Marticus Steve 1 " CS/EG121011.902/EVf3 ASSIGNMENT From ... Veli No: Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover To Inspect Vehicle No: Ducati at Workshop m/s Colour T/Radlo: Insured / Std / NI / NA Sp.Reading Insured: Eng/No: Policy No. C/No: Claims No. Gen. Cond; Good / Fair / Poor / Burnt Sum Insured: Steering: Injorder / Jammed / Leaked / Burnt or (Client's Record) Brake: Inpider/ Jammed / Leaked / Burnt or Make of Vch: Modi: NII I STRIM STO AIRIN OF Tyre Size: (Policy Condition) Remark: The veh had commenced Its BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. Pirelli TOYO/YOKO or Bal. or Market Value: Front IDAC Accident Rport: Consistent?: Yes or No R/Bal, 5 GIA / PR Seen: Consistent?: Yes or No UBal. UBal. Est. Repairs. Res.: Yes or No D.O.A. D.O.I. Lum Sum 3-Val.: Yos or No Wearnes 'Survey held at Des. of Damagos : Frt I(Roor) 1 O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN/OUT Person Contacted The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction DAYOTTIME Fle Pass 107 : Proll. Report Days Of Repair: : Final Roport Resurvey No. of Trip: Survey Fee: Data Time Fle Ratum 107 Transportation; Add Fee: : Site Insp (\$ _S . FS.__SI Interview (\$ Flinks evert Formus: Tech. Inve 17 Corn Er 2146 1 1. B. J. 12 WAR GIRL " 104 4.

SERVICE ESTIMATE

92615 - CO 001 SL: SERVICE SALES - PC Wearnes Automotive Pte. Ltd. (DUCATI) Attn: After Sales/Service

Closed by: Tony Alfred Desire D Svc Consultant: 0988 Remarks: Wearnes Automotive P Inv.No. .. : D 0 Inv.date . : 22/11/2021 WIP No. .. : 55328 0 Page 1

Veh. In/Out:

*Tel.No. . : Work: 63782628
Reg.No. . : FBS3609B / MTS V4
Reg.date . : 31/03/2021
Mileage . : 0
Chassis No.: ZDM1A00AAMB001860

Variant...: MTS V4 S FULL

Op.No	Descripti	on	ccc	Mech Qty	Price Disc	% Pkg	Amount	G
DUCO-1	To replace to disastle	Damage Assessment e damaged parts of NUMBER PLATE SU NUMBER PLATE SU REAR WHEEL RIM TRANSFER ? PLATE ? REAR FRAME COMP REAR FRAME COMP CLIP NUT ? CUSHION, SEAT ? PLUG ? PLUG, RH ? PLUG ? REAR WHEEL SPIN REAR SWINGING A AXLE, REAR SWINGING A AXLE, REAR SWIN BEARING INNER SPACER SPACER SEAL RING		1.0 EA 1.0 EA 1.0 EA 1.0 EA 1.0 EA 1.0 EA 2.0 EA 2.0 EA 2.0 EA 1.0 EA 1.0 EA 1.0 EA 1.0 EA 1.0 EA 1.0 EA 2.0 EA	33.60 17.80 27.60	0 0 0	70.00 3600.00 64.40 57.50 2331.80 18.40 218.30 689.20 11.20 2.50 4.20 15.60 15.60 189.80 2565.00 160.90 160.90 67.20 17.80 27.60 12.20	S S S S S S S S S S S S S S S S S S S

SERVICE ESTIMATE

92615 - c00001 SL: SERVICE SALES - PC Wearnes Automotive Pte. Ltd. (DUCATI)

Attn: After Sales/Service

Closed by: Tony Alfred Desire D

Remarks: Wearnes Automotive P

Svc Consulta t : 0988

Inv.No. .. : D Page 2 Inv.date : 22/11/2021 WIP No. : 55328

Veh. In/Out:

*Tel.No. .. : Work: 63782628 Reg.No. .. : FBS3609B / MTS V4

Reg.date . : 31/03/2021

Mileage .. :

Chassis No.: ZDM1A00AAMB001860

Variant...: MTS V4 S FULL

Op.No Description	CCC Mech Qty	Price Disc% Pkg	Amount G
BEARING, PAD { SCREW, SP CHAIN LIN	ECIAL 2 1.0 EA	6.20 1.10	37.40 S 6.20 S 13.20 S

Steve (LKK) 83928813 23/11/11, 4.30pm

		Amount	11,088.50
Labour Total Parts Total Package Total	3,670.00 7,418.50 0.00	Amount GST @ 7 % Total Amount Less Amt Paid	11,088.50 776.20 11,864.70 0.00
CST: S-StdDatadi O-Outofconno	. 7 7	Nett Amount	£ 11,864.70

GST: S=StdRated; O=OutOfScope; Z=ZeroRated Service Estimates are valid for 10 days from the above date. This is a computer generated invoice, no signature is required.

> 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:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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 be a fee by made available upon conficultion by interested parties. 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

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

12/11/2021 16:42 (SGT)

12/11/2021 13:50 (SGT)

Commonwealth Ave, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBS3609B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No

Wearnes Automotive Pte Ltd

1XXXXX400R

hamdan.misran@wearnes.com

(Phone) +65-96708496

+65-81261237

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category Transmission

CC

Ducati

Multistrada

Multistrada V4 S Full

Private use

No - Claiming third party

Motorcycle

Manual

1158

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number Liberty Insurance Pte Ltd

Comprehensive

SD21V00605

DRIVER

SEAH WEI LIE SXXXX879Z

Accident report SW0821BC0003

Page 1 of 10

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode	28/02/1992 Indoor 04/06/2021 5 MONTHS Male (Phone) +65-91791653 williamseahwl@gmail.com Block 116 Serangoon North Avenue 1 #09-513	
Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	550116 No TEST DRIVE Yes	
Insurance Company of Other Vehicle Owned by Driver	FBS6604U Liberty Insurance Pte Ltd	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collided into Motorcyclist Clear Dry	en i se se succe di America del propi gi s
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1	•
• DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
REFER TO ATTACHED		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No	
DETAILS OF OTHE	R VEHICLE PROPERTY 1	
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement	SJM8837M Private car	

Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SMETCH PLAN

IMPORTANT NOTICE

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SELTCH PLAN

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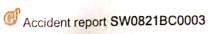


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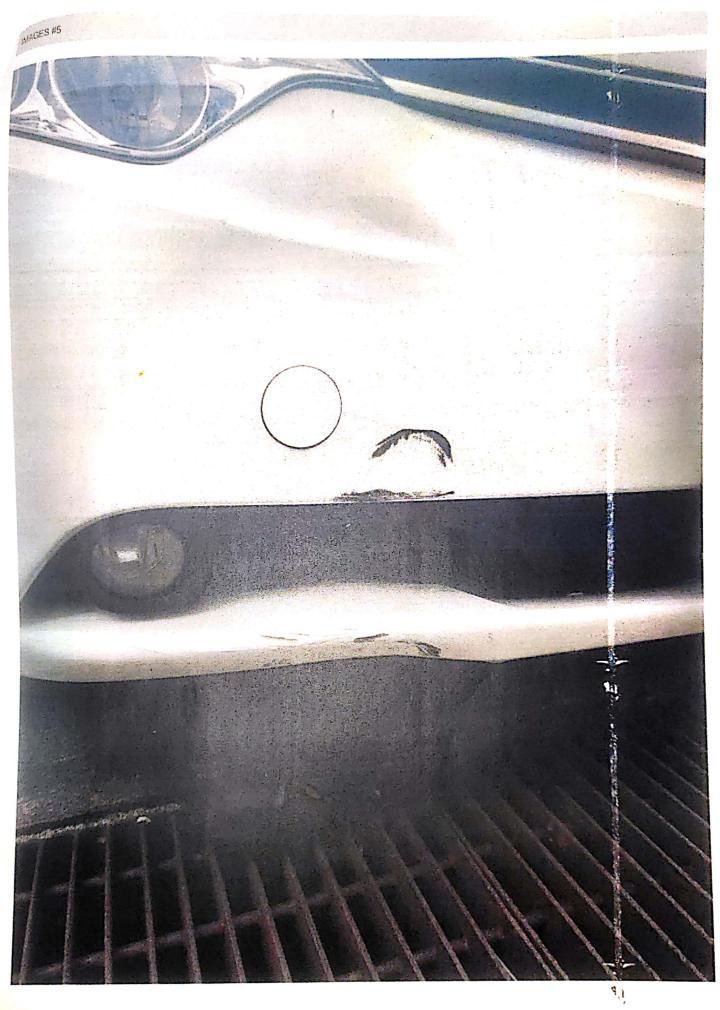








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Accident report SW0821BC0003

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