From (Person	Jennifer Chan of	MENT (Office)	Date/Time: 4-12-19 6-07 9-4
Shapled Co		Bill to:	
OD / TP / W	S/TP RES/OD RES/EVA/INV/MV	V7CS	Insured:
	motor Image		Tel: 96113195
of 19 Lo	ong a Tan Hayoh		
Policy No:	906100130	Claim No:	106599039656
Sum Insured		Excess:	
Make of Veh (Client's Boser	and the second s		D.O.A. 29-11. 2019
CA REV	REP. / REV 24 HRS 5-12-19 10-320-M Person Contact	od Daniel	Vehicle IN 1 DUT
Date/Time	Action/Instruction ( V ) Estim	ate	
	SmL 45710-X		
	1		report

ASSIGNMENT SMC 45214 MRegn 22 May 2019 Veh No: From Date Type: MCOS M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD TP / WS / TP RES / OD RES / EVA / INV / MV Subaru XV 20 o Inspect Vehicle No: Make: Motor Image at Workshop m/s Colour T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured 1GT7KL5K B061922 C/No: Policy No. Gen. Cond: Good / Fair / Petr / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: Brake: Ingray / Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: Nil / S/Rip / STD A/Rim or 35 R18 Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S O/S BS/DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO of Bal. or Market Value. Front Rear Consistent? : Yes or No R/Bal IDAC Accident Roort R/Bal mm Consistent?: Yes or No. L/Bal GIA / PR Seen: mm D.O.A. Est Repairs: days Res.: Yes or No D.O.I. Lum Sum: 3 Val.: Yes or No Survey held at Des. of Damages : Frt / Rears/ O/S / N/S / D/Q / Rooftop or REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body/Structure affected due to collision. Date / Time Action / Instruction 1055 C-2:4450 Date/Time, File Page to? Prell. Report Days Of Repair: 19/12 Tunie Final Report Resurvey No. of Trip: Survey Fee: 200 Este/Time, File Robert to? Transportation: Add Fee: 3) Site Insp (\$ S+RS SI Interview (\$ Photos Papert Format Tech: Invs (F 1904 H Lorne Som / LP J: 75 Meal end II SYLEE 211

Star Pipulis

Your password will expire in 7 days. Click here to change it. - SML4521U - OD RECOVERY - ARRANGE SURVEY - 05/12/2019 - 1100HRS - RECOMMENDED TOTAL LOSS VEHICLE From: AIG SGP, Claims-Survey To: Admin A, assignments Cc Fong, Andy-SY, Fan, Winnie-LW Sent. Wednesday, 4 December, 2019 6:07:58 PM Attachments: SML4521U GIA REPORT- OD R.PDF 🖺 SML4521U TOTAL LOSS LETTER PDF HILKK, P: Kindly assist to survey. Thanks & regards Jennifer Chan From: Daniel Jude [mailto:danieljude@motorimage.net] Sent: Wednesday, 4 December, 2019 5:48 PM To: AIG SGP, Claims-Survey Cc: TPY Insurance Team; Mohamed Isman Subject: [EXTERNAL] SML4521U - OD RECOVERY - ARRANGE SURVEY - 05/12/2019 - 1100HRS - RECOMMENDED TOTAL LOSS VEHICLE Importance: High This message is from an external sender; be cautious with links and attachments, Hi Claims Team, Kindly assist to arrange survey for the above mentioned vehicle 05/12/2019 - 1100hrs Thank You. Best Regards Daniel A Jude Service Executive Motor Image Enterprises Pte Ltd 19 Lorong 8 Toa Payoh Singapore 319255 HP: 8611 3195 Email:danieljude@motorimage.net Website: www.tanchong.com : www.motorimage.net

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

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

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

To:

AIG Asia Pacific Insurance Pte. Ltd.

AIG Building

78 Shenton Way #08-16 Singapore 079120

From:

LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25

Paya Ubi Industrial Park Singapore 408933

Attn:

Gan, Hunchung

Date:

06 Dec 2019

### Preliminary Advice

Vehicle No

: SML4521U

Accident Date

: 29/11/2019

Make

: SUBARU XV

Policy No.

: 1900100130

Assignment Date

: 05/12/2019

Excess

:8\$

: \$\$0.00

Date of Inspection

: 05/12/2019

Est. Duration of Repair

: 0.00

Inspection At

: MOTORIMAGE ENTERPRISES PTE LTD (HQ)

19 LORONG 8, TOA PAYOH

SINGAPORE 319255

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear, undercarriage portion and parts claimed are consistent to the accident. The chassis frame, body structure affected due to collision.

Repairer's Estimate (Gross)	:S\$	TOTAL LOSS
Revised Amount	:5\$	TOTAL LOSS
Check Items (Estimated)	:S\$	0.00
Total	:S\$	0.00

Lump Sum Repair

#### **Total Loss Consideration**

New for Old Value	:S\$	100,800.00
Pre-Accident Value	:S\$	85,000.00
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	44,501.00
Margin for Repair (New for Old Value)	:S\$	56,299.00
Margin for Repair (Pre-Accident Value)	:S\$	28,701.00

#### Remarks

(	)	The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
( )	( )	The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

Other comments:

# > Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC						
Owner ID:	132A						
Vehicle No.:	544 452411						
Vehicle to be Exported:	SML4521U						
Intended Deregistration Date:	Yes						
Vehicle Make:	05 Dec 2019						
Vehicle Model:	SUBARU						
	XV 2.0I-S EYESIGHT AWD CVT						
Primary Colour:	White						
Manufacturing Year:	2018						
Engine No.:	FB20CE12395						
Chassis No.:	JF1GT7KL5KG061922						
Maximum Power Output:	115.0 kW (154 bhp)						
Open Market Value:	\$13,360.00						
Original Registration Date:	22 May 2019						
First Registration Date:	22 May 2019						
Transfer Count:	0						
Actual ARF Paid:	\$13,360.00	\$13,360.00					
PARF Eligibility:	Yes						
PARF Eligibility Expiry Date:	21 May 2029						
PARF Rebate Amount:	\$10,020.00						
COE Expiry Date:	21 May 2029						
COE Category:	E - Open - all except motorcycle						
COE Period(Years):	10						
QP Paid:	\$48,209.00						
COE Rebate Amount:	\$34.481.00						
Total Rebate Amount:	\$44,501.00						

The information contained herein is correct as at 05 Dec 2019

# SGCARMART.COM

# Subaru XV Used Vehicle List (3 vehicles)

Car Model Price Depreciation Reg Date Eng Cap Mileage Company Available Subaru XV 2.0i-S EyeSight \$85,800 \$8,670 /yr 10-Nov-2018 1,995 cc 16,000 km Bliss Auto Available

New Arrival! (1st Owner!) Unique Cool Grey Khaki In Colour! Latest 2019 Facelift! 2.0i-S Eyesight With Emergency Brake Assist/Adaptive Cru Control/Lane Departure Warning/Collapsible Steering Etc! V...

Office No. - 67542808 James Phua - 97657171

Subaru XV 2.0i-S EyeSight \$82,000 \$8,820 /yr 18-Apr-2018 1,995 cc 28,500 km Prem Roy Motoring Availal

Excellent Drive Feel With Superb Handling. Comfortable, Spacious And Quiet. Experience The AWD Now With Subaru! Accident Free! 1 Owner Comes With Low Mileage, New Arrival, Like New Car Condition! Full...

Office No. - 66028046

Joel - 87755229 | PRM Admin - 98896985

Subaru XV 2.0i-S EyeSight \$81,800 \$8,770 /yr 16-Apr-2018 1,995 cc 27,123 km Ritz Auto Availal

Accident Free! 1 Owner Comes With Low Mileage, Like New Car Condition! Full Agent Serviced, Still Under Agent Warranty. Well Maintained, Excellent Condition. Call For Viewing Appointment Now And See I...

Office No. - 62556118

Simon Tan - 91261801 | Krist - 97113211 | Owyong - 97227737

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The Subaru XV 2.0 brings added goodness



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## Subaru XV

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67038300 / 67038168

**Built** in Predecessor Japan (launched 2017) Subaru XV (2011-2017)

Pricelist

22-Nov Pricelist 2019-05-3

Promotion

From \$89,800. Free upgrade every XV purchase

» View all other promotions

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Submodel	Price	Depreciation ⑦	<b>Fuel Economy</b>	Power	Tra
2.0i-S EyeSight GT Edition (A)	POA		14.3km/L	154bhp	Lines
2.0i-S EyeSight (A)	\$98,800	\$9,200 /yr	14.3km/L	154bhp	Line
2.0i-S EyeSight [High Spec] (A)	\$102,800	\$9,500 /yr	14.3km/L	154bhp	Linea

Price updated 22-Nov-2019

#### Photos & Review











+ Viev

Car Review - Subaru XV 2.0i-S EyeSight (A)

28 Mar 2018 | Subaru Reviews

Now offered with a 2.0-litre engine and Subaru EyeSight, the Subaru XV 2.0 delivers a compelling, refined and premium SUV



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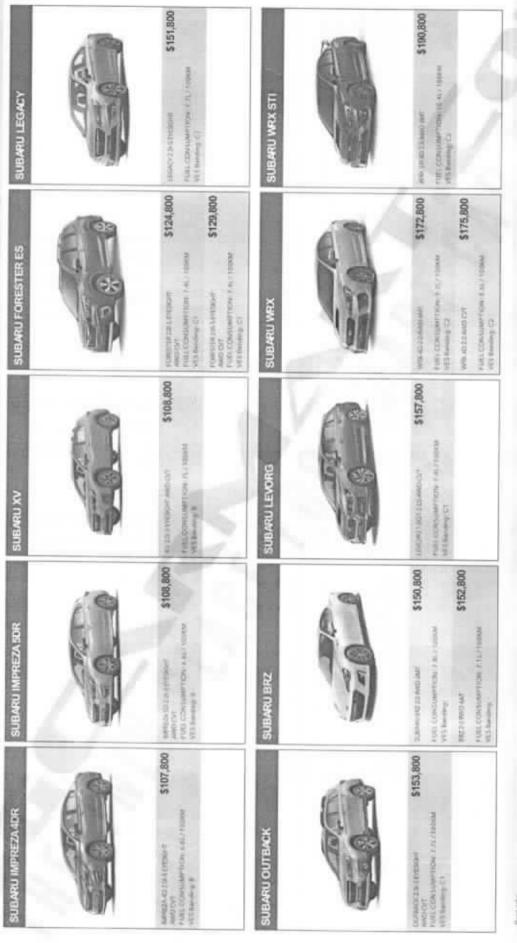


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Price and Information are effective from 975/2019 to 22/5/2019

## 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
- 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.

oresaid.	ACCIDENT STATEMENT
Date Of Report	02/12/2019 21:10
214 14 4	29/11/2019 19:30
Exact Location Of Accident	AMK AVE 3 TURNING TO AMK ST 23 (T-JUNCTION)
Country/State of Loss	SINGAPORE
Dispersion of Education (Control of Education Control of Education Contr	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SML4521U
Insured/Policyholder	
Name Of Registered Owner	QU HONGYU
NRIC No	S8778132A
Email Address	QUHONGYU163@OULOOK.COM
Mobile Phone No	(LOCAL) +65-97769136
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV-2.0 I-S EYESIGHT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No. Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	TO THE PROPERTY OF THE LTD
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900100130
Cover Note Number	
AND	

### Driver

**QU HONGYU** Name of Driver S8778132A NRIC No 27/03/1987 Date Of Birth INDOOR Occupation 20/12/2014 Date Of Driving Pass 4 YEARS AND 11 MONTHS **Driving Experience** 

MALE

Gender (LOCAL) +65-97769136 Mobile Number

Fax Number

OFFICE-NOPHONE Contact Number

QUHONGYU163@OULOOK.COM EMail Address

Address

APT BLK 260B ANG MO KIO STREET 21 #02-155

Postcode

562260

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION

Type Of Accident Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: 1

GENDER:

: MALE

Passenger 2

NAME:

: 2

GENDER:

FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY:

SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACHED DOCUMENTS

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

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

QU HONGYU

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SML4521U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

ambulance?

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name

JIANG TIAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SML4521U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

ambulance?

Address

Postcode DETAILS OF INJURED PERSON 3

Name

QU ZHENGLIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SML4521U

Were seat belts worn?

YES

Was this injured conveyed to hospital by

YES

ambulance?

Address

Postcode

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Ch 7/11/mg at about 1925 hrs. I was divining my which bearing rejectation plate
SML45214 along Any Me kiro Avenue 3 towards Ang Me hiro Street 23 at the most
visht lane. I was stationary at the T-jurction naiting to turn to street 23
After which my vehicle was hit from the regrand when I woke up. I
discovered my vehicle at the other side of the lane and the whole whicle
was on the pothway.

Subsequently ambulances come to scene and convextd me my wife numbly
Jiang Tian, 58774538D and my 2 years old son namely a Zhenglin. The bible
to the hospital.

My wife and son new scated at the rear passenger sects at the point of time and
-my can was scated in a body seat. To come to scene and my in-rax camera
was hand over to the police
who and my wife was conveyed to Tan Took Song Hospital and I was hopitalize
the bread injury my 2 years do son was conveyed to like lospital.

I veceived 4 days hospitalization locate from 21/1/2019 to 62/12/2019.

Ny wife received 4 clays medical leave from 02/12/2019 to 62/12/2019.

I wish to state that I have no idea how the accident happened

DECLARATION

We declare the foregoing particulars are true in every respect.

An 12 Dec 2019

Policyholder's Signature Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre personnel's Signature Name: DON'S EL JUD€ NRIC/FIN NO.: S. XXX 1518 D

#### 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,
- 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.
- 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.
- 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 lare 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 obtacted 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 traud, 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Pers DANIEL JUDE

NUCTIN NO.: SXXXISTED

SWELFUL	3.0%	
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DESCRIBE CIRUMSTANCES OF THE ACCIDENT I was driving my which bearing operation date weny Any ale kio Avenue 3 temorals Ang ale kio Street stationary at the T-juvelier naiting to lurn to sheet 23 which my religite was hit from the rear and when I my vehicle at the other side of was on the puthway signestly ambiliarises come to scene and conveyed me my wife numbly Jing Time, SETTASSED and My 2 years del son namely by They lin Trob967A the hispita My wife and son more stated at the year passenger sents at the point - my sen was scaled in a body sent. TP come to scene and my in-pay camera to the police are and my wife was conveyed to Tan Took Song Harpital and I was hapitalized chie to head injury my 2 years do son was conveyed 4 days hespitalization local from 2/11/2019 to 02/12/2019 My wife received 4 clays medical leave from 02/12/2019 to 11/13/2019 wish to state that there is idea how the accident happened

DECLARATION

Date & Time:

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name DAN EL JUDE
NEIC/FIN NO. S. X XX 1518 D

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the cerails of the accident to speed up the claims process.
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- 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.
- fi. 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 parkers.
- 7. By the lodgment of this report to the insurers, you hereby consent to the authoring 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:

- (iii) 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyershaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
  - 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 analor my claims.
  - (II) carrying out and/or dealing with my instructions or responding to any enquiries by me,
  - (iv) administraing 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 sted 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 und/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, like 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 Signiture Date & Timer

15 61

Driver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Perforsel's Signature Name DEPASIET JUDE

NUCENNO: SXXX1518D



## CERTIFICATE OF INSURANCE

#### SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Qu HongYu

Period of Insurance

: 22 May 2019 To 21 May 2020

Engine No.

: FB20CE12395

Chassis No.

: JF1GT7KL5KG061922

Vehicle No.

: SML4521U

Policy No.

: 1900100130

Endorsement No.

Issued Date

: 30 May 2019

#### ABOUT THE COVER

Make/Model

: SUBARU XV 2.0I-S EYESIGHT AWD CVT

Engine Capacity/Tonnagi

Engine Capacity/Tonnage : 1,995.00 CC

Sum Insured : Market Value

First Year of Registration : 2019 Insuring with COE/PARF : Yes

Driver Restriction : NA Off Peak Car : No

at The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission

Person or Classes of Persons Entitled to Drive\*:

This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholden's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testling, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Purty Rieks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Melaysia), are not to be included under these headings.

#### **EXCESS**

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Qu HongYu - \$800 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1 Motor image Enterpress Pte Ltd. Add: 19 Lorong 8 Top Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AiG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Attenuatively, you may refer to AiG website www.aig.com.ag. or AiG SG Mobile App. Simply search and download "AiG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We haveby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles Third Party Risks and Compensation) Act (Cap. 189). Part IV of Street Party Risks and Motor Vehicles (Third Party Risks) and Motor Vehicles (Third Party Risks) fluies. 1959 (Malaysis).

0500619220

TAN CHONG CREDIT SUBARU-LPK 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

**AUTHORISED REPRESENTATIVE** 

BECAME

78 Shenton Wity #07-16 AIG Building 5079129 | T+95 6419 3000 | www.arg.sg





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

1 of 4 Report No. T/20191201/2033

	ne Report N 19 10:40	lade:	Vide Report No.: F/20191129/0129	Station Diary No. 38			
Informa	nt's Partici	ulars					
Name of QU HON	Informant: IGYU		Address: APT BLK 260B ANG MO KIO STREET 21 #02-155 SINGAPORE 562260				
	/ ID No.: D / S87781:	32A	Contact No.: Home/Office: Mobile: 97769136				
National CHINES			Email:				
Sex: Male	Age:	Date of Birth: 27/03/1987	Type of Informant: Driver				
Race: Chinese		1	Language:	Institution / School Name:			
Occupat IT ENGI			Driving Licence Information: Class: 3 Date of Expiry:				

Type of Accident:	Injury Conveyed By Ambula	Drink nce Drive: No	Date/Time of Accident: 29/11/2019 19:2	Type of Location T-Junction		
Location: Junction of R ANG MO KIC ANG MO KIC T-JUNCTION	STREET 23					
Weather: Clear		Road Surface: Wet		Road Speed Limit:		
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light			
Type of Collis			Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SML4521U	Car	SUBARU	XV 2.0I-S EYESIGHT AWD CVT	White	Seriously Damaged	2

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SML4521U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900100130	22/05/2019	21/05/2020		





2 of 4

Report No. T/20191201/2033

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

## CONTINUATION OF REPORT

Carlesteine let	alund: No				
Any Pedestrian Inv		Use of Peo	destrian	Crossi	ng: NA
No. of Pedestrians	Injured. NIL				SERVICE AND PROPERTY.
Name	Qu Zheng Lin		ID No.		T1706967A
Related Vehicle	SML4521U (Car)		Contac	t No.	NIL
Hospital/Clinic	KK HOSPITAL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
	20111/2010	Date Disc	1000	NIL	
Date Treatment	29/11/2019 ed Medical Leave NIL	Degree o			t
	ed Medical Leave NIL	Dogico o		W. Colonia	NO DE NO DE MAN
Driver	QU HONGYU		ID No		S8778132A
Name	20 HONGTO		Percent Services		
Related Vehicle	SML4521U (Car)		Conta	ct No.	97769136
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL
	29/11/2019	Date Dis		1	1/2019
Date Treatment	ted Medical Leave 04	Degree			nt
	ted Medical Leave		THE STATE OF		Marie Commence of the
Passenger	Jiang Tian		ID No	).	S8774538D
Name	Jiang Han				
Related Vehicle	SML4521U (Car)		Cont	act No	, NIL
Hospital/Clinic	TAN TOCK SENG HOSPITA	L			Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2019	Date D	ischarge	NIL	
Date Treatment	nted Medical Leave 04		of Injury		aht

## Brief Details.

On 29/11/2019 at about 1925hrs, I was driving my vehicle bearing registration plate SML4521U along Ang Mo Kio Avenue 3 towards Ang Mo Kio Street 23 at the most right lane. I was stationary at the Tjunction waiting to turn right to street 23. After which my vehicle was hit from the rear and when I woke up, I discovered my vehicle at the other side of the lane and the whole vehicle was on the pathway.

Subsequently ambulances came to scene and conveyed me, my wife namely Jiang Tian, S8774538D and my 2 years old son namely Qu Zheng Lin, T1706967A to the hospital.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

3 of 4 Report No. T/20191201/2033

#### CONTINUATION OF REPORT

My wife and son was seated at the rear passenger seats at the point of time and my son was seated in a baby seat. TP came to scene and my in-car camera was hand over to the police.

Me and my wife was conveyed to Tan Tock Seng Hospital and I was hospitalised due to head injury. My 2 years old son was conveyed to KK hospital.

I received 4 days hospitalization leave from 29/11/2019 to 02/12/2019. My wife received 4 days medical leave from 02/12/2019 to 05/12/2019.

I wish to state that I have no idea how the accident happened.





4 of 4

Report No. T/20191201/2033

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 3 TAY YU ZHI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2019 10:40
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Sgt 2 MUHAMMAD ABDILLAH BIN YUSOF Contact No.: 92209878	SN 085
Authentication Stamp NP168 Sign July	
Singapore Police	ce Folog





Motor Image Enterprises Pte Ltd

19 Lorong B Too Psych 5тыного 319255 Ter (65) 6417 0333 Fex (65) 6252 5655 60N 198702032B

LKK Auto Consultants hence notify the Repairer of the following:

 To display damaged part(s) during resurvey Parts prices are subject to confirmation

Third party survey is on a "Without Prejudice" basis.

 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

To resurvey beforerafter spray painting

No illegal modification(s) is allowed.

Acknowledged by Repairer

Signature:

Date:

04 - DEC - 2019

AIG ASIA PACIFIC INSURANCE PTE LTD 78 SHENTON WAY #07-16 AIG BUILDING Singapore 079120

Attn: Claims Department

VEHICLE NO

SML 4521 U

CHASSIS NO

JF1GT7KL5KG061922

MODEL

XV 2.01-S EYESIGHT AWD CVT

ENGINE NO

FB20CE12395

REG DATE

22 - MAY - 2019

Based on our assessment, we found severe damages to the rear right hand chassis which leads to the safety of the vehicle being compromised and the entire rear right portion of the vehicle being severely damaged, being it lead to be beyond the economic cost of repair. We seek your assistance and endorsement to declare the above mentioned a constructive total loss vehicle.

Daniel A Jude

Service Executive

Motor Image Enterprises Pte Ltd

19 Lorong 8 Toa Payoh Singapore (319255)

Tel

: 6703 8107

Hp

: 8611 3195

Fax

: 6235 5535

Email: danieljude@motimage.net

Guo Qif UKK at e5/12/19 Not Authorized.

TAN CHONG www.tanchong.com

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt		Adj Submitted	Ins Auth'ed	Status		
Main	06 Dec 2019		05 Dec 2019 13:53 Edit Adj Rpt	S\$0.00 Edit Estir	nates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case		
	Main	Ŋ R	eference	Cir	im Deta	nils \	Documents	<u> </u>	Show All	
CLAIM SU	BFOLDER DE	TAILS				[Created	by insurer]			
Insured:	QU HONG	YU, ID: \$87781	32A, Tel: +65977	69136, Ema	iii: QUHO	WC4/1163@ONTO	1.71			
Vehicle Reg No.:	SML452	10			Date of L		019 19:00 - :59 is and <b>7</b> Days From LTA Reg Date (Man Yr)]			
Claim Type	OD / 10	65990896SG			Policy/Cover Note No.: 1900100130 (Comprehensive)					
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Repairer:							oh - Tel: 64730333 /6 , Priscilla-LK - 6419			
Handling Insurer:	lk, sim@aid		e Pte. Ltd. (Su)	(61: 02-0-13	-3000	(riangied by Sim	C Priscilla-EK - 9413	1733] Princing		
Adjuster:			Ltd (HQ) - Tel: 62	56-3561 [	Handled	by XING GUO Q	IANG] [Final R	t due 16/17	/2019]	
Driver/Cust dian:	ies.						W163@OULDOK.COM			
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There are n	o mail for this	case.								
ALL ASSO	CIATED TAS	iks⊟				View All	Search Tasks Crea	te New Task	Complete	
Due Dat	e Priority	Type Task	Group Subject	t Handle	er A	ssigned By	Completed On	Created On	Done	

### Claim Documents

## \*SML4521U (1065990896SG) OD Nov 29 2019 7:00PM [QU HONGYU] Motorimage Enterprises Pte Ltd

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7	06/12/19 14:08	Singapore Accident Statement	0	Load PDF	

## **Linked Accident Report Documents**

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### **Documents Checklist**

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
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FB20CE12395

0 km

JF1GT7KL5KG061922

Yes

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

51 Ubi Ave 1 #01-25, Paya 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:

Engine No:

AIG Asia Pacific Insurance Pte. Ltd.

AIG Building, 78 Shenton Way #08-16

10/12/2019 Date: Singapore 079120

REFERENCE

Insured/Claimant: QU HONGYU Policy No: 1900100130 1065990896SG Date of Loss: 29/11/2019 Nature of Claim: OD Claim No:

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SML4521U

Make & Model:

SUBARU XV, 2.0 I-S EYESIGHT AWD CVT (A)

Chassis No: 22/05/2019 (Man. Year: 2018)

Reg. Date: Odometer: Colour: White

Engine Capacity:

1995 cc

Market Value/New Car Price:

\$\$85,000.00

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable):

Yes Footbrake (Serviceable): Handbrake (Serviceable): Yes Engine Modification: Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

225/55 R18

Rear Tyre Size:

225/55 R18

Front Left Side: Front Right Side:

Bridgestone 6 mm Bridgestone 6 mm

Rear Left Side: Rear Right Side: Bridgestone 6 mm Bridgestone 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:

05/12/2019

Date Inspected:

05/12/2019 Inspected At:

Motorimage Enterprises Pte Ltd (HQ)

19 LORONG 8, TOA PAYOH

Singapore 319255

Estimated Period of Repair:

0.0 days

Adjuster: XING GUO QIANG Manager: DENISE TAY KWEE CHENG

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.

#### TOTAL LOSS ASPECT

Market Value: \$85,000.00

OMV:

\$13,360.00

PARF Rebate (1): \$10,020.00

Quota Premium Paid: \$48,209.00

COE Rebate (2): \$34,481.00

Total Rebate (1) + (2) =: \$44,501.00

The total amount incurred will be Market Value \$85,000.00 minus Total Rebate \$44,501.00 = \$40,499.00 before excess.

In view of the above, the vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

## REPAIR DETAILS

## Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Adjuster Report Page 4 of 4

## 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 >