

ASS. REC. BY:

REF: FC21

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD 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.

Bal. or Market Value: \$175K

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLA 8801EYr Regn: 04, 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Alpine B4 Biturboc.c. 2979Colour: M. Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 113345

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAPBI 3200 FER 20050Gen. Cond: Good / Fair / Poor / BurntSteering: Inoper / Jammed / Leaked / Burnt orBrake: Inoper / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD / Rlm or

Tyre Size: F: _____

R: _____

245/30 ER 20265/30 ER 20

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 3/12/24D.O.I. 9/12/2024

Survey held at _____

Des. of Damages: Fr / Rear / O/S / N/S / UIC / Rooftop orN/S Rear & UIC

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

Date / Time

Action / Instruction

Data/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Data/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S + RS. SI

), F.A.S

) Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$

KBS Motorsports Pte Ltd



YOUR REF.: SHA4417E
OUR REF.: SLA8801E

TO: FIRST CAPITAL INSURANCE

CC: Claims Services Department

FAX:

*Not Authorized
11 Dec 8
Runway After Rain
5 days*

DATE: 9/12/2024
FROM: Lee Shirley
FAX: 6452 5333
CONTACT: 8686 5188
MAKE & MODEL: ALPINA B4 BITURBO COUPE S/R
CHASSIS NO.:
ENGINE NO.: 10030850N55R20A
YEAR MADE: 2018
ACCIDENT DATE: 5 December 2024

ESTIMATE FOR VEHICLE NO.: SLA8801E

NO.	DESCRIPTION	QTY.	LIST PRICE
1	REAR BUMPER	1	\$ 2,900.00
2	REAR BUMPER MOUNT LH	1	\$ 250.00
3	REAR BUMPER CORNER MOUNT LH	1	\$ 200.00
4	REAR BUMPER BRACKET	1	\$ 180.00
5	REAR BUMPER SENSOR	1	\$ 400.00
6	REAR BUMPER CLIP	10	\$ 100.00
7	REAR BUMPER REINFORCEMENT	1	\$ 1,200.00
8	REAR FENDER LH	1	\$ 4,500.00
9	REAR KNUCKLE ARM LH	1	\$ 1,675.00
10	REAR TRACK BAR LH	1	\$ 190.00
11	REAR UPPER WISHBONE ARM LH	1	\$ 465.00
12	REAR LOWER CONTROL ARM LH	1	\$ 515.00
13	REAR TRAILING ARM LH	1	\$ 180.00
14	REAR PROTECTION SHIELD LH	1	\$ 90.00
15	REAR WHEEL HUB LH	1	\$ 600.00
16	REAR ABSORBER LH	1	\$ 695.00
17	REAR SPORTS RIM LH	1	\$ 4,620.00

SPECIAL NETT

REAR FENDER SEALANT

REAR FENDER ALUMINIUM GLUE

ALPINA STICKER

LABOUR

TO REMOVE, REFIT & REPAIR AFFECTED DAMAGE PARTS

TO REMOVE & REFIT REAR LH UNDERCARRIAGE

TO CHECK & RECONNECT ALL NECESSARY WIRING

TO CONDUCT ALL WHEEL COMPUTERISED ALIGNMENT

TO REMOVE & REFIT SPORTS RIM

TO APPLY ANTI RUST COATING

TO SPRAY PAINTING ON THE AFFECTED AREA

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during LESS 10%
- Parts prices are subject to call for price
- 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:

TOTAL: \$ 18,760.00
LESS 10%: \$ (1,876.00)
PARTS TOTAL: \$ 16,884.00

nn 50.00 X
nn 200.00 X
nn 300.00

1,200.00 *500l*
300.00 *200l*
150.00 *20l*
250.00 *80l*
120.00 *30l*
80.00 *X*
1,200.00 *500l*
TOTAL: \$ 20,734.00
9% GST: \$ 1,866.06
GRAND TOTAL: \$ 22,600.06

MATE FO
NO.
1
2
3
4
5
6
7
8

Beissbarth © * Easy 3D+
M * R+ * * OT * / 59.00 / -1 / C
Date: 09.12.2024 09:57:23
Version (program)
v5.0b3237/v5.0b3237

Version (FWA)
v5.0b2010

Version (target data)

Serial num
QX00001

Customer	Order		
Vehicle	SLA8801E		
Registration:			
Vehicle:			
Rear Axle	Initial Measurement		
Camber	left	-4°29'	Target Data
	right	-1°12'	
Individual Toe	left	-1°05'	
	right	-0°09'	
Total Toe		-1°15'	
Setback		-1°31'	
Geometrical driving axis		+0°28'	
Front Axle	Initial Measurement		
Castor 20°	left	+6°29'	Target Data
	right	+6°10'	
K.P.I. 20°	left	+14°16'	
	right	+9°35'	
Toe out on turns	left	-1°24'	
	right	-1°42'	
Camber	left	-1°14'	
	right	-0°40'	
Individual Toe	left	+0°49'	
	right	-0°25'	
Total Toe		+0°23'	
Setback		-0°26'	
Included Angle 20°	left	+12°54'	
	right	+8°59'	

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 Actual 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 First Submission	05/12/2024 22:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/12/2024 17:37 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CRAWFORD STREET JUNCTION OF KALLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8801E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FEI WONG HUI YING
NRIC No	SXXXX500A
Email Address	feiwong@me.com
Mobile Phone No	(Phone) +65-98552255
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Alpina
Model	B4 BITURBO COUPE S/R
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	2979
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

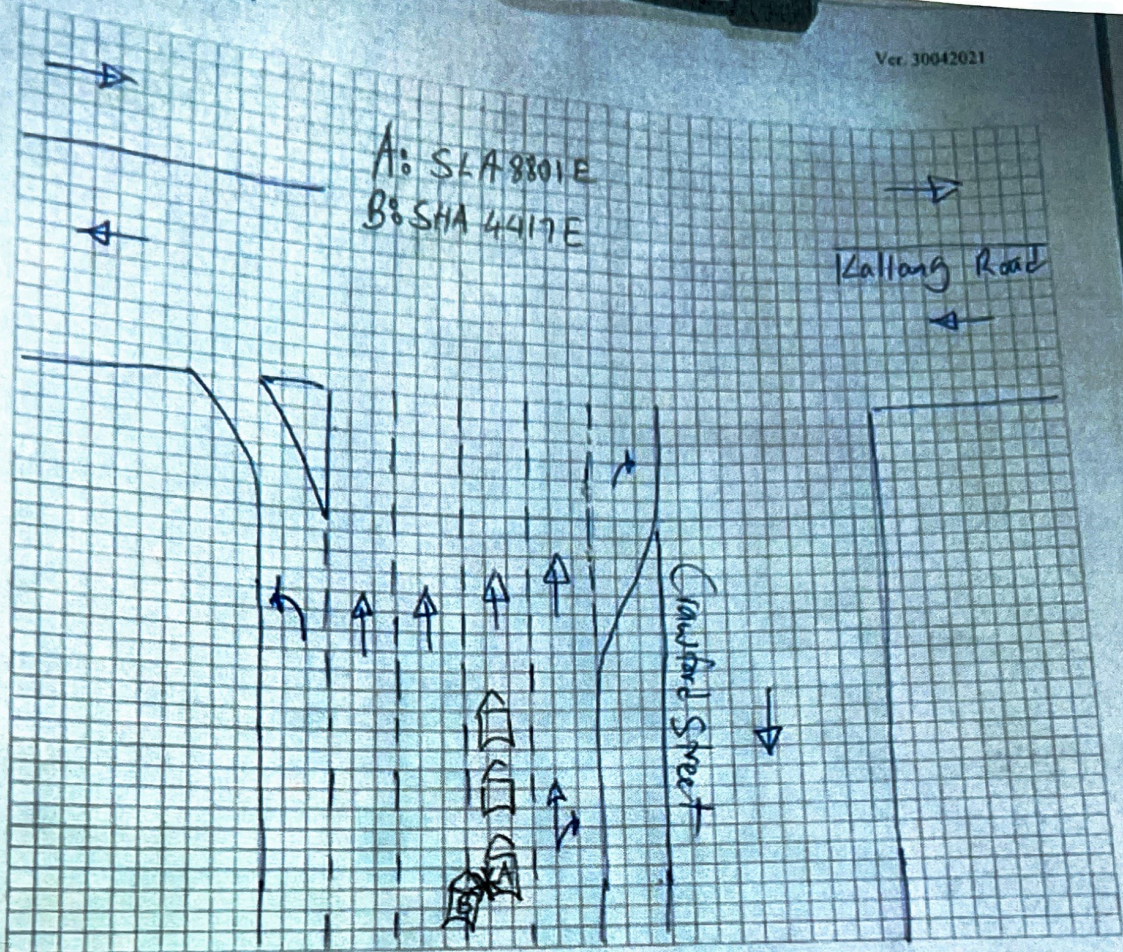
INSURANCE COMPANY

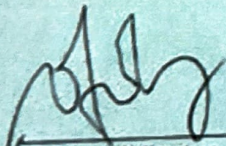
Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ23-007200

DRIVER

ACCIDENT DIAGRAM

Ver. 30042021




Policyholder's Signature
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
AIZAM BIN ATAN

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