



# 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.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission	14/03/2022 12:30 (SGT)
Date of Accident	13/03/2022 20:46 (SGT)
Exact Location of Accident	Near Opp St. Thomas Wk, Singapore
Additional Location Information	RIVER VALLEY ROAD NEAR JALAN KUALA TRAFFIC LIGHT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD4799Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YULIANTO JOE
NRIC No	SXXXX020E
Email Address	YULIANTO.JOE@GMAIL.COM
Mobile Phone No	(Phone) +65-94880503
Alternative Phone No	+65-94880503

## VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q5
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1984

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800140275-02
Cover Note Number	-

## DRIVER

Name of Driver	YULIANTO JOE
NRIC No	SXXXX020E

Date Of Birth 30/01/1976  
 Occupation Indoor  
 Date Of Driving Pass 11/03/2005  
 Driving experience 17 YEARS  
 Gender Male  
 Mobile Number (Phone) +65-94880503  
 Alt. Phone Number +65-94880503  
 Email Address YULIANTO.JOE@GMAIL.COM  
 Address BLK 471 RIVER VALLEY ROAD  
 Address complement #03-40 RIVER VALLEY RESIDENCE  
 Postcode 248356  
 Is the driver the policyholder? Yes  
 If No, Relationship of the Driver with the Insured -  
 Does Driver Own Other Vehicles? No  
 Vehicle Registration Number of Other Vehicle Owned by Driver -  
 Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Hit and run / Vandalism / Damaged whilst parked  
 Weather Conditions Clear  
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No  
 Number of vehicles involved in the accident 2  
 Was anybody injured in the Accident? No  
 Was any injured conveyed to hospital by ambulance? -  
 Was any other vehicle or property damaged? Yes  
 Number of Passengers (Including Driver) 3  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name WONG HUI LING  
 Gender Female

PASSENGER 2

Name MEGAN KATHERINA JOE  
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes  
 Police Station Name Traffic Police  
 Police Station Phone No (Phone) +65-65470000  
 Alt. Police Station Phone No (Fax) +65-65474900  
 Police Station Address 10 Ubi Avenue 3 Singapore 408865  
 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? Yes  
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... EU380H  
Vehicle Manufacturer ..... Mercedes  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... Brown  
Vehicle Category ..... Private car  
Name of Driver .....  
Contact Number .....  
Address .....  
Address complement .....  
Postcode .....  
Insurance Company Name .....  
Nature Of Damage .....  
Details of property damaged in accident .....  
No. Of Passenger (Including Driver) .....

*[Faint, illegible text from the reverse side of the page is visible through the paper.]*



**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
 14 MAR 2022  
 10:00 AM

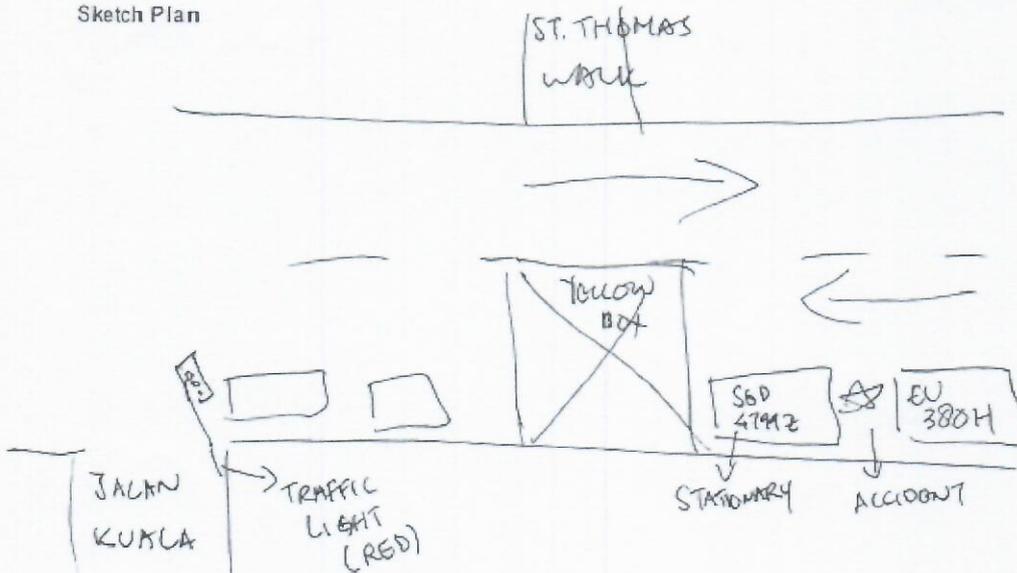


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**





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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2022 23:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YULIANTO JOE			Address: 471 RIVER VALLEY ROAD #03-40 SINGAPORE 248356		
ID Type / ID No.: NRIC NO / S7679020E			Contact No.: Home/Office: Mobile: 94880503		
Nationality: SINGAPORE CITIZEN			Email: YULIANTO.JOE@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 30/01/1976	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Computer engineer			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/03/2022 20:45	Type of Location: Straight Road
Location:  RIVER VALLEY ROAD				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 5 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
EU380H	Car	MERCEDES BENZ	Unknown	Brown		2
SGD4799Z	Car	AUDI	Q5 SPORT 2.0 TFSI QU S TRONIC	Blue	Slightly Damaged	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220313/7024

T/20220313/7024

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

Police Station Of Origin: 2 of 4  
Report No: T/20220313/7024  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

**REPORT OF A TRAFFIC ACCIDENT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EU380H		NA		
SGD4799Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800140275-02	27/11/2021	26/11/2022

**Details of Person Involved**

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA

**Driver**

Name	YULIANTO JOE	ID No.	S7679020E
Related Vehicle	SGD4799Z (Car)	Contact No.	94880503
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Passenger**

Name	MEGAN KATHERINA JOE	ID No.	T1540827D
Related Vehicle	SGD4799Z (Car)	Contact No.	94880503
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Passenger**

Name	WONG HUILING	ID No.	S8435490B
Related Vehicle	SGD4799Z (Car)	Contact No.	91911448
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



SINGAPORE  
POLICE FORCE



T/20220313/7024

Station Of Origin: Police Station Of Origin:

3 of 4

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

REPORT OF A TRAFFIC ACCIDENT

Brief Details.

My car (SGD4799Z) was in stationary as it was red light, suddenly car (EU380H) came and bang my rear side of the car. The driver was an old uncle and there was an old auntie beside him. I tried to call him to stop but he just drove away.

The accident happened at the traffic light at River Valley Road near Jalan Kuala.

I have the whole accident recorded in the car video, I have uploaded them here :

[https://1drv.ms/u/s!Alsv1800CJFrgdQvtH6ZXz\\_AfzQkIA?e=vKpf5z](https://1drv.ms/u/s!Alsv1800CJFrgdQvtH6ZXz_AfzQkIA?e=vKpf5z)

Please email me at [yulianto.joe@gmail.com](mailto:yulianto.joe@gmail.com) if you have issue with the video.



**SINGAPORE  
POLICE FORCE**



T/20220313/7024

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

4 of 4

Report No. T/20220313/7024

CONTINUATION OF REPORT

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
13/03/2022 23:08

Classification Of Case:

ETRA - Order Form ETRA - Order Form  
**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/TP/0188/2022/JT  
DATE : 14-Mar-22  
WIP : 15523

**VEHICLE NOT IN WORKSHOP. KINDLY ARRANGE SURVEY 18/3/22**

**YOUR INSURED VEH NO : EU 380 H**

**AIG ASIA PACIFIC INSURANCE PTE LTD**

78 SHENTON WAY

#07-16 AIG BUILDING

SINGAPORE 079120

Attn: Motor Claims Dept

**Tel: 6880 4602 - Fax: 6880 4838**

OWNER'S NAME : MR YULIANTO JOE  
ADDRESS : 471 RIVER VALLEY ROAD  
#03-40 RIVER VALLEY RESIDENCE  
SINGAPORE 248356  
TELEPHONE : HP +65 94880503  
TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 1800140275-02  
VEHICLE NO : SGD 4799 Z  
MODEL CODE : AUDI Q5 SPORT 2.0 TFSI QU  
MODEL YEAR : 27/11/2018  
ENGINE NO : DAX 046753  
CHASSIS NO : WAUZZZF8J2240513  
MILEAGE : -  
DATE IN : -  
ESTIMATED BY : JOHNNY BOO / ALLAN WU  
ACCIDENT DATE : 13-Mar-22  
PLACE OF ACCIDENT : RIVER VALLEY ROAD NEAR JALAN  
KUALA ROAD

ETKA - Order Form TBA - Order Form



Audi



ETKA - Order Form



PREMIUM AUTO

85 UBI ROAD 1, SINGAPORE 408699  
TEL: 6366 2323 FAX: 6841 1183

SGD4799Z

85 UBI ROAD 1, SINGAPORE 408699  
TEL: 6366 2323 FAX: 6841 1183

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SGD 4799 Z

Customer No.:

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE AND RENEW REAR PARKING AID AND REAR LID KICK SENSOR.	S/N \$ 360.00	✓
2	TO DISMANTLE AND RENEW REAR BUMPER. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PART REMOVED.	\$ <del>1,200.00</del>	500
3	TO RESPRAY REAR UPPER BUMPER, REAR LOWER BUMPER AND BOTH REAR WHEEL ARCH TRIMS.	\$ 2,500.00	550 x 2 = 1100 Wheel Arch = 200 x 2 = 400
4	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	✓
<b>TOTAL LABOUR CHARGES</b>		<b>: \$ 4,252.00</b>	



55 UBI ROAD 1, SINGAPORE 408699  
 TEL : 6366 2323 FAX : 6841 1183  
 EMAIL : NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

**MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SGD 4799 Z**

			DAMAGED PARTS & PRICES		
S/N	PARTS DESCRIPTION	QTY	S/NETT	REMARKS	
1	REAR BUMPER <i>Keyis</i>	1	\$ 2,030.00	X.	
2	REAR BUMPER LOWER COVER <i>Deland</i>	1	\$ 1,330.00	✓	
3	REAR BUMPER SPOILER <i>Deland</i>	1	\$ 966.00	✓	
4	REAR BUMPER TOWING EYE COVER - LH / RH <i>Ne m</i>	2	\$ 87.00	X	
5	REAR BUMPER CLOSING ELEMENT - LH / RH <i>Ne m</i>	2	\$ 216.00	X	
6	REAR BUMPER CHORME TRIM - LH / RH <i>Ne m</i>	2	\$ 530.00	✓	
7	TAIL LIGHT - LH / RH <i>Ne m</i>	2	\$ 1,558.00	X.	
8	REAR BUMPER REINFORCMENT BEAM <i>Ne m</i>	1	\$ 1,043.00	X.	
9	REAR BUMPER HOLDING STRAP <i>Ne m</i>	1	\$ 189.00	X	
10	REAR PARKING AID SENSOR <i>Ne m</i>	2	\$ 530.00	X.	
11	REAR PARKING AID SENSOR SEAL RING <i>Ne m</i>	4	\$ 10.00	X	
12	REAR WHEEL ARCH COVER - LH / RH <i>Ne m</i>	2	\$ 1,230.00	✓	
13	SUNDRIES <i>?</i>		\$ 250.00	?	
<b>TOTAL SPARE PARTS</b>		<b>:</b>	<b>\$ 9,969.00</b>		
<b>TOTAL LABOUR CHARGES</b>		<b>:</b>	<b>\$ 4,252.00</b>		
<b>GRAND TOTAL</b>		<b>:</b>	<b>\$ 14,221.00</b>		

ALL CHARGES ARE NOT INCLUSIVE OF GST  
 LEGEND: REMARKS (OK) = APPROVED, REMARKS (X) = NOT APPROVED  
 SPARE PARTS ARE SPECIAL NETT.

55 UBI ROAD 1, SINGAPORE 408699 TEL: 6366 2223 FAX: 6841 1183  
 EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG  
 SGD4799Z

NAME : *Adrian Ng*  
 SURVEYED DATE : *18/03/22*  
 AUTHORISED DATE :  
 EXCESS COST :  
 LIABILITY :  
 REMARKS : *Not Authorized, 03 Days.*

PLEASE NOTE : THIS ESTIMATE IS BASED ON VISUAL INSPECTION OF THE AFFECTED VEHICLE. SHOULD WE REQUIRE FURTHER LABOUR 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 / 6768 9911 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