

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 DD /  TP /  WS /  TP RES /  OD RES /  EVA /  INV /  MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: SDK 4J Yr Regn: 17/9/21  
 Type:  M.Car /  M.Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Ferrari F8 Tribute c.c. 3902  
 Colour: Grey A/C:  Insured /  Std /  NI /  NA  
 Sp. Reading: 2601 T/Radio:  Insured /  Std /  NI /  NA  
 Eng/No: \_\_\_\_\_  
 C/No: 2FF92LMC000768636  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  In order /  Jammed /  Leaked /  Burnt or \_\_\_\_\_  
 Brake:  In order /  Jammed /  Leaked /  Burnt or \_\_\_\_\_  
 Mod:  Nil /  S/Rim /  STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 245/35ZR20  
 R: 11

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS /  DUN /  EXNOVA /  GY /  FS /  LIZA /  MICI /  OHTSU /  PIR /  SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 1/5/22 D.O.I. 26/5/22  
 Survey held at Ital Auto  
 Des. of Damages:  Fnt /  Rear /  O/S /  N/S /  UIC /  Rooftop or \_\_\_\_\_

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 EstL Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	MV-1,298,000

Date/Time, File Pass to?  : Prell. Report  
 : Final Report  
 Date/Time, File Return to?  
 1) \_\_\_\_\_  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / I.B.J. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech, Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
TOTAL	



OFFICIAL FERRARI IMPORTER SINGAPORE

Ital Auto Pte Ltd

Date: 6-May-22

QUOTATION

To: NTUC Income Insurance Co-operative Limited

Our Ref: NA  
Reg. No: SDK4J  
Model: FERRARI F8  
VIN: 268638  
Mileage: NA  
Terms: INSURANCE  
Quoted by: Criz

Tel: Fax:  
email: motor@income.com.sg

Item	Description	Qty	Unit Price Excl. GST	Line Discount	Line Amount Excl. GST
<b>1</b>	<b>LABOUR</b>				
	CUT, WELD, REPAIR - FRONT TRELLIS, REAR LEFT FENDER ( TO BE PLACED ON CAR BENCH FOR REPAIR ) REMOVE AND REPLACE DAMAGED PARTS - FRONT BUMPER & ACCESSORIES, REAR BUMPER & DIFFUSER (REPAIR) , LEFT DOOR, LEFT FRONT FENDER, LEFT SIDE SKIRT (REPAIR) , QUARTER GLSS, LEFT SIDE MIRROR, LEFT HEADLIGHT, RADIATOR FAN, AIR DUCTS, STEERING BOX, FRONT ARMS AND KNUCKLE, WHEEL HOUSING, 2XWHEELS/RIMS , ETC	36	\$ 1,920.00		69,120.00
					57,600
					Sub Total Before GST \$ 69,120.00
<b>2</b>	<b>SPRAY PAINTING</b>				
	RESPRAY PAINT - FRONT BUMPER, REAR BUMPER, LEFT DOOR, LEFT SIDE SKIRT, FRONT LEFT FENDER, REAR LEFT FENDER, LEFT SIDE MIRROR, DIFFUSER, FRONT AND REAR INTERNAL STRCUTURES	1	\$ 16,500.00		16,500.00
					13,200
					Sub Total Before GST \$ 16,500.00
<b>3</b>	<b>MISCELLNEOUS</b>				
	DIAGNOSTIC CHECK AND TEST DRIVE, TOP UP AIRCON GAS, REPLACE SOLAR FILM ON QUARTER GLASS , WHEEL ALIGNMENT ETC	6	\$ 240.00		1,440.00
					Sub Total Before GST \$ 1,440.00
<b>4</b>	<b>PARTS</b>				
	REFER TO PARTS LIST	1	\$ 165,047.66		165,047.66
					Sub Total Before GST \$ 165,047.66
<b>Grand Total before Tax: \$</b>					<b>252,107.66</b>
<b>Grand Total including GST: \$</b>					<b>269,755.20</b>

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 may be required should unforeseen problems arise after the work has started. This quotation is valid for thirty (30) days from the date issue.

Steve CLKK  
26/5/22, 3:30p  
83228813

DD-M1M  
Excess - \$25,000  
PIP  
My Bel by  
30 days

S/N	TABLE	Ref.	Description	Qty	U/PRICE	E/PRICE
1	63	2	LH WATER RADIATOR / DD	1	3812.16	3812.16
2		14	FAN COWL ?	1	1693.89	1693.89
3	76	1	COMPL. LH FRONT HUB CARRIER ?	1	4861.18	4861.18
4		7	COMPL. LH FRONT UPPER ARM ?	1	2508.82	2508.82
5		12	LOWER LH ARM ?	1	3009.14	3009.14
6	83	1	FRONT RIM - CUT	1	2495.15	2495.15
7		1	REAR RIM - CUT	1	2542.74	2542.74
8		4	TYRE PRESSURE MONITORING SYSTE / nrc	2	510.6	1021.2
9		5	VALVE. / nrc	2	64.05	128.1
10	86	1	STEERING BOX ?	1	10689.46	10689.46
11		12	WASHER ?	2	2.51	5.02
12	98	2	LH FLANK ?	1	37850.44	37850.44
13		4	FRONT LH FENDER / DD	1	10763.71	10763.71
14		22	ADJUSTMENT SHIM / nrc	6	14.42	86.54
15		22	ADJUSTMENT SHIM / nrc	2	14.42	28.85
16		23	FORK ADJUSTER SHIM / nrc	10	4.79	47.87
17		23	FORK ADJUSTER SHIM / nrc	6	4.79	28.72
18		27	RIVET M6X16 / nrc	4	3.23	12.93
19		31	RIVET / nrc	60	1.7	102
20		32	RIVET / nrc	60	1.9	114
21	101	3	COMPL. LH FRONT SUBFRAME / BT	1	1670.02	1670.02
22	104	2	COMPL. LH DOOR STRUCTURE / DD	1	16718.42	16718.42
23		4	SCREW / nrc	6	4.57	27.42
24	116	1	RH FRONT WHEELHOUSE / nrc	1	1050.39	1050.39
25		2	LH FRONT WHEELHOUSE / TN	1	1050.39	1050.39
26	121	4	FRONT DUCT FOR LH LOWER LATERA / BR	1	67.27	67.27
27	126	1	LH REAR QUARTERLIGHT (qhl) / nrc	1	1173.79	1173.79
28	141	1	COMPL. FRONT BUMPER / BR	1	21536.67	21536.67
29		3	COMPL. LH LATERAL LOWER AERO F / BR	1	4575.36	4575.36
30		6	LH LOWER LATERAL REINFORCEMENT / BT	1	280.8	280.8
31		23	RIVET / nrc	30	2.68	80.4
32		27	LH LATERAL MESH / BT	1	170.76	170.76
33	143	1	COMPL. REAR MESH (Rear Bump) / BR	1	25129.43	25129.43
34		84	SCREW / nrc	2	1.5	3
35		85	RIVET M6X16 / nrc	2	3.23	6.46
36	166	2	LH EXTERNAL REAR VIEW MIRROR / BR	1	1889.68	1889.68
37		4	LH EXTERNAL REAR MIRROR / BR	1	391.81	391.81
38	180	2	HORN, LOW NOTE / BR	1	143	143
39	184	2	LH HEADLAMP / CUT	1	7106.22	7106.22
40		6	LATERAL TURN INDICATOR / CUT	1	174.48	174.48
					\$5	165047.66

To Supplementary LHS window  
 To show wheel alignment report  
 Take photo of suspension parts before replacement

# 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 ..... 06/05/2022 02:04 (SGT)  
Date of Accident ..... 01/05/2022 14:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along 22 Nasim Road near Lampost 26  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDK4J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE BIOW CHONG JAY  
NRIC No ..... SXXXX522E  
Email Address ..... Jaylee.ops@gmail.com  
Mobile Phone No ..... (Phone) +65-98623089  
Alternative Phone No ..... +65-98623089

### VEHICLE PARTICULARS

Manufacturer ..... Ferrari  
Model ..... F8  
Variant ..... TRIBUTO Coupe  
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 ..... 3902

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ21-007131  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE BIOW CHONG JAY  
NRIC No ..... SXXXX522E

Date Of Birth	07/05/1958
Occupation	Indoor
Date Of Driving Pass	30/01/1985
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98623089
Alt. Phone Number	+65-98623089
Email Address	Jaylee.ops@gmail.com
Address	19 Nassim Road
Address complement	#01-14
Postcode	258461
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	Side Swipe
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

I was driving along Nasim Road and upon passing a few parked car that parked along the side road, a vehicle that was stationary at the side road suddenly swerved out and hit the left side of my vehicle. The impact, damage the left side of my vehicle.

We exchange particulars.

No injury involved.

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	SLD6732T
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car

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

KAZUHIDE MORITOMO  
SXXXX531G  
(Phone) +65-92311500  
-  
-  
-  
-  
-  
-  
-

## 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.



Policyholder's Signature  
Date & Time:

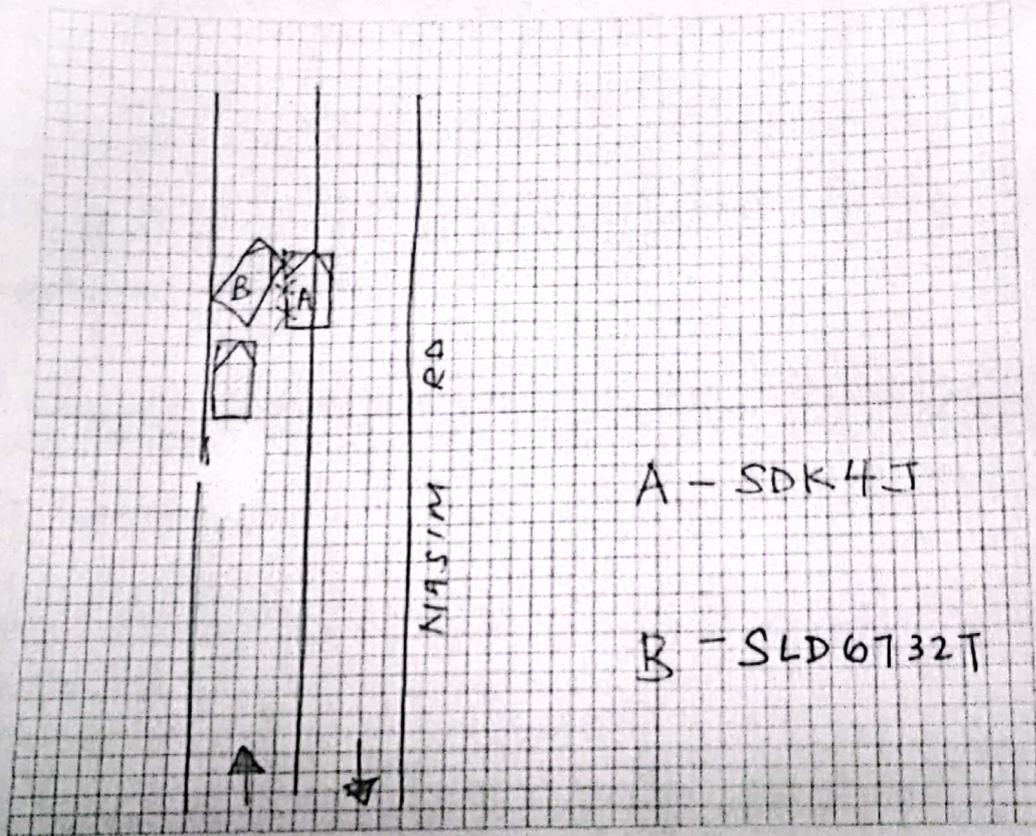
05052022

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH

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

ACCIDENT DIAGRAM



*[Handwritten Signature]*

Policyholder's Signature  
 Date & Time: 5/5/22

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

VERIFIED BY AJAX MARS (ARC)  
 REPORTING OFFICER  
 MOHAMMAD AZALY BIN ABDULLAH

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

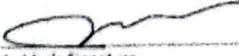
I was driving along Nasim Road and upon passing a parked car that parked along the side road, a vehicle that was stationary at the side road suddenly swerved out and hit the left side of my vehicle. The impact, damage the left side of my vehicle.

We exchange particulars.

No injury involved.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time: 05052022

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No: 2