

## 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: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Report: \_\_\_\_\_ 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: SNA 9612D Yr Regn: 26/7/21  
 Type: ☒ M. Car / ☐ M. Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Audi Q3 c.c. 1395  
 Colour: Grey A/C: ☐ Insured / ☐ Std / ☐ NI / ☐ NA  
 Sp. Reading: 18064 T/Radio: ☐ Insured / ☐ Std / ☐ NI / ☐ NA  
 Eng/No: \_\_\_\_\_  
 C/No: WAV 222F39M1120248  
 Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt  
 Steering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
 Brake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or  
 Modl: ☐ Nil / ☐ S/Rim / ☐ STD A/Rim or  
 Tyre Size: F: 215/65R17  
 R: "  
 BS / ☐ DUN / ☐ EXNOVA / ☐ GY / ☐ FS / ☐ LIZA / ☐ MIC / ☐ OHTSU / ☐ PIR / ☐ SUMI /  
 TOYO / YOKO or Palken  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 5 mm R/Bal. 5 mm  
 L/Bal. 5 mm L/Bal. 5 mm  
 D.O.A. 13/8/22 Premium D.O.I. 16/8/22  
 Survey held at \_\_\_\_\_  
 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

MV-182K

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / I.B.F. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

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

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL



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/0701/2022/EQ  
 DATE : 16-Aug-22  
 WIP : 37551

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 16/08/2022

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 : MS TAI YIN LENG  
 ADDRESS : BLK 143 PASIR RIS GROVE  
 #10-60  
 SINGAPORE 518136  
 TELEPHONE : HP +65 97327446  
 TYPE OF CLAIM : OWN DAMAGE CLAIM  
 POLICY NO : 7210078477-01  
 VEHICLE NO : SNA 9612 D  
 MODEL CODE : Q3 1.4 TFSI S TRONIC  
 MODEL YEAR : 26/7/2021  
 ENGINE NO : CZD C40462  
 CHASSIS NO : WAUZZZF39M1120248  
 MILEAGE : -  
 DATE IN : -  
 ESTIMATED BY : JOHNNY BOO / ALLAN WU  
 ACCIDENT DATE : 13-Aug-22  
 PLACE OF ACCIDENT : STILL ROAD S

# PREMIUM AUTOMOBILES

55 UBI ROAD 1, SINGAPORE 408699  
 TEL: 6366 2323 FAX: 6841 1183  
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## ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 9612 D

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORNS, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00 /	
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 400.00 ?	
3	TO REMOVE AND REINSTALL AIRCON CONDENSER, CHARGE AIR COOLER AND RADIATOR. CHECK ELECTRICAL FANS AND CONTROL UNIT. PRESSURISE COOLING SYSTEM.	S/N \$ 1,600.00 ?	
4	TO CARRY OUT VACUUM AND REGAS FOR R1234.	S/N \$ 1,200.00 ?	
5	TO DISMANTLE AND RENEW FRONT BUMPER, RHS FRONT FENDER AND RHS HEADLIGHT. TO RENEW FRONT LOCK CARRIER AND ALIGN TO POSITION. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 4,800.00 1000	
TOTAL LABOUR CHARGES		: \$ <u>8,480.00</u>	



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## ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNA 9612 D

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO RESPRAY FRONT BUMPER AND RHS FRONT FENDER.	\$ 2,500.00	11/99
7	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	/
TOTAL LABOUR CHARGES		: \$ 11,172.00	

# PREMIUM AUTOMOBILES



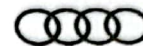
55 UBI ROAD 1, SINGAPORE 408699  
TEL : 6366 2323 FAX : 6841 1183  
EMAIL: NORA.KHAI@PREMIUMAUTO.COM.SG / CLAIMS@PREMIUMAUTO.COM.SG

## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 9612 D

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	FRONT BUMPER (RH) / BR	1	\$	1,073.00	
2	FRONT BUMPER CONNECTING PIECE ?	1	\$	162.00	
3	FRONT BUMPER CLOSING ELEMENT - RH ?	1	\$	66.00	
4	FRONT BUMPER GRILLE - CENTER / BR	1	\$	242.00	
5	FRONT BUMPER LOWER GRILLE COVER X	1	\$	58.00	
6	FRONT BUMPER GRILLE - RH / BR ?	1	\$	124.00	
7	FRONT BUMPER CLOSING ELEMENT	1	\$	212.00	
8	FRONT BUMPER SPOILER ?	1	\$	426.00	
9	AIR GUIDE GRILLE - RH / MIS	1	\$	171.00	
10	RADIATOR GRILLE / BR	1	\$	1,594.00	
11	FRONT STRIKER PLATE / BR	1	\$	271.00	
12	FRONT S-LINE EMBLEM ?	1	\$	47.00	
13	FRONT "360" CAMERA COVER CAP / BR	1	\$	46.00	
14	FRONT "360" CAMERA BRACKET ?	1	\$	37.00	
15	FRONT "360" CAMERA ?	1	\$	1,264.00	
16	FRONT FOAM FILLER PIECE ?	1	\$	114.00	
17	FRONT BUMPER CARRIER ?	1	\$	974.00	
18	FRONT BUMPER GUIDE SECTION - RH ?	1	\$	43.00	
19	FRONT BUMPER TOP COVER / BR	1	\$	137.00	
20	CAUTION SIGN STICKER / BR	1	\$	16.00	
SUB TOTAL SPARE PARTS			:	\$	7,077.00

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

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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 9612 D

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
21	AIR CONDITIONER STICKER / MC	1	\$	9.00	
22	FRONT PARKING AID SENSOR ?	3	\$	797.00	
23	FRONT PARKING AID SEAL RING / MC	4	\$	10.00	
24	FRONT BUMPER WIRING SET ?	1	\$	750.00	
25	FRONT FENDER - RH / DD	1	\$	1,445.00	
26	FRONT FENDER ATTACHMENT PARTS x	1	\$	66.00	
27	FRONT FENDER BRACE - RH ?	1	\$	98.00	
28	FRONT FENDER BRACKET - RH ?	1	\$	39.00	
29	FRONT FENDER CLOSING ELEMENT - RH ?	1	\$	37.00	
30	HEADLIGHT MOUNTING - LH / RH ? - JR	2	\$	264.00	
31	HEADLIGHT - RH ?	1	\$	5,952.00	
32	HEADLIGHT HOSE - RH ?	1	\$	28.00	
33	LIFT CYLINDER - RH / BR	1	\$	231.00	
34	LIFT CYLINDER HOSE ?	1	\$	92.00	
35	LOCK CARRIER ?	1	\$	1,412.00	
36	OUTSIDE TEMPERATURE SENSOR HOLDER ?	1	\$	9.00	
37	RADIATOR COOLANT ?	6	\$	297.00	
38	AIR GUIDE - LH / RH ?	2	\$	86.00	
39	AIR GUIDE - UPPER / LOWER ?	2	\$	96.00	
40	FRONT WHEEL HOUSING LINER - RH ?	1	\$	260.00	
SUB TOTAL SPARE PARTS			:	\$	11,978.00

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## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNA 9612 D

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
41	FRONT FENDER COVER - RH X	1	\$	18.00	
42	FRONT WHEEL ARCH COVER - LH / RH ✓ MC	(2)	\$	566.00	
43	FRONT NO PLATE ✓ BT	S/N	\$	60.00	
44	SUNDRIES ?		\$	400.00	
TOTAL SPARE PARTS			:	\$ 20,099.00	
TOTAL LABOUR CHARGES			:	\$ 11,172.00	
GRAND TOTAL			:	\$ 31,271.00	

ALL CHARGES ARE NOT INCLUSIVE OF GST  
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 SPARE PARTS ARE SPECIAL NETT.

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

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

Steve CLKK)  
16/8/22, 3:30PM

OP-M AL  
EXPIR. ?  
P/P  
W BL Y  
S ds

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



## 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 Actual 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 ..... 13/08/2022 18:44 (SGT)  
Reported by ..... Both  
Date of Accident ..... 13/08/2022 11:20 (SGT)  
Exact Location of Accident ..... Still Rd S, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA9612D  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... TAI YIN LENG (DAI YAN LING)  
NRIC No ..... SXXXX079D  
Email Address ..... JANICETAI@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97327446  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... Q3  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1400

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7210078477-01

### DRIVER

Name of Driver ..... TAI YIN LENG (DAI YAN LING)  
NRIC No ..... SXXXX079D  
Date Of Birth ..... 16/07/1979  
Occupation ..... Indoor

Date Of Driving Pass .....  
Driving experience .....  
Gender .....  
Mobile Number .....  
Alt. Phone Number .....  
Email Address .....  
Address .....  
Address complement .....  
Postcode .....  
Is the driver the policyholder? .....  
If No, Relationship of the Driver with the Insured .....  
Does Driver Own Other Vehicles? .....  
Vehicle Registration Number of Other Vehicle Owned by Driver .....  
Insurance Company of Other Vehicle Owned by Driver .....

13/10/2004  
17 YEARS AND 10 MONTHS  
Female  
(Phone) +65-97327446  
-  
JANICETAI@HOTMAIL.COM  
BLK 143 PASIR RIS GROVE  
#10-60  
518136  
Yes  
-  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Chain Collision  
Raining  
Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....  
Number of vehicles involved in the accident .....  
Was anybody injured in the Accident? .....  
Was any injured conveyed to hospital by ambulance? .....  
Was any other vehicle or property damaged? .....  
Number of Passengers (Including Driver) .....  
Has the driver been approached by unknown person(s) .....  
soliciting/offering accident claims assistance? .....  
Translator's name .....  
Translator's ID .....  
Translator's phone number .....  
Translator's email .....  
Original language used in the statement .....

No  
3  
Yes  
Yes  
Yes  
3  
No  
-  
-  
-  
-

#### PASSENGER 1

Name .....  
Gender .....

CAYDEN YEO  
Male

#### PASSENGER 2

Name .....  
Gender .....

ETHAN YEO  
Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....  
Police Station Name .....  
Police Station Phone No .....  
Alt. Police Station Phone No .....  
Police Station Address .....  
Was notice of intended Prosecution given? .....  
If yes, against whom? .....

Yes  
Marine Parade Neighbourhood Police Centre  
(Phone) +65-18004428999  
(Fax) +65-62447678  
300 Marine Parade Road Singapore 449296  
No  
-


#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE BELOW SKETCH PLAN & POLICE REPORT (NO. T20220813/2040)

#### ATTACHMENT(S)

Are accident photos available for attachment? .....  
Was there any video captured by Car Camera? .....

Yes  
Yes

 Accident report SP14228D0002



# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH2571C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Motorcycle
Vehicle Category	RODERICK
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	1
No. Of Passenger (Including Driver)	1

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGJ9290J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Private car
Vehicle Category	MRS HO
Name of Driver	(Phone) +65-91197075
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	RODERICK
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH2571C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

# 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 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

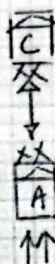
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*  
13/8/22  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



A - SNA1012D

Δ - FBH25HK

C - SG07290

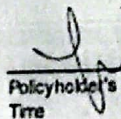


Describe Circumstances of the Accident


Please refer to the below sketch plan & police report (T/20120813/2040)

Declaration

We declare the foregoing particulars are true in every respect.

 13/8/20  
Policyholder's Signature / Date & Time

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20220813/2040

1 of 4

Report No. T/20220813/2040

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2022 14:05		Vide Report No.: G/20220813/0108		Station Diary No.: 30	
<b>Informant's Particulars</b>					
Name of Informant: TAI YIN LENG			Address: BLK 143 PASIR RIS GROVE #10-60 SINGAPORE 518136		
ID Type / ID No.: NRIC NO / S7920079D			Contact No.: Home/Office: Mobile: 97327446		
Nationality: SINGAPORE CITIZEN			Email: janicetai@hotmail.com		
Sex: Female	Age: 43	Date of Birth: 16/07/1979	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: HR MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/08/2022 11:20	Type of Location: Flyover
Location:  STILL ROAD SOUTH				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH257K	Motorcycle				Seriously Damaged	0
SGJ9290J	Car				Seriously Damaged	2
SNA9612D	Car	AUDI	Q3 1.4 TFSI S TRONIC (17")	Grey	Seriously Damaged	2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999



T/20220813/2040

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Report No. T/20220813/2040

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SNA9612D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210078477-01	26/07/2022	25/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RODERICK	ID No.	NIL
Related Vehicle	FBH257K (Motorcycle)	Contact No.	NIL
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	Serious
Driver			
Name	MRS HO	ID No.	NIL
Related Vehicle	SGJ9290J (Car)	Contact No.	91197075
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	TAI YIN LENG	ID No.	S7920079D
Related Vehicle	SNA9612D (Car)	Contact No.	97327446
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20220813/2040

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20220813/2040

**CONTINUATION OF REPORT**

**Brief Details.**

On 13/08/2022 at about 1120hrs, I was driving my vehicle bearing the plate number (SNA9612D) along Still Road South towards Marine Parade Road. Subsequently, a motorcycle bearing the plate number (FBH2571C) in front of me had collided into the vehicle bearing the plate number (SGJ9290J) as it had jam break. Upon seeing it, I tried to jam break however could not stop in time hence hitting the rear of the motorcycle while the rider was underneath the motorcycle due to the first collision.

I stepped out of the vehicle and made a check. Subsequently I called for the ambulance and the other driver assisted to call for the police. Traffic police came to the scene. I managed to obtain the particulars for all the parties. The rider was then conveyed to the hospital.

I wish to state that I have the in car dash camera footage.