

ASS. REC'D BY: Steve REF: CS/CT: 21910855 / Evy3

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop no: \_\_\_\_\_  
Insured: GBE 357X  
Policy No. DMCVSN00096952000  
Claims No. SNM21D205941/C02/CHEESC

Vehicle No: SOM 6899M Yr Regn: 25/5/21  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Private Motor /  
Truck / Trailer or \_\_\_\_\_  
Make: Maserati Levante c.o. 29.79  
Colour: Black A/O: Insured / St / NI / N  
Sp. Reading: 13786 TIR No: Insured / St / NI / N  
Eng/No: \_\_\_\_\_  
Chassis No: 2N6X4615203373233  
Gen. Condi: Good / Fair / Poor / Bupst  
Steering: Knock / Jammed / Locked / Burnt or  
Brakes: In order / Jammed / Locked / Burnt or  
Mod: III / 4RM / 5TD / 4RM or  
Tyre Size: P1 215/50R19  
R1 \_\_\_\_\_

(Policy Condition)  
Remarks: The vehicle commenced its repair at the time of inspection.  
Rel. or Market Value: \_\_\_\_\_  
IDAC Accident Report \_\_\_\_\_ Consistent? Yes or No  
SIA / PR Sent \_\_\_\_\_ Consistent? Yes or No  
Est. Repairs \_\_\_\_\_ days Res.: Yes or No  
Cum Sum \_\_\_\_\_ % 3 Val.: Yes or No  
QA / REV / REP. / 24 HRS \_\_\_\_\_  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / GUMI /  
TOYO / YOKO or \_\_\_\_\_  
Front \_\_\_\_\_ Rear \_\_\_\_\_  
R/Bal: 5 mm R/Bal: 5 mm  
L/Bal: 5 mm L/Bal: 5 mm  
D.O.A. 15/11/21 Tr. dent O.O.I. 28/11/21  
Survey held at \_\_\_\_\_  
Des. of Damages: FR / REAR / O/S / N/S / U/C / Roof top or  
The U/C / CHASSIS frame / Body structure affected due to collision

Date / Time	Action / Instruction
	<u>MV-350K</u>
13/12/21	Final fig \$29,212.37 confirmed by email (Red 24,582.98, 45%)

mer/Tine, File Returns to:  Prel. Report  
 Final Report  
16/12/21-typist  
Merimen  
\$29,212.37

Days Of Repair: 8  
Resurvey No. of Trips: 1  
Add Fee:  Site Insp (\$ \_\_\_\_\_)  
 Interview (\$ \_\_\_\_\_)  
 Tech. Invs (\$ \_\_\_\_\_)  
 Witness (\$ \_\_\_\_\_)  
Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
S + RS: \_\_\_\_\_  
Fines: \_\_\_\_\_  
Other: \_\_\_\_\_  
TOTAL: \_\_\_\_\_



**Tridente Automobili Pte Ltd**  
Official Importer

*Steve (LKK)  
28/10/21, 1.0pm*

*WKL PL  
PIP  
M 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

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

Singapore 809476  
Contact:

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 <i>1300 x 2</i> REMOVE DAMAGED BODY PARTS AND REPLACE EFFECTE	1.00	10,560.00	<i>3300</i>	0.00%	10,560.00	S
SUB LABOUR TO TRANSFER BOOTLID MECHANISM	1.00	2,640.00	<i>600?</i>	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 WINDSCREEN	1.00	1,320.00		0.00%	1,320.00	S
SUB <i>1300 x 2</i> TO SPRAY PAINT ON REAR OUTER PANEL & INNER PANEL	1.00	6,500.00	<i>2600</i>	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	<i>2</i> 4.00	165.00	<i>3300</i>	0.00%	660.00	S
SUN Sundry items	1.00	150.00	<i>75</i>	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 <i>- CRVA</i>	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 <i>DD</i>	1.00	1,122.10	EACH	0.00%	1,122.10	S
COVER <i>- ncc</i>	1.00	199.50	EACH	0.00%	199.50	S
ENERGY ABSORBING UNIT <i>- ncc</i>	2.00	52.50	EACH	0.00%	105.00	S
RIVET <i>- ncc</i>	12.00	7.40	EACH	0.00%	88.80	S
CENTRAL BRACKET <i>? ?</i>	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 <i>?</i>	1.00	107.60	EACH	0.00%	107.60	S
Subtotal:					7,089.90	
SILICON RING <i>- ncc</i>	4.00	23.88	EACH	0.00%	95.52	S
LH REAR SENSOR HOUSING <i>- ncc</i>	1.00	116.80	EACH	0.00%	116.80	S
RH REAR SENSOR HOUSING <i>- ncc</i>	1.00	116.80	EACH	0.00%	116.80	S
LH REAR SENSOR HOUSING <i>- ncc</i>	1.00	116.80	EACH	0.00%	116.80	S
RH REAR SENSOR HOUSING <i>- ncc</i>	1.00	116.80	EACH	0.00%	116.80	S
RADIAL PARKING SENSOR <i>- ncc</i>	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



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

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Maserati Levante GranSport MY2	ZN6XU61C00X373233	SDN6899M	0	3	

Description of Goods / Services	Qty.	Unit Price	Unit	Discount	Net Total	V
Subtotal: -----					10,582.40	
<div style="border: 1px solid blue; padding: 5px; margin: 10px 0;"> <p><u>LKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p> </div>						
The estimate is only valid for 7 days from the date indicated						
V	Rate	Service/Goods	GST	Net	51,125.75	
S	7.00	51125.75	3578.80	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

Address  
Address  
Postcode  
Insurar  
Dr.

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 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 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:

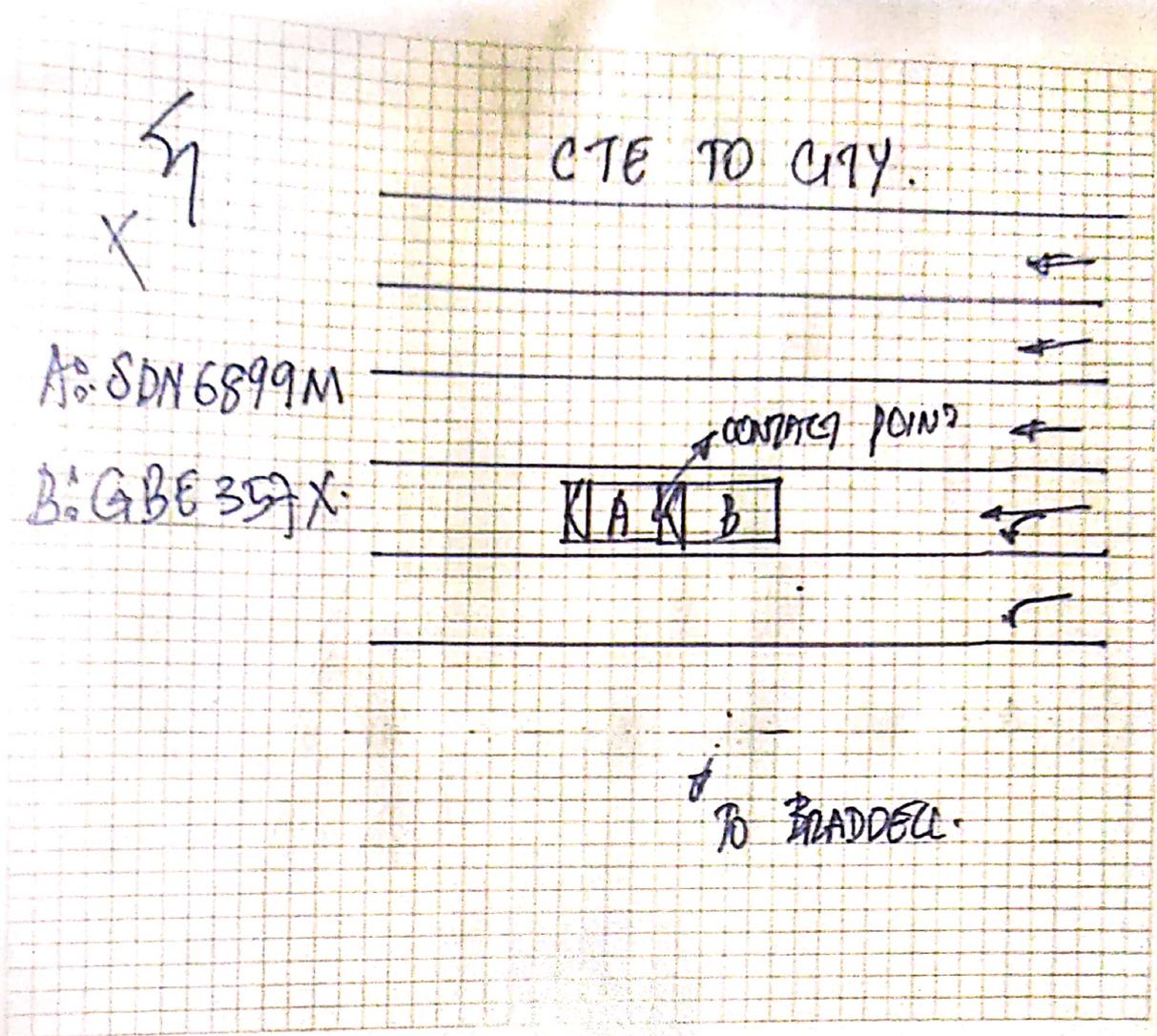
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.

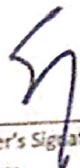
Policyholder's Signature  
Date & Time:

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.:



X 

Policyholder's Signature  
Date & Time:

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

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

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: