

REG. BY: Steve | nbl: CS/EG/21011902/EVf3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: _____
at Workshop m/s _____
of _____
Insured: SJM 8837M
Policy No. _____
Claims No. CDMPG21002179-001
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Vch: _____

(Policy Condition)

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



Val. or Market Value: _____
IDAC Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Turn Sum: _____ % J-Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBS3609B Yr Regn: 31/3/21
Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Ducati Multistrada c.c. 1260

Colour: Red AC: Insured / Std / NI / NA

Sp. Reading: 6563 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZDM1A00AAM15001860

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NII / S/Rim / STD A/Rim or

Tyre Size: F: 120/70ZR19

R: 170/60ZR17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 17/11/21 D.O.I. 23/11/21

Survey held at Wearnes

Des. of Damages: Frt / Rear / O/S / NIS / UIC / Roof/tp or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV-65K</u>
10/12/21	Steve confirmed \$8349.10 (Red 3138.40, 27%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

13/12/21-typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Inve (\$

☐ : WAF (\$

Survey Fee:

Transportation:

\$ + RS. \$

Prints

Excess

TOTAL

Request Form 24: Merimen

Loss Final P.B.I.: \$8349.10

92615 - C0 001 SL: SERVICE SALES - PC
Wearnes Automotive Pte. Ltd. (DUCATI)
Attn: After Sales/Service

SERVICE ESTIMATE

Inv.No. .. : D 0 Page 1
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 .. : 0
Chassis No.: ZDM1A00AAMB001860
Variant... : MTS V4 S FULL

Closed by : Tony Alfred Desire D
Svc Consultant : 0988
Remarks : Wearnes Automotive P

Op.No	Description	CCC Mech Qty	Price Disc% Pkg	Amount G
DUCT-A	Accident Damage Assessment		70.00 0	70.00 S X
NOTES	acc		0.00 0	S
DUC0-1	To replace damaged parts caus	1250 x 3	3600.00 0	3600.00 S ✓
	Required to dismantle			
	NUMBER PLATE SU	1.0 EA	64.40	64.40 S
	NUMBER PLATE SU	1.0 EA	57.50	57.50 S
	REAR WHEEL RIM	1.0 EA	2331.80	2331.80 S
	TRANSFER	1.0 EA	18.40	18.40 S
	PLATE	1.0 EA	218.30	218.30 S
	REAR FRAME COMP	1.0 EA	689.20	689.20 S
	REAR FRAME COMP	1.0 EA	689.20	689.20 S
	CLIP NUT	2.0 EA	5.60	11.20 S
	CUSHION, SEAT	1.0 EA	2.50	2.50 S
	PLUG	2.0 EA	2.10	4.20 S
	PLUG, RH	2.0 EA	7.80	15.60 S
	PLUG	2.0 EA	7.80	15.60 S
	REAR WHEEL SPIN	1.0 EA	189.80	189.80 S
	REAR SWINGING A	1.0 EA	2565.00	2565.00 S
	AXLE, REAR SWIN	1.0 EA	160.90	160.90 S
	AXLE, REAR SWIN	1.0 EA	160.90	160.90 S
	BEARING	2.0 EA	33.60	67.20 S
	INNER SPACER	1.0 EA	17.80	17.80 S
	SPACER	1.0 EA	27.60	27.60 S
	SEAL RING	2.0 EA	6.10	12.20 S

92615 - C00001 SL: SERVICE SALES - PC
Wearnes Automotive Pte. Ltd. (DUCATI)
Attn: After Sales/Service

SERVICE ESTIMATE

Inv.No. .. : D 0 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 .. : 0
Chassis No.: ZDM1A00AAMB001860
Variant... : MTS V4 S FULL

Closed by : Tony Alfred Desire D
Svc Consultat : 0988
Remarks : Wearnes Automotive P

Op.No	Description	CCC Mech Qty	Price Disc% Pkg	Amount G
	BEARING, NEEDLE 2	2.0 EA	18.70	37.40 S
	PAD 1	1.0 EA	6.20	6.20 S
	SCREW, SPECIAL 2	12.0 EA	1.10	13.20 S
	CHAIN LINK 2	1.0 EA	42.40	42.40 S

COPY DOCUMENT

Steve (LKK)

8392 8813

23/11/21, 4.30pm

M R
3 dy
P/P
My Bc

Labour Total 3,670.00
Parts Total 7,418.50
Package Total 0.00

Amount 11,088.50

Amount 11,088.50
GST @ 7 % 776.20
Total Amount 11,864.70
Less Amt Paid 0.00
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

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 12/11/2021 16:42 (SGT)
Date of Accident 12/11/2021 13:50 (SGT)
Exact Location of Accident Commonwealth Ave, Singapore
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS3609B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Wearnes Automotive Pte Ltd
Company Reg No 1XXXXX400R
Email Address hamdan.misran@wearnes.com
Mobile Phone No (Phone) +65-96708496
Alternative Phone No +65-81261237

VEHICLE PARTICULARS

Manufacturer Ducati
Model Multistrada
Variant Multistrada V4 S Full
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 Motorcycle
Transmission Manual
CC 1158

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number SD21V00605
Cover Note Number -

DRIVER

Name of Driver SEAH WEI LIE
NRIC No SXXXX879Z

Date Of Birth	28/02/1992
Occupation	Indoor
Date Of Driving Pass	04/06/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91791653
Alt. Phone Number	-
Email Address	williamseahwl@gmail.com
Address	Block 116 Serangoon North Avenue 1 #09-513
Address complement	-
Postcode	550116
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	TEST DRIVE
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBS6604U
Insurance Company of Other Vehicle Owned by Driver	Liberty Insurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Motorcyclist
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

REFER TO ATTACHED

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	SJM8837M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

2. *Methods of sampling* The following table gives the results of the sampling

26. *Completed by the Publisher and/or the Authoring Office*

10. *United States v. Bestfoods*, 509 U.S. 525, 120 S.Ct. 1418, 126 L.Ed.2d 266 (1993), cert. denied, 514 U.S. 1131, 115 S.Ct. 2327, 137 L.Ed.2d 1000 (1995).

5. Any false reporting may be referred to the Police for investigation.

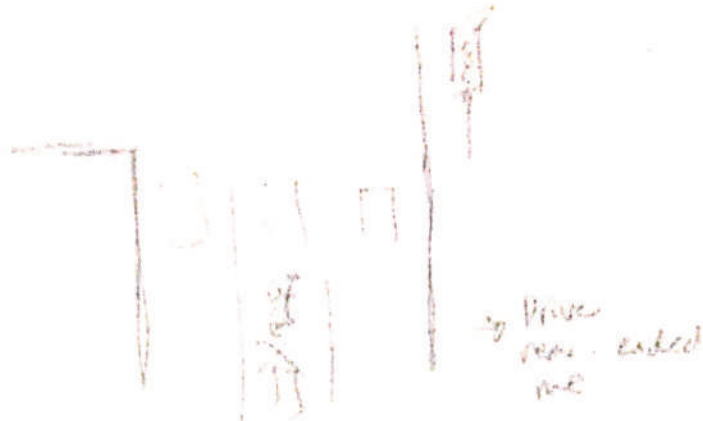
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[illegible]

1. What is the purpose of the study?
 2. What are the research questions?
 3. What is the significance of the study?

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopping at traffic lights along Levensworth Ave.
 when as the light turned green, I was about to
 move off. A car rear ended me almost but my
 brakes and stop to check for damage.
 The number plate was involved and the car which
 was a dark one had a lot of front end damage.
 After checking the damage to the car, the driver who
 was asked to move to the left lane and to discuss
 and arrange what had happened and discussed me to
 the police.
 The police and talked about it, we are very
 sure that the driver was at fault.

DECLARATION

I, the undersigned, declare that the above is a true and correct statement of the facts of the accident.

[Signature]
 I, the undersigned, declare that the above is a true and correct statement of the facts of the accident.
 Name: *[Name]*
 Address: *[Address]*









