ASS. REQ. BY: Steve | CS/CT-F21010855 / Evy3

ASSIGNMENT

From: Date:

Estimated Cost:

OD / (TP) / WS / TP REG / OD REG / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

N/S	O/S

Ref. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Vol.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SDN 6899M Yr Regn: 25/5/21

Type: (M.Car) / M.cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Maserati Levante c.c 2979

Colour: Black A/O: Insured / Std / NI / N

Sp. Reading: 13786 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: 2N6XV61S00X373233

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

Model: Nil / S/Rim / STD A/Rim or

Tyre Size: Ft 215/50R19

Rt "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal. 5 mm

L/Bal. 5 mm

D.O.A. 15/12/21

Rear

R/Bal. 5 mm

L/Bal. 5 mm

D.O.I. 28/12/21

Survey held at Tri dente

Des. of Damages: Frt / (Rear) / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	MV - 350K

Date/Time, File Recvd: [ ] : Prelim. Report [ ] : Final Report

Date/Time, File Returned:

Days Of Repair:

Resurvey No. of Trips:

Add Fee: [ ] : Site Insp ($) [ ] : Interview ($) [ ] : Tech. Inve ($) [ ] : Weekend ($)

Survey Fee

Transportation

S + RS. SI

Photos

Others

TOTAL

Remarks/Forward:

Lum Sum / I.B. Ref:

Scanned with CamScanner

Tridente Automobili Pte Ltd
Official Importer

Steve (LKK)
28/10/21, 1.19pm

WIL RL
P/P
MY BL SY
6 days

Tridente Automobili Pte Ltd
30 Leng Kee Road, Unit 01-02, Singapore 159100
Tel: +65 6472 2236 Fax: +65 6472 2928
Company Reg No: 201631819D
GST Reg. No. MR-8500364-4

Quotation

Invoice Name & Address:
Mr Wong Sin Ting
72 Dedap Road

Singapore 809476
Contact:

Customer Name & Address:
Mr Wong Sin Ting
72 Dedap Road

Singapore 809476
Tel:
Mobile:
Email: jimmy@bch.com.sg

Service advisor: Steven Chee

Contact	Document Number	Date & Tax Point	Order Number	W.I.P. No.	Job No.
C0000002	0	21/10/2021		W 18618	0

Model	Chassis No.	Reg No.	Mileage	Page
Maserati Levante GranSport MY2	ZN6XU61C00X373233	SDN6899M	0	1

	Description of Goods / Services	Qty.	Unit Price	Unit	Discount	Net Total	V
SUB	REMOVE DAMAGED BODY PARTS AND REPLACE EFFECTE	1.00	10,560.00		0.00%	10,560.00	S
SUB	LABOUR TO TRANSFER BOOTLID MECHANISM	1.00	2,640.00		0.00%	2,640.00	S
SUB	LABOUR TO REMOVE&INSTALL LUGGAGE COMPARTMEN	1.00	2,640.00		0.00%	2,640.00	S
SUB	LABOUR TO REPLACE REAR WINDSCREEM	1.00	1,320.00		0.00%	1,320.00	S
SUB	TO SPRAY PAINT ON REAR OUTER PANEL & INNER PANEL	1.00	6,500.00		0.00%	6,500.00	S
SVC-MECH	TO CHECK AND CLEAR FAULT AFTER ACCIDENT REPAIR	1.00	1,200.00		0.00%	1,200.00	S
SVC-MECH	TO CHECK ELECTRICAL WIRING SYSTEMFOR PROPER FU	4.00	165.00		0.00%	660.00	S
SUN	Sundry items	1.00	150.00		0.00%	150.00	S
SUB	REAR NUMBER PLATE	1.00	80.00		0.00%	80.00	S
SUB	REAR WINDSCREEN SOLAR FILM	1.00	450.00		0.00%	450.00	S
	Subtotal:					26,200.00	
	REAR BUMPER	1.00	4,092.10	EACH	0.00%	4,092.10	S
	RH EXHAUST TERMINAL	1.00	1,122.10	EACH	0.00%	1,122.10	S
	LH EXHAUST TERMINAL	1.00	1,122.10	EACH	0.00%	1,122.10	S
	COVER	1.00	199.50	EACH	0.00%	199.50	S
	ENERGY ABSORBING UNIT	2.00	52.50	EACH	0.00%	105.00	S
	RIVET	12.00	7.40	EACH	0.00%	88.80	S
	CENTRAL BRACKET	1.00	145.10	EACH	0.00%	145.10	S
	RH BUMPER BRACKET	1.00	107.60	EACH	0.00%	107.60	S
	REAR BUMPER LH BRACKET	1.00	107.60	EACH	0.00%	107.60	S
	Subtotal:					7,089.90	
	SILICON RING	4.00	23.88	EACH	0.00%	95.52	S
	LH REAR SENSOR HOUSING	1.00	116.80	EACH	0.00%	116.80	S
	RH REAR SENSOR HOUSING	1.00	116.80	EACH	0.00%	116.80	S
	LH REAR SENSOR HOUSING	1.00	116.80	EACH	0.00%	116.80	S
	RH REAR SENSOR HOUSING	1.00	116.80	EACH	0.00%	116.80	S
	RADIAL PARKING SENSOR	2.00	375.30	EACH	0.00%	750.60	S
	Subtotal:					1,313.32	

The estimate is only valid for 7 days from the date indicated

V	Rate	Service/Goods	GST

Tridente Automobili Pte Ltd
Official Importer

Tridente Automobili Pte Ltd
30 Leng Kee Road, Unit 01-02, Singapore 159100
Tel: +65 6472 2236 Fax: +65 6472 2928
Company Reg No: 201631819D
GST Reg. No. MR-8500364-4

Quotation

Invoice Name & Address:
Mr Wong Sin Ting
72 Dedap Road

Singapore 809476
Contact:

Customer Name & Address:
Mr Wong Sin Ting
72 Dedap Road

Singapore 809476
Tel:
Mobile:
Email: jimmy@bch.com.sg

Service advisor: Steven Chee

Contact	Document Number	Date & Tax Point	Order Number	W.I.P. No.	Job No.
C0000002	0	21/10/2021		W 18618	0

Model	Chassis No.	Reg No.	Mileage	Page
Maserati Levante GranSport MY2	ZN6XU61C00X373233	SDN6899M	0	2

Description of Goods / Services	Qty.	Unit Price	Unit	Discount	Net Total	V
PIN	26.00	11.95	EACH	0.00%	310.70	S
WHEELHOUSE LINER ADHESIVE	4.00	7.60	EACH	0.00%	30.40	S
ADHESIVE TAPE	10.00	6.90	EACH	0.00%	69.00	S
SPECIAL NUT	9.00	46.55	EACH	0.00%	418.95	S
STRAP UREA TANK	1.00	64.95	EACH	0.00%	64.95	S
Subtotal:					894.00	
----------					----------	
LOWER REAR GUARD ASSEMBLY	1.00	1,220.40	EACH	0.00%	1,220.40	S
REAR CRASH-BOX CROSS MEMBER	1.00	573.50	EACH	0.00%	573.50	S
RIVET	4.00	6.65	EACH	0.00%	26.60	S
Subtotal:					1,820.50	
----------					----------	
LEVANTE HFA SENSOR	1.00	846.36	EACH	0.00%	846.36	S
ECU BUY LBSS-LEFT BLIND SPOT	2.00	1,173.69	EACH	0.00%	2,347.38	S
SCREW	4.00	2.61	EACH	0.00%	10.44	S
SCREW	3.00	4.50	EACH	0.00%	13.50	S
BRACKET	3.00	2.65	EACH	0.00%	7.95	S
Subtotal:					3,225.63	
----------					----------	
LOGO ON BOOT LID	1.00	77.60	EACH	0.00%	77.60	S
REAR BADGE "Q4" M161	1.00	45.20	EACH	0.00%	45.20	S
REAR LIFTGATE	1.00	4,035.10	EACH	0.00%	4,035.10	S
RUBBER FOR REAR LICENSE PLAT	1.00	3.60	EACH	0.00%	3.60	S
RIVET	2.00	8.90	EACH	0.00%	17.80	S
RH REAR SPOILER	1.00	682.40	EACH	0.00%	682.40	S
LH REAR SPOILER	1.00	682.40	EACH	0.00%	682.40	S
CLIP SHARKFIN RH/LH LEVANTE	4.00	7.60	EACH	0.00%	30.40	S
LUGGAGE COMPARTMENT SEAL	1.00	565.60	EACH	0.00%	565.60	S
REAR WINDOW GLASS	1.00	4,282.40	EACH	0.00%	4,282.40	S
WINDSHIELD SUPPORT PIN	2.00	15.00	EACH	0.00%	30.00	S
PROTECTIVE FILM	1.00	129.90	EACH	0.00%	129.90	S

The estimate is only valid for 7 days from the date indicated

V	Rate	Service/Goods	GST

Tridente Automobili Pte Ltd
Official Importer

Tridente Automobili Pte Ltd
30 Leng Kee Road, Unit 01-02, Singapore 159100
Tel: +65 6472 2236 Fax: +65 6472 2928
Company Reg No: 201631819D
GST Reg. No. MR-8500364-4

Quotation

Invoice Name & Address:
Mr Wong Sin Ting
72 Dedap Road

Singapore 809476
Contact:

Customer Name & Address:
Mr Wong Sin Ting
72 Dedap Road

Singapore 809476
Tel:
Mobile:
Email: jimmy@bch.com.sg

Service advisor: Steven Chee

Contact	Document Number	Date & Tax Point	Order Number	W.I.P. No.	Job No.
C0000002	0	21/10/2021		W 18618	0
Model		**Chassis No.**	**Reg No.**	**Mileage**	**Page**
Maserati Levante GranSport MY2		ZN6XU61C00X373233	SDN6899M	0	3

Description of Goods / Services	Qty.	Unit Price	Unit	Discount	Net Total	V
Subtotal:					10,582.40	

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

Acknowledged by Repairer
Signature:
Date:

The estimate is only valid for 7 days from the date indicated

V	Rate	Service/Goods	GST
S	7.00	51125.75	3578.80

Net	51,125.75
GST	3,578.80
Total	54,704.55
Paid	0.00
Owing	54,704.55

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 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	16/10/2021 15:44 (SGT)
Date of Accident	15/10/2021 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN6899M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG SIN TING
NRIC No	SXXXX203H
Email Address	Jimmy@bch.com.sg
Mobile Phone No	(Phone) +65-96911611
Alternative Phone No	+65-96911611

VEHICLE PARTICULARS

Manufacturer	Maserati
Model	GRANSPORT
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	3000

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V07699
Cover Note Number	-

DRIVER

Name of Driver	WONG SIN TING
NRIC No	SXXXX203H

Date Of Birth	22/06/1958
Occupation	Indoor
Date Of Driving Pass	20/06/1977
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96911611
Alt. Phone Number	+65-96911611
Email Address	Jimmy@bch.com.sg
Address	72 DEDAP ROAD
Address complement	-
Postcode	S809478
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

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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD, ON THE FOURTH LANE FROM THE RIGHT. AS THE TRAFFIC WAS MOVING, I WAS DRIVING VERY SLOWLY WHEN MY VEHICLE WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS REAR TO ME AND I ACKNOWLEDGED IT.

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	GBE357X
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NA
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 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 lodgment 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.

(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(e) the information so collected under (d) above may be shared / disclosed:

(i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

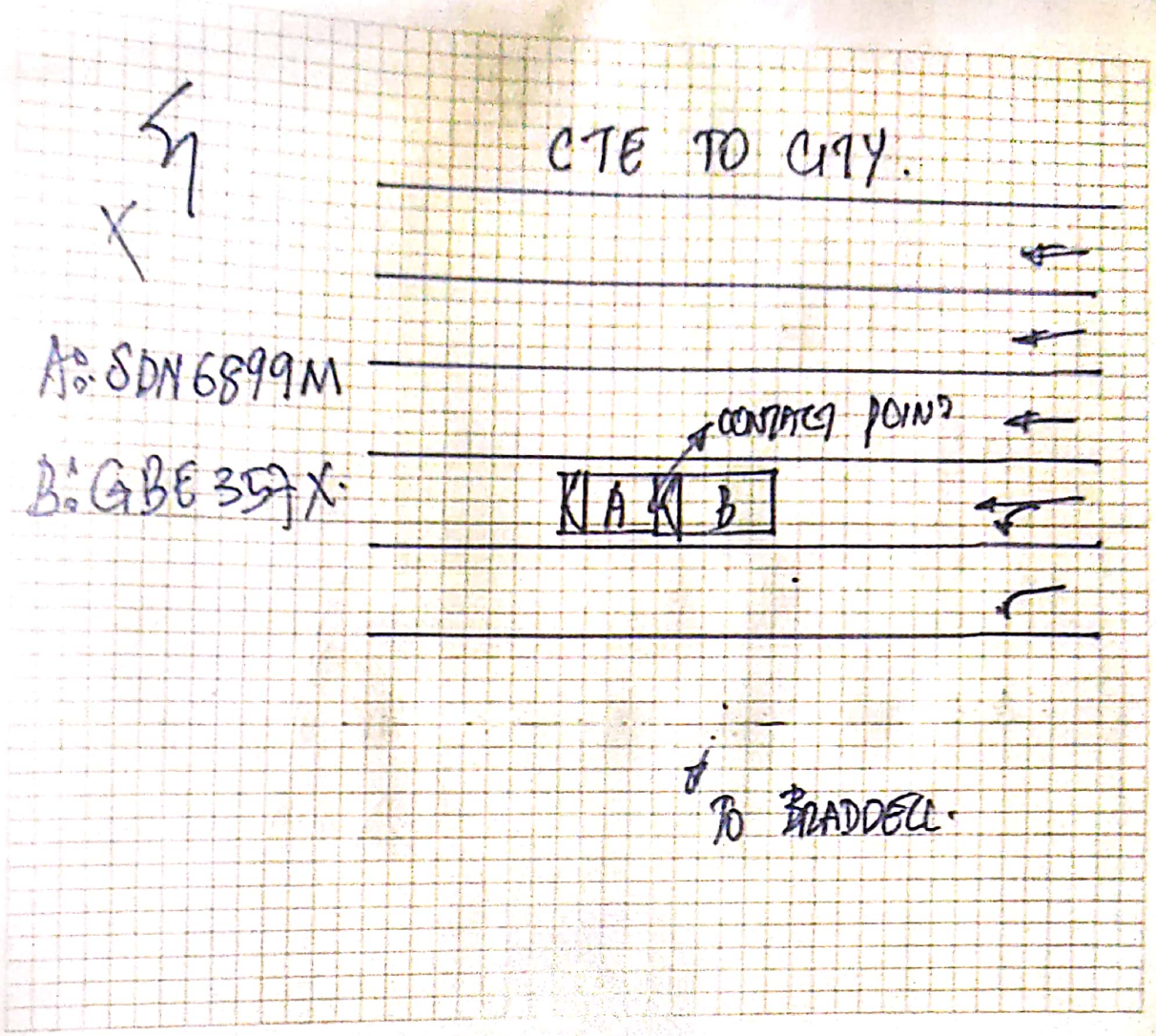
(ii) for complying with requirements under any regulations, laws or court orders.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD, ON THE FOURTH LANE FROM THE RIGHT. AS THE TRAFFIC WAS SLOW MOVING. I WAS DRIVING VERY SLOWLY WHEN MY VEHICLE WAS HIT FROM THE REAR BY VEHICLE B. NO ONE WAS INJURED. STATEMENT WAS REAR TO ME AND I ACKNOWLEDGED IT.

DECLARATION

I/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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

2