



**Letter of Claims**  
**Request of direct settlement.**

We are submitting a claim on behalf of our customer Ye Shengwei  
NRIC 88629863E insured of vehicle SLU6860S against  
your insured vehicle number SLB 3483S. ( A16. )  
On the accident dated on 23/5/18 (ddmmmyyy) along Bukit Timah  
Rd Att Trans. Rd.

Dated this 30 (day) of 5 (month) 20 18.



Volkswagen Group Singapore  
1 Kampong Ampat  
Singapore 368314  
DID: 69223502  
HP: 93867833  
[shushi.tang@vw.com.sg](mailto:shushi.tang@vw.com.sg)

**PDI TUAS**

PDI TUAS

YE SHENGWEI  
486 JURONG WEST AVENUE 1  
#08-121  
Singapore, 640486  
Singapore

Phone No.  
Fax No.  
E-Mail

VAT Registration No. M20098505-2  
Tax No. 199101494Z

**Service Quote**

Customer No. CV039904  
Quote No. SER/QUO/1800875  
QuoteDate 30/05/18  
Salesperson  
Page 1

**THIS IS NOT AN OFFICIAL TAX INVOICE**

Make	Model Description	Mileage	Service Advisor
Volkswagen Passeng	Touran 6 1.6 TDI (DSG7) BMT	72,016	Ong Germaine
License No.	VIN	Initial Registration	Sales Advisor
SLU6860S	WVGZZZ1TZFW011818	02/01/15	
Engine Code	Labor Type	Engine No.	Model Code
	1N	CAY AF9592	1T332Z

No.	Description	Qty.	UoM	Unit Price	Amount
P B&P MACP LABOUR	LABOUR	3	UNIT		2,520.00
P B&P MACP PAINT	SPRAY PAINT	3	UNIT		2,400.00
P B&P DIAG	PROGRAMMING & CALIBRATION	1	Time Un		480.00
	COMPULSORY TO DO AFTER AC				
P B&P MECH	CHECK WIRE HARNESS, ECU, S	1	Time Un		280.00
	Nett				
	<b>Sum Labor</b>				<b>5,680.00</b>
P 1T0807305D	REAR REINFORCEMENT	1	Pieces		560.31
P 1T0807421K GRU	REAR BUMPER	1	Pieces		1,329.72
P 1T0807521H GRU	SPOILER	1	Pieces		520.07
P 1T0807863D	CENTRE BRACKET	1	Pieces		63.27
	<b>Sum Item</b>				<b>2,473.37</b>

<b>Sum Labor</b>	<b>5,680.00</b>
<b>Sum Item</b>	<b>2,473.37</b>

<b>Total</b>	<b>SGD</b>	<b>8,153.37</b>	<b>8,153.37</b>
7% GST		570.74	
<b>Total SGD Incl. GST</b>			<b>8,724.11</b>

**Explanations**

P = Proportionately Charged

**Payment Terms** No Credit

Payments to: - BBN: - Acc.-No.:

## 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 ability.
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 Report	25/05/2018 01:07
Date Of Accident	23/05/2018 19:40
Exact Location Of Accident	BUKIT TIMAH ROAD AFTER EVANS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6860S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YE SHENGWEI
NRIC No	S8629863E
Email Address	YEWEI817@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97500498
Alternative Phone No	OTHERS-97500498

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097037365
Cover Note Number	

### Driver

Name of Driver	YE SHENGWEI
NRIC No	S8629863E
Date Of Birth	23/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97500498
Fax Number	
Contact Number	OTHERS-97500498
EEmail Address	YEWEI817@HOTMAIL.COM

Address	BLK 486 #08-121 JURONG WEST AVENUE 1
Postcode	640486
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : PIER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	EMAIL TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB3483S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL
NRIC/Passport Number	
Contact Number	94882123

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

YE SHENGWEI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLU6860S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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 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 (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.
- (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 and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, 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: 24/08/2018

16:52

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Mohd Yusoff

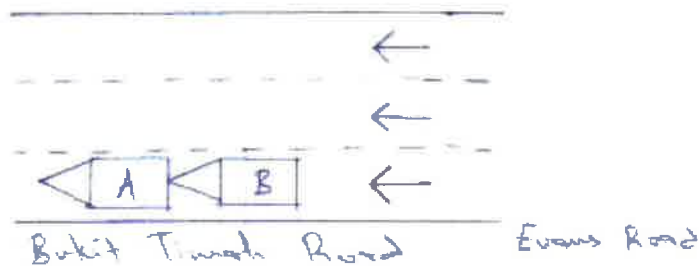
NRIC/FIN No: S87039420

## Sketch Plan #2

### SKETCH PLAN

A - SLUG8605

B - SLB34835



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic was stationary and so was I. When vehicles started to move, so did I. Suddenly front vehicle braked and so did I. SLB34835 who was behind me suddenly collided to the rear of my vehicle.

### DECLARATION

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

Policyholder's Signature

Date & Time: 24/05/2018 10:50

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Melia Yoon

NRIC/FIN No.: S89079920

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Jurong West N.P.O.  
700 Corporation Road SINGAPORE 646618  
Tel No: 1800-2689009

Report No: T05782241200

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2016 13:21

Video Report No.

Station Diary No  
31

## Informant's Particulars

Name of Informant: YE SHENGWEI  
Address: APT BLK 480 JURONG WEST AVENUE 1 806-121  
SINGAPORE 640885

ID Type / ID No: NRIC NO / S8828863E  
Contact No: Home/Office: Mobile: 97500458

Nationality: SINGAPORE CITIZEN  
Email:

Sex: Male Age: 31 Date of Birth: 23/09/1986  
Type of Informant: Driver

Race: Chinese Language: Institution / School Name:

Occupation: PRIVATE HIRE DRIVER  
Driving Licence Information: Class: 3 Date of Expiry:

## General Information of the Accident

Type of Accident: Non-Injury Others: Drink Drive: No Date/Time of Accident: 23/05/2016 19:40 Type of Location: Straight Road

Location:  
Along Road 1  
BUKIT TIMAH ROAD

After Evans Road  
Weather: Road Surface: Wet Road Speed Limit:

Dribbling  
Traffic Flow: Traffic Control: Heavy Traffic Volume

One Way  
Type of Collision: Anyone conveyed by ambulance: No  
Between Moving Vehicles - Head To Rear

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB34835	Car				Slightly Damaged	0
SLU58905	Car	VOLKSWAGEN	TOURAN 1.8 TDI AT	Black	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Jooong West N.P.O.  
700 Cantonment Road SINGAPORE 244618  
Tel No: 7346 2555/5500



Date:  
Printed On: 11/01/2019

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Policy No.
SLU6602S	NTUC Income Insurance Co-Operative Limited	9287201206	040102018
Expiry Date: 02/01/2019			

Details of Person Involved			
Accident Pedestrian Involvement			
No. of Pedestrians Involved: Nil			
List of Pedestrian Crossing: Nil			
Driver			
Name	YE SHENGWEI	ID No.	596205532
Related Vehicle	Nil	Contact No.	97500998
Hospital/Clinic	Nil	Class of Driving Licence & Expiry Date	Class: J Date of Expiry: Nil
Date Treatment	Nil	Date Discharge	Nil
No. of Days granted Medical Leave	Nil	Degree of Injury	Nil
Driver			
Name	Michael	ID No.	Nil
Related Vehicle	Nil	Contact No.	94882133
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 23/09/2018, at around 1140hrs while I was driving a passenger (namely Piers HP 93851203) on my vehicle, a Volkswagen Touran (SLU6602S) at the 3rd lane of Bukit Timah Road after Evans Road. As the traffic flow was heavy, my car was in a go stop motion. Then while I was moving forward, I felt a bang at the rear of my vehicle. I then came down and talked to the driver, namely Michael HP 94882133 who was the driver of the collided vehicle, Mercedes (SLB3461S). We both agreed to make a claim on both our own side. I have an in car camera to prove the incident. Piers said that he was fine but I informed Grab about the incident and also request them to take note of him.

# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Jongling Road S.P.C.  
100 Corporation Road SINGAPORE 649112  
Tel No: 1000-0333333



10018048088

3 OF 3

Report No: 11210002470001

## 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

By Staff Sg. MICHAEL PHILLIPS, SP4-POL  
100001

Signature Of Interpreter

Not applicable

Signature Of Informant

Date/Time

24/05/2018 13:21

Officer In Charge Of Case

TF / DIA /

Staff Sg. TANG SIEW PING

Contact No: 65479430

Classification Of Case

Authentication Stamp

Unit

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8629863E



Name

YE SHENGWEI

葉聖煒

Race  
CHINESE

Date of birth  
23-09-1986

Sex  
M

S8629863E

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8629863E

Name

YE SHENGWEI

Birth Date: 23 Sep 1986

Issue Date: 06 Jul 2011



001980242C



NRIC No. S8629863E



Date of issue

17-07-2017

Address

APT BLK 486 JURONG WEST AVENUE 1  
#08-121  
SINGAPORE 640486

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

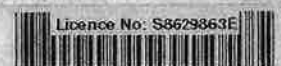
EFFECTIVE DATE

Class 2B Motorcycles <= 200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

19 Sep 2005  
20 Jan 2009  
30 Apr 2013

S8629863E

S / No. 9000171384



Licence No: S8629863E

NP 428A