

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: \$202K

IDAC Accident Report _____ Consistent? : Yes or No

GIA / PR Seent _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS - WP

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SND321L Yr Regn: 2024/10

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

Truck / Trailer or _____

Make: Mini Aceman E cc 54.2kwh

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

Sp. Reading: 2058 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMW326C050TA60883

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/40R19

R: ~ ✓

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

TOYO / YOKO or _____

Front	Rear
R/Bal. <u>6</u> mm	R/Bal. <u>6</u> mm
L/Bal. <u>6</u> mm	L/Bal. <u>6</u> mm
D.O.A. _____	D.O.I. <u>17/12/24</u>

Survey held at Surokars

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S

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

Date / Time	Action / Instruction

Date/Time, File Pass to? ☐ : Prell. Report

1) _____ ☐ : Final Report

Date/Time, File Return to? _____

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : _____ (\$ _____)

Report Format: _____

Photos

Name & Address:
Motor Claims Department

Vehicle No:

SND321L

Date:

11-Dec-24

Brand & Model:

MINI Aceman E

Franchise:

MINI

Email/Fax No:

Contact No:

Chassis/VIN No:

WMW32GC050TA60883

Contact Person (Eurokars):

FAIZ

Type of Claim:

YEAR MODEL:

WIP#:

Contact No (Eurokars):

6331 0680

THIRD PARTY

24/10/2024

PARTS / MATERIAL CHARGES						MARK = Survey Marking [Key "A" if item is approved]	
NO	DESCRIPTION	PART NO.	QTY	MARK	REVISED	PRICE	
1	REAR BUMPER	B51.12.5.B68.C43	1	de	-	\$ 1,058.37	
2	REAR BUMPER LOWER PANEL	B51.12.5.B68.C30	1	cut	-	\$ 659.16	
3	BUMPER TRIM, LOWER REAR (FAVOURD)	B51.12.5.A95.CF7	1	X	-	\$ 219.96	
4	KIT, PDC SENSOR MOUNT (BASIS)	B51.11.5.B4F.DF5	2	X	-	\$ 205.78	
5	BUMPER GUIDE, REAR LEFT	B51.12.5.B68.C11	1	?	-	\$ 176.34	
6	BUMPER GUIDE, REAR CENTRE	B51.12.5.B68.C59	1	?	-	\$ 282.10	
7	ABSORBER FUNNEL LEFT	B51.12.5.A95.CA7	1	?	-	\$ 60.58	
8	EXTERNAL TORX	B51.12.5.A77.277	2	?	-	\$ 14.04	
9	EXPANDING NUT	B51.12.5.B49.960	8	net	-	\$ 32.72	
10	CLIP NUT	B51.41.5.A74.781	2	net	-	\$ 14.16	
11	REFLECTOR LEFT (KURZ)	B63.14.5.A95.F01	1	X	-	\$ 41.47	
12	REVERSE PARKING	B66.20.5.A1A.268	2	?	-	\$ 1,051.04	
13	PARKING SENSOR	B66.20.9.283.203	6	?	-	\$ 44.04	
14	RADAR SENSOR LH	B66.32.5.A60.304	1	?	-	\$ 1,673.68	
15	WHEEL ARCH TRIM, REAR, REAR PART, LEFT (B51.77.5.A95.D28	1	cut	-	\$ 217.42	
16	TAIL LIGHT, LEFT	B63.21.5.B58.5E9	1	?	-	\$ 841.29	

Sub-Total (Parts Price) \$ - \$ 6,592.15

LABOUR / SERVICES CHARGES			REVISED	PRICE
NO	DESCRIPTION			
1	TO REMOVE /REPLACE REAR BUMPER AND ALL RELATED DAMAGED BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT.		920	\$ 1,840.00
2	TO RESPRAY REAR BUMPER.		960	\$ 1,500.00
3	TO TRANSFER THE REVERSE SENSORS.	250	nett	\$ 500.00
4	TO ISOLATE THE EV BATTERY DURING THE REPAIRS INCLUDING CHARGING OF BATTERY		✓ nett	\$ 250.00
5	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		150	\$ 250.00
6	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	350	nett	\$ 500.00
7	SUNDRIES.	20	nett	\$ 50.00

Survey Date & Time:	Repair Days:	Excess:	LKK Auto Consultants hence notify the Repairer of the following:	Total (Labour Price) \$	-	\$ 4,890.00
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Taufik 97495749
 Wp 17/12/24 e 1120
 -3days
 P/P Resurvey before paint
 Taufik e/khandu w n

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts 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:

REVISED

PRICE

Surveyor Remarks:

Remarks:

- This is only an estimate based on visual inspection. Should there be more damages found during repair, it will be informed and quoted additionally.
- An administrative fee of 20% of the quotation value will be chargeable for damage assessment and preparation of this estimate, if you choose not to proceed with repair.

REPAIR ESTIMATE

Parts Price	\$	-	\$	6,592.15
Labour Price	\$	-	\$	4,890.00
Total (Initial Estimate)	\$	-	\$	11,482.15
Supp 1	\$	-	\$	-
Supp 2	\$	-	\$	-
Supp 3	\$	-	\$	-
Total (Before Excess)	\$	-	\$	11,482.15
Less Excess	\$	-	\$	-
TOTAL (After Excess)	\$	-	\$	11,482.15
GST	9%	\$	-	\$ 1,033.39
GRAND TOTAL		\$	-	\$ 12,515.54

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	10/12/2024 19:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/12/2024 21:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND321L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOPHIA NG
NRIC No	SXXXX344C
Email Address	sophia.nsy@gmail.com
Mobile Phone No	(Phone) +65-92254321
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	ACEMAN
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0
Vehicle Fuel	Electric
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	TAN YONG TING, IVOR
NRIC No	SXXXX600D
Date Of Birth	19/11/1988
Occupation	Indoor
Driving Pass Date	16/06/2007
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88231000
Alt. Phone Number	-
Email Address	ivortyt@gmail.com
Address	55 JALAN SETIA
Address complement	-
Postcode	368473
Is the driver the policyholder?	No
If No, Relationship of the 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	Collision - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SOPHIA NG
Gender	Female

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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMN4372Y
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)	-

SKETCH PLAN

IMPORTANT NOTICE

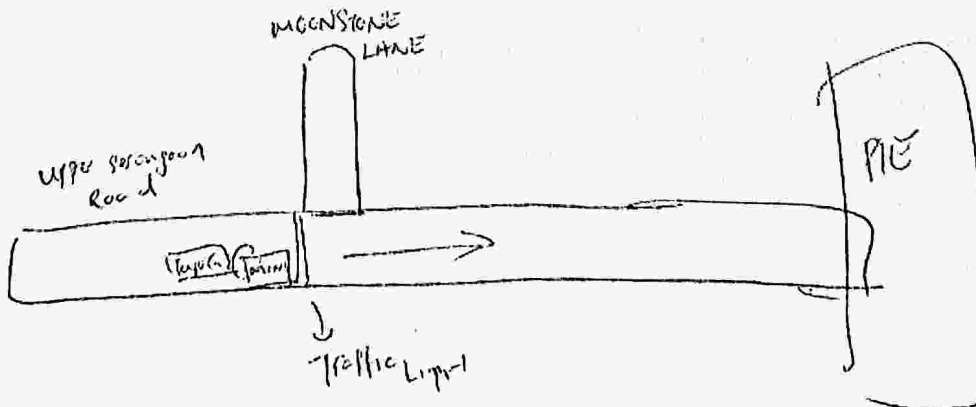
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

9 Dec 2024

9:09pm.

Along Serangoon Road at the junction of Macquarie Lane.

1. Came to a complete stop at the traffic light on red.

Toyota Hilux SHN4372Y rear ended my car when he
failed to stop.

We declare the foregoing particulars are true in every respect.

and true in every respect.

Witnessed by
Personnel

Witnessed by Reporting Centre
Personnel