White om (Person):	Maras	of MS	6	Date/Time: 30/10/1809-10am
imsted Cost (FFP WS Inspect Veh Workshop in	TP RES / OD RES / EV	SKB 8377U	C Tel:	812 698EE 9738 8183
olicy No:	1 kaki Blef Ave 80420093Q1	MY 01-108	Claim No: 57 Excess:	4360
			Director.	041.
Sum Insured:				D.O.A 26 10 808
Make of Veh: Client's Record	DEB / DEV 24 HRS	nb)		311012018 H.O.D. Endorsement:
Make of Veh: Client's Record		Person Contacted:		311012018 H.O.D. Endorsement:
Make of Veh: Client's Record	rep. / REV 24 HRS (-23am@30 10 18	Person Contacted:		311012018 H.O.D. Endorsement:
Make of Veh: Client's Record CA / REV Date/Time:	rep. / Rev 24 HRS (- 23am@ 30 10 18	Person Contacted:I		311012018 H.O.D. Endorsement:
Make of Veh: Client's Record CA / REV Date/Time:	REP. / REV 24 HRS (1-23am@30 10 18) Action/Instruction (> SKB 83774-81269888-	Person Contacted:		311012018 H.O.D. Endorsement:
Make of Veh: (Client's Record CA / REV Date/Time:	REP. / REV 24 HRS (-23am@30 10 18 Action/Instruction ()	Person Contacted:		311012018 H.O.D. Endorsement:

...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Subi	mitted	Ins Auth'ed	Status	
Main	29 Oct 2018		30 Oct 2018 09:10 Assign					New Assignme Cancel Case	nt
	Main	Re	ference		Claim Details		Document	s [Show All
CLAIM SU	BFOLDER DE	TAILS	No paragraphic deligible	DATE OF THE PARTY		[Created	by insurer]		
Insured:	мрм тон	HONG CHOO,	ID: S1724828F			A-1			
Main Claimant:	ACS-RUS	HOE PTE LTD,	Co. Reg. No.: 20	0403829C					
Vehicle Reg No.:	SKB837	SKB8377U					26/10/2018 18:00 - :59 [87 Months and 26 Days From LTA Reg Date (Man		
Claim Type	Policy/Cover 804200930MV (Comprehensive)								
Vehicle Reg No. (Insured):	SJZ6988I	•			Policy No. (Claimant):				
					Excess:	\$\$600.00			
Repairer:	A S Auto	Service (HQ) Blk	1, Kaki Bukit Av	enue 6,, #0	1-106 Autobay @	Kaki Bukit	, 417883 Kaki Bu	kit - Tel: 6744818	3
Handling Insurer:								Pel Zhen - 6594	2552]
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Imm.Adv	ice due 3	1/10/2018]		
Adj Asg. Remarks:		AGREE / LIABILITY 9738 8183 to arrar		N REPORTIN	NG) Please appoir	nt LKK AUTO) to conduct the s	survey . Kindly con	tact AH
ASSOCIA	TED MAIL RE	CEIVED						View All Compo	se Case Ma
There are	no mail for this	case.							
ALL ASS	OCIATED TAS	sks=				View All	Search Tasks	Create New Task	Comple
Due Dat	e Priority	Type Task	Group Sub	1002	ndler Assign	ned By	Completed On	Created Or	Don

No results.

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

	ACCIDENT STATEMENT	
Date Of Report	27/10/2018 12:33	
Date Of Accident	26/10/2018 18:45	
Exact Location Of Accident	PIE - CHANGI	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB8377U	
Insured/Policyholder		
Name Of Registered Owner	ACS-RUSHOE PTE LTD	
Co Reg No	200403829C	
Email Address	ZHAOYI@INNOVENTE.COM	
Mobile Phone No	(LOCAL) +65-91197229	
Alternative Phone No	OFFICE-91197229	

Vehicle Pa	rticulars	i
------------	-----------	---

Manufacturer	RENAULT
Model	FLUENCE

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?

If No, Please state action to be taken

THIRD PARTY

PRIVATE CAR

Insurance Company

Vehicle Category

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy

Policy Number 2100264364-07

Cover Note Number

Driver

Name of Driver ZHAO YI NRIC No S8464132D Date Of Birth 27/11/1984 Occupation OUTDOOR Date Of Driving Pass 12/08/2009

Driving Experience 9 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91197229

Fax Number

Contact Number

EMail Address ZHAOYI@INNOVENTE.COM Address

BLK 149 SIMEI ST 1 #07-103 S520149

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

refer to attached report

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

SJZ6988E

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TOH KAI GUAN

NRIC/Passport Number

S8011237H

Contact Number

97349380

Address

NA

NA

Postcode

Insurance Company Name

NA

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

: PASSANGER

GENDER:

: FEMALE

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)
 - 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:
 - 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

27/10/20

(li) for complying with requirements under any regulations, laws or court orders.

Please Chop Sign & ivc.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time: 12:58

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Common Statement Pg. 1

SKETCH PLAN

A. SKB 83774 8,552 69 88 E

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e declare the for	2	lars are true	in every resp	ect.	.040	VEHICL DOA: CLAIM	E: Sk 8 26 TYPE:	83770 10/18 1P, 18 Auto
CLARATION le declare the for	S Return	Driver's	in every resp	27/10/8		VEHICL DOA: CLAIM	E: Sk 8 26 TYPE: SHOP:	10/18 10/18 1P. HS Auto

INTERVIEW FORM Pg. 1

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	zhao yi
VEHICLE NUMBER	: SKB8377U
DATE/TIME OF ACCIDENT	: 26/10/2018 @1845
PLACE OF ACCIDENT	: PIE - CHANGI
THIRD PARTY VEHICLE (IF ANY)	:SJZ6988E
读水壶资金资金资金资金资金资金资金资金资金资金资金资金资金资金资金资金	· · · · · · · · · · · · · · · · · · ·
WHERE DID YOU START YOUR JO BEFORE THE ACCIDENT? KIAN TECK RD - SIMEI ST	URNEY AND WHERE WAS THE INTENDED DESTINATION
DID VOIL DRINK ANY ALCOHOLD	C DRINKS BEFORE YOU DRIVE ON THE DAY OF THE
DID YOU DRINK ANY ALCOHOLI ACCIDENT? IF YES, DID THE TRAI ON YOU? IF YES, WHAT IS THE RES	FFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST
NO	Approximate the second
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	N AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
FRONT TO REAR	
WERE YOU OR YOUR PASSENGER TAKEN TO THE TRAFFIC POLICE F	'S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU FOR INVESTIGATION?
NO	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3829C
Vehicle Details	
/ehicle No.:	SKB8377U
Vehicle to be Exported:	No
ntended Deregistration Date:	31 Oct 2018
Vehicle Make:	RENAULT
Vehicle Model:	FLUENCE 1.6L CVT ABS D/AB 2WD 4DR SR
Primary Colour:	Grey
Manufacturing Year:	2011
Engine No.:	H4MC721F096839
Chassis No.:	VF1LZB50TUC248612
Maximum Power Output:	82.0 kW (109 bhp)
Open Market Value:	\$15,864.00
Original Registration Date:	30 Jun 2011
First Registration Date:	30 Jun 2011
Transfer Count:	0
Actual ARF Paid:	\$15,864.00 7832
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2021
PARF Rebate Amount:	\$9,518.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$50,244.00
COE Rebate Amount:	\$13,384.00
Total Rebate Amount:	\$22,902.00

The information contained herein is correct as at 31 Oct 2018

OK

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...CLAIM SUBFOLDER...(Pending for Survey Report)

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Case 1	Votified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sul	amitted	Ins Auth'ed	Status	
Main	29 Oct 2018		30 Oct 2018 09:10 Edit Adj Rpt	S\$0.00 Edit Estimate	S\$0.00 View F	and the same of th		Pending for S Report Cancel Case	urvey
М	ain	Re	ference	CI	aim Details		Document	ts	Show All
CLAIM SUB	FOLDER DE	TAILS		Charles of the Control		[Create	d by insurer]		
Insured:	мом тон	HONG CHOO,	D: S1724828F						
Main Claimant:	ACS-RUSI	HOE PTE LTD,	Co. Reg. No.: 200	0403829C					
Vehicle Reg. No.:	SKB8377U Date of Loss: 26/10/2018 18:00 - :59 [87 Months and 26 Days From LTA Reg Date (N					(Man Yr)]			
Claim Type:	TP / 574	360			Policy/Cover Note No.:	8042009	0093QMY (Comprehensive) rage: 11/12/2017 - 10/12/2018		
Vehicle Reg. No. (Insured):	g. Policy No. (Claimant)								
					Excess:	S\$600.0	0		
Repairer:	A S Auto	Service (HQ) Blk	1, Kaki Bukit Av	enue 6,, #01-1	106 Autobay	@ Kaki Buk	it, 417883 Kaki Bu	kit - Tel: 6744818	33
Handling Insurer:	MSIG Ins	urance (Singapo	re) Pte. Ltd. (H	IQ) - Tel: +65	6827 7888	. [Handled	by Monica Chung	Pei Zhen - 6594	2552]
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Handled by	MARCUS	CHUA] [Imm.	Advice due 31	/10/2018
Adj Asg. Remarks:	SJE : DISA SOON @ 9	GREE / LIABILITY 738 8183 to arran	NOT CLEAR(NOT ge for survey .	N REPORTING)	Please appoi	nt LKK AUT	O to conduct the s	urvey . Kindly cor	ntact AH
ASSOCIATE	ED MAIL RE	CEIVED						/iew All Compo	se Case Mai
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ALL ASSOC	CIATED TAS	KS⊟				View A	II Search Tasks	Create New Task	Complete
Due Date	Priority	Type Task	Group Subj	ect Handle	er Assig	ned By	Completed On	Created O	n Done
		City							20110

Claim Documents

*SKB8377U (574360) [SJZ6988E] TP **ACS-RUSHOE PTE LTD** Oct 26 2018 6:00PM [MDM TOH HONG CHOO] A S Auto Service

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130	07/11/18 12:42	Photo After Spray	0	Load JPG	4
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2	29/10/18 16:04	TPD SKB8377U - PRI	0	Load PDF	
3	29/10/18 16:05	Reject email to TP workshop & appoint LKK AUTO	0	Load PDF	
4	13/11/18 09:32	SKB8377U	0	Load PDF	

Documents Checklist

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Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
Show Remarks To: Handling Insurer Note; Remarks are private unless you show it to other parties.	

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Pava Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/MSG18019707/UCD3S2

Date:

21/11/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

80420093QMY

Claimant Vehicle No:

SKB8377U

Insured Vehicle No:

SJZ6988E

Date of Loss:

26/10/2018

Nature of Claim:

TP

Claim No: 574360

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SKB8377U

Make & Model:

RENAULT FLUENCE, 1.6 CVT ABS D/AB 2WD (A)

Engine No:

H4MC721F096839

Reg. Date: Colour:

30/06/2011 (Man. Year: 2011) Grey

Chassis No: Odometer:

VF1LZB50TUC248612 155194 km

Engine Capacity:

1598 cc

Market Value/New Car Price: N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good

Steering (Serviceable):

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

Pre-accident Condition: No

CONDITION OF TYRES

Front Tyre Size:

205/55ZR16

Rear Tyre Size:

205/55ZR16

Front Left Side:

Michelin 6 mm

Rear Left Side: Rear Right Side: Michelin 6 mm Michelin 6 mm

Front Right Side: Michelin 6 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

30/10/2018

A S Auto Service (HQ)

Date Inspected:

31/10/2018 Inspected At:

Blk 1, Kaki Bukit Avenue 6,, #01-106 Autobay @ Kaki

Bukit

Singapore 417883

Estimated Period of Repair:

4.0 days

Adjuster:

MARCUS CHUA

Manager:

CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000.00 - \$5,000.00

REPAIR DETAILS

Reference

Version: 1.0 (Last Synchronised: 21 Nov 2018) Part Source: MRM-SG

RENAULT FLUENCE 1.6 CVT ABS D/AB 2WD (A) (Catalogue:Merimen Singapore 1.0) Parts: 143

(Price-denominated Standard List) Labour: Repairer's

Print Code: (Unsubmitted, no print-code for SKB8377U)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the

END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >