

REF:

AIG.

ASS. REC. BY: Taughlin

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. 2100400305Claims No. 1292151103SGSum Insured: _____ Excess: 600

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S
X	X

Bal. or Market Value: \$52K

IDAC Accident Rpt: _____ 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 HRSDate: _____ Person Contacted: George

Vehicle: IN / OUT

Veh No: SCU1680J Yr Regn: 2015 JanType: ☒ M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Indi A3 C.C. 1395Colour: Grey A/C: Insured / Std / Nil / NASp. Reading: 107321 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: WAM2268VZF1044146Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16R: 21☒ BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 03/11/20Survey held at Premium BenoiDes. 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
	confirm repair cost of \$13,084.00 @ 10 days of repairs
	RED:24192;64%

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Rep Formed:

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

PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATE	:	ACCIDENT REPAIRS
WORKSHOP	:	UBI ROAD 1
CONTACT NO	:	6366 2323
FAX NO	:	6841 1183
REFERENCE	:	PA/OD/0828/2020/NS
DATE	:	2-Nov-20
WIP	:	55243

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY.

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY

#07-16 AIG BUILDING

SINGAPORE 079120

ATTN: MR. ADRIAN LING - MOTOR CLAIMS DEPT

TEL: 6841 0055 - FAX: 6256 4315

OWNER'S NAME	:	MR WONG CHEE WENG
ADDRESS	:	10 BEDOK RESERVOIR VIEW #10-31 SINGAPORE 479236
TELEPHONE	:	HP +65 91891008
TYPE OF CLAIM	:	OWN DAMAGE CLAIM
POLICY NO	:	2100400305-05
VEHICLE NO	:	SCU 1680 J
MODEL CODE	:	AUDI A3 SEDAN 1.4 TFSI
MODEL YEAR	:	26/1/2015
ENGINE NO	:	C7C 209954
CHASSIS NO	:	WAUZZZ8V2F1044146
MILEAGE	:	107321KM
DATE IN	:	30-Oct-20
ESTIMATED BY	:	JOHNNY BOO / ALLAN WU
ACCIDENT DATE	:	30-Oct-20
PLACE OF ACCIDENT	:	MARYMOUNT RD (BTW SING MIN AVE/ UPPER THOMSON RD)



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EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SCU 16801

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND TRANSFER REAR PARKING AID. CHECK FUNCTION AND RENEW ACCORDING TO DAMAGE.	S/N \$ 280.00 /	
2	TO REMOVE AND TRANSFER REAR LID'S CONVENIENCE LOCK SYSTEM AND WIRE HARNESS FOR TAIL LIGHTS.	S/N \$ 280.00 ✓	
3	TO DISLODGE AND REINSTALL REAR WIRE HARNESS FOR LIGHTS, BATTERY MANAGER, FUSE AND RELAY TRAYS, ELECTRICAL AND AUDIO EQUIPMENT.	S/N \$ 480.00 <i>photo.</i> ✓	
4	TO DISMANTLE AND RENEW REAR BUMPER AND REAR LID. TO CUT OUT AND WELD REAR END PANELLING. RE-ORGANISE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 4,200.00 <i>2500.</i> ✓	
5	TO RESPRAY REAR BUMPER, REAR LID, HINGES, REAR END PANELLING AND SPARE WHEEL HOUSING. ✓ ✓ ?	\$ 3,800.00 <i>2200.</i> ✓	
6	TO RENEW REAR EXHAUST SILENCER AND ALIGN TO POSITION.	S/N \$ 480.00 <i>? Xnn</i>	
7	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00 ✓	
TOTAL LABOUR CHARGES		: \$ 9,712.00	

PREMIUM AUTOMOBILES

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EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG



MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SCU 1680 J

S/N PARTS DESCRIPTION		QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	REAR BUMPER		\$	1,847.00	de ✓ 1477.60
2	REAR BUMPER FIXING PARTS		\$	191.00	X nn
3	REAR BUMPER GUIDE SECTION - LH/RH	25.12 2	\$ LH-cra ✓	32.00	2 RH X nn
4	REAR BUMPER LOCKING MECHANISM	nn 2	X \$ LH-cra ✓	59.00	RH X nn
5	REAR BUMPER SPOILER		\$	234.00	de ✓ 187.2
6	REAR LIGHT REFLECTOR - LH/RH	2	\$	82.00	X nn
7	LED LICENSE PLATE LIGHT	2	\$	113.00	X nn
8	LED TAIL LIGHT - LH/RH INNER	693.60 2	\$ LH-int ✓	1,734.00	RH X nn
9	TAIL LIGHT TRIM - LH/RH INNER	23.36 2	\$ LH-de ✓	60.00	RH X nn
10	LED TAIL LIGHT - LH/RH OUTER	2	\$ LH- X nn	1,734.00	RH X nn
11	TAIL LIGHT TRIM - LH/RH OUTER	2	\$ LH- X nn	60.00	RH X nn
12	REAR REINFORCEMENT BEAM	451.60	\$	565.00	? photo bt ✓
13	REAR BUMPER BRACKET - LH/RH	19.84 2	\$	26.00	? photo bt ✓
14	REAR PARKING AID SENSOR - INNER/OUTER	1 ✓	\$	193.04	484.00 nn ✓ 193.04
15	REAR PARKING AID SEAL RING	4	\$	10.88	14.00 de ✓
16	REAR BUMPER WIRING SET		\$	510.00	? X nn
17	REAR LID		\$	2051.20	2,564.00 bt ✓
18	REAR LID ATTACHMENT PARTS		\$	291.00	X nn
19	REAR LID HINGE - LH/RH	2	\$	506.00	? X nn
20	REAR LID FLAP GASKET		\$	203.00	de X nn
SUB TOTAL SPARE PARTS		:	\$	11,309.00	

PREMIUM AUTOMOBILES

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MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SCU 1680 J

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
		S/NETT		
21 REAR LID LOCK STRIKER		\$ 39.2	49.00	? bt ✓
22 REAR LID LOCK		\$	184.00	X } nn X
23 REAR LID PUSH BUTTON		\$	172.00	X }
24 REAR LID COVER		\$	16.00	X }
25 PACKING ADHESIVE		\$ 14.40	18.00	nei ✓
26 AUDI EMBLEM		\$ 97.60	122.00	nei ✓
27 A3 INSCRIPTION		\$ 75.36	95.00	nei ✓
28 TFSI INSCRIPTION		\$ 75.36	95.00	nei ✓
29 REAR CROSS PANEL		\$ 284.40	356.00	bt - photo.
30 CROSS PANEL REINFORCEMENT		\$ 579.60	725.00	? photo bt ✓
31 CROSS PANEL CONNECTING PLATE - LH/RH	2	\$ 228	286.00	? photo bt ✓
32 REAR CROSS PANEL TRIM		\$ 122.40	153.00	de photo.
33 LUGGAGE COMPARTMENT FLOORING		\$	536.00	X
34 REAR LID TRIM PANEL		\$	303.00	X
35 REAR SILENCER		\$	712.00	?
36 REAR SILENCER DUAL CLIP		\$	57.00	?
37 EXHAUST SYSTEM RETAINER	2	\$	79.00	? } nn X
38 EXHAUST TAIL PIPE TRIM - LH		\$	128.00	X
39 REAR BUMPER LOWER SPOILER CHROME TRIM			TBC	bt ✓
40 REAR NO PLATE	S/N	\$	60.00	X
SUB TOTAL SPARE PARTS	:	\$	15,455.00	



PREMIUM AUTOMOBILES



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TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SCU 16801

S/N PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES	
		S/NETT	REMARKS
41 STONE CHIP	S/N	\$	✓ 180.00 <i>nei</i>
42 CAVITY WAX	S/N	\$	✓ 140.00 <i>nei</i>
43 ACRYLIC SEALANT	S/N	\$	✓ 180.00 <i>nei</i>
44 SUNDRIES		\$	300.00 ? 2.24
TOTAL SPARE PARTS	:	\$	27,564.00
TOTAL LABOUR CHARGES	:	\$	9,712.00
GRAND TOTAL	:	\$	37,276.00

ALL CHARGES ARE INCLUSIVE OF GST

LEGEND:

REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED
SPARE PARTS ARE SPECIAL NETT.

PREMIUM AUTOMOBILES



55 UBI ROAD 1, SINGAPORE 408699

TEL : 6366 2323 FAX : 6841 1183

EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

NAME :
SURVEYED DATE :
AUTHORISED DATE :
EXCESS COST :
LIABILITY :
REMARKS :

Tanpin 97495749
8/10/10 @ 350pm
Not Authorise
Exp: to be advise.
Resurvey before paint 08 days
Tanpin @ 11h15am

PLEASE NOTE :

THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LAOUR CHARGES AND SPARE PARTS IN THE PROGRESS OF REPAIR, WE SHALL INFORM YOU ACCORDINGLY. FOR INSPECTION OF VEHICLE, PLEASE REFER TO MS. NORAH KHAI AT TEL: 6768 9828 FOR APPOINTMENT.

YOURS FAITHFULLY,
PREMIUM AUTOMOBILES PTE LTD

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
- 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:

JOHNNY BOO
BODY REPAIR MANAGER

ALLAN WU
CLAIMS CONSULTANT

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 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.**
- 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.
- 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 if/soresaid.

ACCIDENT STATEMENT

Date Of Report 30/10/2020 18:32
Date Of Accident 30/10/2020 13:10
Exact Location Of Accident MARYMOUNT RD (BTW SING MIN AVE/ UPPER THOMSON RD)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCU1680J
Insured/Policyholder
Name Of Registered Owner WONG CHEE WENG
NRIC No SXXXX319Z
Email Address WAYNE.WCW@GMAIL.COM
Mobile Phone No (LOCAL) +65-91891008
Alternative Phone No OFFICE-91891008

Vehicle Particulars

Manufacturer AUDI
Model A3 SEDAN 1.4 TFSI
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? YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO

Policy Number
Cover Note Number

Driver

Name of Driver WONG CHEE WENG
NRIC No SXXXX319Z
Date Of Birth 14/06/1965
Occupation INDOOR
Date Of Driving Pass 10/03/1993
Driving Experience 27 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91891008
Fax Number
Contact Number OFFICE-91891008
Email Address WAYNE.WCW@GMAIL.COM

Address 10 BEDOK RESERVOIR VIEW
#10-31
Postcode 479236

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

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 (including own vehicle) involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? NO

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? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE 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 SKL7753X

Vehicle Make/Model/Colour NISSAN/SILVER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMAD ARIF BIN ABDUL

NRIC/Passport Number S<XXX315F

Contact Number 98528940

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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 Authorized 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. 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 have consented 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(s) (collectively, "**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), who may be located 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 further disclosed:
 - (i) to all insurers and/or any other third party entities for valuating, investigating, controlling or managing claims;
 - (ii) to regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Wang Wei
30/10/2022
3:15pm

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name *Lin Kuo Seng*

NRIC/NNV *G8352762*

Ref: 5/11/16

We declare the foregoing particulars are true in every respect.

1/We declare the foregoing particulars are true in every respect

Reporting Centre Personnel's Signature
Name Lina EDP Sany
NRIC/FIN No 990000564

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: 102010312345

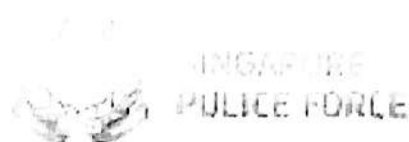
REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2020 17:16		Vehicle Report No.	Station/Div No.
Informant's Particulars			
Name of Informant: WONG CHIEH WENG		Address: 10 BEDOK RESERVE VIEW #12-31 - 4E CLEARWATER SINGAPORE 479235	
ID Type / ID No: NRIC NO / S25983192		Contact No: Home: 91891308 Mobile: 91891308	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 55	Date of Birth: 14/06/1965	Type of Informant: Driver
Race: Chinese		Institution / School Name:	
Occupation: Polytechnic lecturer		Driving License Information: Class: B Date of Expiry:	

General Information of the Accident			
Type of Accident: Non-Injury Others:	Date/Time of Accident: 30/10/2020 13:10	Type of Location: X-Junction	
Location: VARYMOUNT ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SDU1680J	Car	AUDI	A5 S LINE	Grey		0
SKL7753X	PRIVATE AMBULANCE	NISSAN	UBV5 MICROBUS HIGH COF	Silver		0

Police Report



Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 40988
Tel No: 83470000

Report No: 72010/2020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCU1683J	A G ASIA PACIFIC INSURANCE PTE. LTD.	2100400305-05	28/01/2020	25/01/2021

Details of Person Involved			
Any Pedestrian involved: No			
No. of Pedestrians injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name: WONG CHEE WENG		ID No.	S20983192
Related Vehicle: SCU1880J (Car)		Contact No.	91894006
Hospital/Clinic: NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment: NIL		Date Discharge	NIL
No. of Days granted Medical Leave: NIL		Degree of injury	NIL

Driver			
Name	MOHAMAD ARIF BIN ABDUL RAHMAN	ID No.	59145315F
Related Vehicle	SKL7763X (PRIVATE AMBULANCE)	Contact No.	99620940
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

ON 30/10/2020 AT AROUND 1309HRS, I WAS DRIVING MY CAR ALONG MARYMOUNT ROAD AT LANE 1 OF 3-LANES ROAD. THERE WAS A PEDESTRIAN CROSSING IN FRONT AND THE TRAFFIC LIGHT CHANGED TO AMBER. UPON APPROACHING THE PEDESTRIAN CROSSING, I SLOWED DOWN MY CAR. OUT OF A SUDDEN, AN PRIVATE AMBULANCE COLLIDED ONTO THE REAR SIDE OF MY CAR.

AFTER THE COLLISION, BOTH OF US EXCHANGED PARTICULARS WITH EACH OTHER. I WENT TO MY WORKSHOP TO MAKE A REPORT. I WAS ADVISED BY MY WORKSHOP TO LODGE A TRAFFIC ACCIDENT REPORT AT TPHD. THAT'S ALL.

Police Report



SINGAPORE
POLICE FORCE

REPORT NO. 1-2020-11-12-14

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 2 SINGAPORE 408585

Tel No: 65470000

Report No. 1-2020-11-12-14

CONTINUATION OF REPORT