ASS. REC. BY: Steve | CS/CTI201583/Eng3

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: _____

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

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: FBG 7338W Yr Regn: 29/10/12

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Ducati 1199 Panigale c.c 1199

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 17337 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZDMH1800ABCB00 8353

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 120/70ZR17

R: 200/55ZR17

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

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.	12/1/12	D.O.I.	21/6/12

Survey held at Wearnes

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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech, Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: ___S + RS.___SI

Photos

Others

TOTAL

Repair Format : _____

Lump Sum / I.E.I: ($ _____)

Store (LKK)
21/6/22, 4.32pm

SERVICE ESTIMATE

96657 - L00027 SL: LIBERTY INSURANCE PTE LTD (DUCATI)

Mr Rodney Lopez
BLK 215 Ang Mo Kio Avenue 1
#10-907
Singapore
Singapore
Singapore 560215

Inv.No. .. : D 0 Page 1
Inv.date . : 20/06/2022
WIP No. .. : 13413
Veh. In/Out: 15/02/2022 20/06/2022
*Tel.No. .. : Mobile: 90607903
Reg.No. .. : FBG7338U / PAN 1199
Reg.date . : 29/10/2012
Mileage .. : 17,337
Chassis No.: ZDMHB00ABCB008353
Variant... : 1199PanigaleABS

Closed by .... : Tony Alfred Desire D
Svc Consultant : Tony Alfred Desire D
Remarks ..... : Mr Rodney Lopez

Op.No	Description	CCC	Mech	Qty	Price	Disc%	Pkg	Amount	G
NOTES	bike knock by a car stationnary drop				0.00	0			S
DUCT-A	Accident Damage Assessment				70.00		0	70.00	S
000	Receive Pre-booked Customer				0.20		0	0.20	S
NOTES_	Customer Highlights				0.00		0		S
NOTES_	Workshop Highlights				0.00		0		S
006	Towing from AMK #2054				42.00		0	42.00	S
DUCT-A	Accident Damage Assessment				70.00		0	70.00	S
DUCT-S	Shock Absorber				2640.00		0	2640.00	S
DUCO-1	To replace damaged parts caus				2400.00		0	2400.00	S
	GEARCHANGE LEVE			1.0 EA	178.20			178.20	S
	COVER PEDAL			1.0 EA	12.90			12.90	S
	WASHER			1.0 EA	1.30			1.30	S
	O-RING			2.0 EA	0.40			0.80	S
	PIN PEDAL			1.0 EA	8.60			8.60	S
	BUSH			1.0 EA	6.60			6.60	S
	LEFT FOOTREST			1.0 EA	63.70			63.70	S
	SCREW TCEIF M5X			1.0 EA	2.50			2.50	S
	SCREW TCEIF M5X			1.0 EA	2.50			2.50	S
	FOOTREST PIN			1.0 EA	18.10			18.10	S

SERVICE ESTIMATE

96657 - L00027 SL: LIBERTY INSURANCE PTE LTD (DUCATI)

Mr Rodney Lopez
BLK 215 Ang Mo Kio Avenue 1
#10-907
Singapore
Singapore
Singapore 560215

Inv.No. .. : D 0 Page 2
Inv.date . : 20/06/2022
WIP No. .. : 13413
Veh. In/Out: 15/02/2022 20/06/2022
*Tel.No. .. : Mobile: 90607903
Reg.No. .. : FBG7338U / PAN 1199
Reg.date . : 29/10/2012
Mileage .. : 17,337
Chassis No.: ZDMH800ABCB008353
Variant... : 1199PanigaleABS

Closed by .... : Tony Alfred Desire D
Svc Consultant : Tony Alfred Desire D
Remarks ..... : Mr Rodney Lopez

Op.No	Description	CCC	Mech	Qty	Price	Disc%	Pkg	Amount	G
	CIRCLIP E-TYPE (Rear) / CUT			1.0 EA	1.00			1.00	S
	COUNTERWEIGHT / CUT			1.0 EA	51.80			51.80	S
	HANDLEBAR TUBE / BT			1.0 EA	143.20			143.20	S
	STEERING HEAD / BT (photo)			1.0 EA	715.00			715.00	S
	CLAMP FRONT LH / BT (photo)			1.0 EA	152.20			152.20	S
	CLAMP REAR / BT (photo)			1.0 EA	130.20			130.20	S
	PIN / new			1.0 EA	16.00			16.00	S
	SPRING RING / new ?			1.0 EA	1.20			1.20	S
	FRONT L.H. PLAT / CUT			1.0 EA	258.60			258.60	S
	CLUTCH CONTROL (Rear LH) X Rear			1.0 EA	238.60			238.60	S
	COVER FRAME LH / CUT			1.0 EA	547.60			547.60	S
	REAR-VIEW MIRRO (Handle cover) X Rear			1.0 EA	391.20			391.20	S
	COMPLETE HEADLI / CUT			1.0 EA	1369.00			1369.00	S
	LEFT UPPER HALF / CUT			1.0 EA	1019.20			1019.20	S
	LEFT LOWER FAIR / CUT			1.0 EA	791.00			791.00	S
	WASHER / new			10.0 EA	0.70			7.00	S
	Left Holder / CUT			1.0	127.30			127.30	

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
- [illegible] allowed
- [illegible] be resurveyed and [illegible] approval from Insurance Company

DUCATI SINGAPORE

Acknowledged by Repairer
Signature:

Amount 11,350.20

Wearnes Automotive Pte. Ltd.
45 Leng Kee Road, Singapore 159103 | ducati.enquiries@wearnes.com | +65 6430 4930

www.ducati.com.sg

Co. Reg. No.: 199501400R / GST Reg. No.: M28920628X

Your NCD will be affected due to late reporting

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 witholding 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	06/04/2022 07:58 (SGT)
Date of Accident	12/01/2022 16:30 (SGT)
Exact Location of Accident	Ang Mo Kio Street 44, Singapore
Additional Location Information	A41 Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7338U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lopez Veronica Zita
NRIC No	SXXXX601C
Email Address	rodneylopez6@gmail.com
Mobile Phone No	(Phone) +65-90607903
Alternative Phone No	+65-90607903

VEHICLE PARTICULARS

Manufacturer	Ducati
Model	1199
Variant	1199PanigaleABS
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	1199

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V02919/VMS/R6
Cover Note Number	-

DRIVER

Name of Driver	Lopez Rodney John
NRIC No	SXXXX083A

Date Of Birth	06/06/1979
Occupation	Indoor
Date Of Driving Pass	12/07/2005
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90607903
Alt. Phone Number	-
Email Address	rodneylopez6@gmail.com
Address	469 Ang Mo Kio Ave 10 #07-934
Address complement	-
Postcode	560469
Is the driver the policyh- lder?	No
If No, Relationship of th Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTI N

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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	SLM2676B
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	Mr Ong
Contact Number	(Phone) +65-93828355
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 in it 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 31/03/2022	Driver's Signature (if driver is not the policyholder) Date & Time 31/03/2022	Reporting Centre Personnel's Signature Name NRIC/FIN No :

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A car knocked down my bike which was parked in the carpark. Details are still pending police report.

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

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