKLIST Reset Save Print
There are no document checklists configured.
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/CT117018279/R1TB2

Date: 04/06/2018

REFERENCE

Handling Insurer: China Taiping Insurance
(Singapore) Pte. Ltd.

Policy No: DMPCSN3013681703

Claimant Vehicle
No : SDU191ZInsured Vehicle
No : SJD301S

Date of Loss: 18/05/2017

Nature of Claim: TP

Claim
No: SNM17D02952C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SDU191Z

Make & Model: FERRARI 458 SPIDER, 4.5 (A)

Engine No: HIDDEN

Reg. Date: (Man. Year:)

Chassis No: ZFF68NHC000201962

Colour: Red

Odometer: 63331 km

Engine Capacity: 0 cc

Market Value/New Car Price: N/A

Sum Insured (\$\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	335/25Z R22	Rear Tyre Size:	335/25Z R22
Front Left Side:	Pirelli 6 mm	Rear Left Side:	Pirelli 6 mm
Front Right Side:	Pirelli 6 mm	Rear Right Side:	Pirelli 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	14,571.74	14,571.74	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	13,720.00	8,400.00	5,320.00	38.78
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	28,291.74	22,971.74	5,320.00	18.80
+ GST 7.00/7.00% (\$\$)	1,980.42	1,608.02	372.40	18.80
Nett Amount (\$\$)	30,272.16	24,579.76	5,692.40	18.80

INSPECTION

Date of Assignment: 22/09/2017

Date Inspected: 25/09/2017

Inspected At:

ITAL Auto Pte Ltd (HQ)
30 Leng Kee Road
Singapore 159100

Estimated Period of Repair: 6.0 days

Adjuster: MOHD RASUL

Manager: DENISE TAY KWEE CHENG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

(REPAIR COST NOT CONCLUDE)

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 04 Jun 2018)	
Parts:	N/A	FERRARI 458 SPIDER 4.5 (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SDU191Z)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*COMPLETE RH DOOR STRUCTURE	Bent	14,180.73 F	*14,180.73 F
2	2		*ADHESIVE PLUG	Necessary	12.50 F	*12.50 F
3	1		*FRONT RH WATERPROOF MEMBRANE	Necessary	184.27 F	*184.27 F
4	1		*REAR RH WATERPROOF MEMBRANE	Necessary	194.24 F	*194.24 F
					Total Parts (S\$)	14,571.74
						14,571.74

F=Franchise part.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	REMOVE ALIGN AND REPLACE RIGHT DOOR AND ACCESSORIES 7 DAYS	New	12,320.00	7,000.00
2	RESPRAY NEW DOOR	New	1,400.00	1,400.00
Gross Labour Cost (\$\$)			13,720.00	8,400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >