ASS. REC. BY: Tayfah | REF: AIG.

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. _____

Claims No. _____

Sum Insured: _____ Excess: Nil

(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: 95K.

IDAC Accident Rport: _____ 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 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SCU1680J Yr Regn: 2015, Jan.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Audi A3 c.c 1395

Colour Grey. A/C: Insured / Std / NI / NA

Sp.Reading 107321 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ8V2F1044146.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 205/55R16 91V

R: 205/55R16 91V

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6. mm	L/Bal.	6 mm
D.O.A.		D.O.I.	03/11/20

Survey held at Premium Benoi

Des. 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

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Survey Fee:

Transportation: _____ $ + RS. _____ SI

Photos

Others

Rep. Format : _____

Lump Sum / U.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	:	CZC 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)

PREMIUM AUTOMOBILES

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

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SCU 1680 J

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	plus. ✓
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	2500.
5	TO RESPRAY REAR BUMPER, REAR LID, HINGES, REAR END PANELLING AND SPARE WHEEL HOUSING.		$	3,800.00	2200.
6	TO RENEW REAR EXHAUST SILENCER AND ALIGN TO POSITION.	S/N	$	480.00	?
7	TO CARRY OUT DIAGNOSTIC CHECK.	S/N	$	192.00	✓
	TOTAL LABOUR CHARGES		:	**$ 9,712.00**	

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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 1680 J

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

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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 S/NETT	REMARKS
21	REAR LID LOCK STRIKER		$	49.00	?
22	REAR LID LOCK		$	184.00	?
23	REAR LID PUSH BUTTON		$	172.00	X
24	REAR LID COVER		$	16.00	X
25	PACKING ADHESIVE		$	18.00	nil
26	AUDI EMBLEM		$	122.00	nil
27	A3 INSCRIPTION		$	95.00	nil
28	TFSI INSCRIPTION		$	95.00	nil
29	REAR CROSS PANEL		$	356.00	bt — photo.
30	CROSS PANEL REINFORCEMENT		$	725.00	? photo.
31	CROSS PANEL CONNECTING PLATE - LH/RH	2	$	286.00	? photo.
32	REAR CROSS PANEL TRIM		$	153.00	del 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	?
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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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 S/NETT		REMARKS
41	STONE CHIP	S/N	$	180.00	NEL
42	CAVITY WAX	S/N	$	140.00	NEL
43	ACRYLIC SEALANT	S/N	$	180.00	NEL
44	SUNDRIES		$	300.00	?
	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 APROVED
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

Taufik 97495749
8/10/20 @ 350pm
Not Authorise
Exc: to be advise.
Resurvey before paint
Taufik C Mechanic Town 08 days

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

PA120095669 / Premium Automobiles Pte Ltd - UBI
NTRY DATE & TIME: 30/10/2020 18:32
UBMITTED BY: Muhammad Nursyafiq Bin MD Nazri

SINGAPORE ACCIDENT STATEMENT

MPORTANT 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 witholding of material facts may allow insurance companies to epudiate 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 rchiving 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 foresaid.

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 me of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f 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	479230
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
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?	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

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.**

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 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 and/or GIA ("**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 any 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 corresponding to any enquiries by me;

(iv) administering my claims (including the sending of correspondence, statements, invoices, reports or notices 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 documents);

(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 the accident and the Insurers' lawyers/law firms, may/are entitled 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 and to the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), whether in Singapore or 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 cases;

(e) the information so collected under (d) above may be disclosed:

(i) to all insurers and/or any other third parties that are evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government matters which is reasonably required for the purposes stated; or

(ii) for complying with requirements under any legal requirements, laws or court orders.

Policyholder's Signature
Date & Time 20/10/2012 5:15pm

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

Reporting Centre Personnel's Signature
Name Lim Kee Siang
NRIC/FIN No S6557169E

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature
Date & Time 30/[illegible]2021
6:18p.m.

Driver's Signature
(If driver is not [illegible])
Date & Time

Reporting Centre Personnel's Signature
Name Lim Eng Seng
NRIC/FIN No [illegible]569

POLICE FORCE

Police Station Or Org:
Traffic Police
10 Ubi Avenue 3 S'NGAPORE 408865
Tel No: 65470000

Report No: [illegible]

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vehicle Involved No.	Station Diary No.
30/10/2023 17:16		

Informant's Particulars

Name of Informant:	Address:
WONG CHEE SENG	[illegible] BEDOK RESERVOIR VIEW #12-31 [illegible] CLEAR WATER SINGAPORE 479239
ID Type / ID No.: NRIC NO / S2598319Z	Contact No.: Home No.: Mobile: 91891308
Nationality: MALAYSIAN	Email:
Sex: Male / Age: 65 / Date of Birth: 14/06/1958	Type of Informant: Driver
Race: Chinese	Language: English / Institution / School Name:
Occupation: Polytechnic lecturer	Driving Licence Information: Class: 3 / Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Cause:	Date/Time of Accident:	Type of Location:
Non-Injury Others	Driver No	30/10/2023 13:10	X-Junction

Location:

MARYMOUNT ROAD

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Dual Carriage Way	Traffic Light - Working	Moderate
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Rear		No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Colour	Condition	No of Passenger
SDU1680J	Car	AUDI	A6 S6 S6A 3.0 TFSI AVANT TE	Grey		0
SKL7753X	PRIVATE AMBULANCE	NISSAN	URVAN MICROBUS HIGH ROOF 2.4 A AT ABS	Silver		6

Police Report

SINGAPORE POLICE FORCE

Police Station (Origin)
Traffic Police
10 Jln Besar, SINGAPORE 208787
Tel No: 63470000

Report No: [illegible]

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCU1683C	A G ASIA PACIFIC INSURANCE PTE LTD	2100400305-05	26/01/2020	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.	S2098319Z
Related Vehicle	SCU1683C (Car)	Contact No	81691006
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 RASHEED	ID No.	S9145315F
Related Vehicle	SKL793X (PRIVATE AMBULANCE)	Contact No	96520940
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 TPHQ. THAT'S ALL.

Police Report

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 2 S'NGAPORE 408565
Tel No: 65470000

Report No.: [illegible]

CONTINUATION OF REPORT