

ASS. REC. BY: Steve

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: \_\_\_\_\_

(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

Lump Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SNB1570M Yr Reg: 39/7/21Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Finance Motor /

Truck / Trailer or

Make: Audi Q3 c.c. 1395Colour: Grey A/C: Insured / Std / Nil / NASp. Reading: 13036 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: W44222P39M1146798Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/65R17R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Falken

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 26/3/22 D.O.I. 30/3/22Survey held at Premium

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Front LH

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

MV-185X

Date/Time, File Pass to?

☐ : Preli. Report

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

Date/Time, File Return to?

☐ : Final Report

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

Date/Time, File Return to?

Report Form:

Lump Sum / L.B.F. (%) \_\_\_\_\_

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

Survey Fee:

Transportation:

\$ + RS. \$ \_\_\_\_\_

Photos

Others

TOTAL

# 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/0242/2022/JT  
DATE : 29-Mar-22  
WIP : 17307

VEHICLE IN WORKSHOP. KINDLY ARRANGE FOR SURVEY ON 29/3/22

## AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY  
#07-15 AIG BUILDING  
SINGAPORE 079120  
Attn: Motor Claims Dept  
Tel: 6880 4602 - Fax: 6880 4838

OWNER'S NAME : MS LIU HUILING  
ADDRESS : 26 JAMBOL PLACE  
SINGAPORE 119353  
TELEPHONE : HP +65 98311226  
TYPE OF CLAIM : OWN DAMAGE CLAIM  
POLICY NO : 7210084009  
VEHICLE NO : SNB 1570 M  
MODEL CODE : AUDI Q3 1.4 TFSI S TRONIC  
MODEL YEAR : 30/7/2021  
ENGINE NO : CZD C 45197  
CHASSIS NO : WAUZZZF39M1146798  
MILEAGE : -  
DATE IN : -  
ESTIMATED BY : JOHNNY BOO / ALLAN WU  
ACCIDENT DATE : 26-Mar-22  
PLACE OF ACCIDENT : SUOTH BUONA VISTA ROAD

# PREMIUM AUTOMOBILES



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

## ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNB 1570 M

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
1	TO REMOVE, CHECK AND TRANSFER FRONT WIRE HARNESS FOR HEADLIGHTS, HORN, OUTSIDE TEMPERATURE SENSOR, HEADLIGHT WASHER ASSY AND FRONT PARKING AID.	S/N \$ 480.00	X
2	TO REMOVE AND TRANSFER RHS HEADLIGHT'S CONTROL UNIT AND POWER MODULE.	S/N \$ 400.00	X
3	TO DISMANTLE AND RHS FRONT DOOR PANEL TRIM. TO REMOVE AND REINSTALL RHS WING MIRROR ASSY TO FACILITATE RESPRAYING OF RHS FRONT DOOR.	S/N \$ 280.00	X
4	TO RENEW FRONT WINDSCREEN.	S/N \$ 480.00	/
5	TO INSTALL SOLAR FILM FOR FRONT WINDSCREEN.	S/N \$ 400.00	X
SUB TOTAL LABOUR CHARGES		: \$ 2,040.00	

# PREMIUM AUTOMOBILES



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

## ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE SNB 1570 M

S/N	NATURE OF JOBS	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATIONS
6	TO CARRY OUT WATER SEEPAGE TEST FOR FRONT WINDSCREEN.	S/N \$ 200.00	150
7	TO DISMANTLE AND RENEW FORNT BUMPER, RHS FRONT FENDER, BONNET AND RHS HEADLIGHT. RE-ORGANIZE CRASH MANAGEMENT COMPONENTS. REINSTALL ALL PARTS REMOVED.	\$ 3,200.00	1000 1250
8	TO RESPRAY FRONT BUMPER, BONNET, HINGES, RHS FRONT FENDER, RHS FRONT DOOR AND RHS UPPER A-PILLAR.	\$ 5,000.00	1100
9	TO CARRY OUT CLEAN UP FOR INTERIOR.	S/N \$ 480.00	/
10	TO CARRY OUT DIAGNOSTIC CHECK.	S/N \$ 192.00	/
TOTAL LABOUR CHARGES		: \$ 11,112.00	



# PREMIUM AUTOMOBILES



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

## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNB 1570 M

S/N	PARTS DESCRIPTION	QTY	DAMAGED PARTS & PRICES		REMARKS
			S/NETT		
1	FRONT BUMPER X	1	\$	1,073.00	
2	FRONT BUMPER SPOILER X	1	\$	426.00	
3	FRONT BUMPER GUIDE SECTION - RH X	1	\$	43.00	
4	FRONT FENDER - RH ✓ 00	1	\$	1,445.00	
5	FRONT FENDER ATTACHMENT PARTS X	1	\$	66.00	
6	FRONT FENDER BRACE - RH ?	1	\$	98.00	
7	FRONT FENDER BRACKET - RH ?	1	\$	39.00	
8	FRONT WHEEL HOUSING LINER - RH X	1	\$	260.00	
9	FRONT WHEEL HOUSING LINER ATTACHMENT PARTS X	1	\$	105.00	
10	FRONT FENDER COVER - RH X	1	\$	18.00	
11	HEADLIGHT MOUNTING - RH X	1	\$	132.00	
12	HEADLIGHT - RH X	1	\$	5,952.00	
13	BONNET X R	1	\$	3,695.00	
14	BONNET IMPACT PROTECTION - CENTER X	1	\$	31.00	
15	BONNET HINGE - LH / RH X	2	\$	162.00	
16	BONNET WHEEL ARCH COVER - LH / RH X	2	\$	566.00	
17	FRONT WINDSCREEN ✓ BR	1	\$	1,246.00	
18	RAIN SENSOR GEL FOIL ✓ MC	1	\$	130.00	
19	PRIMER ✓ MC	1	\$	22.00	
20	AERO WIPER ARM - LH / RH X	2	\$	239.00	
SUB TOTAL SPARE PARTS		:	\$	15,748.00	

ALL CHARGES ARE NOT 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: [NOTA@PREMIUMAUTO.COM.SG](mailto:NOTA@PREMIUMAUTO.COM.SG) / [CLAIMS@PREMIUMAUTO.COM.SG](mailto:CLAIMS@PREMIUMAUTO.COM.SG)

## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO. SNB 1570 M

S/N	PARTS DESCRIPTION	QTY	DAMAGED PA S/NETT
21	AERODYNAMIC WIPER BLADES / CUT	1 \$	103.00
22	FRONT WINDSCREEN WATER DEFLECTOR STRIP - RH X	1 \$	52.00
23	FRONT DOOR WINDOW SLOT SEAL TRIM STRIP - RH OUTER X	1 \$	251.00
24	FRONT DOOR WINDOW GUIDE TRIM STRIP - RH X	1 \$	287.00
25	FRONT DOOR CORNER TRIM - RH X	1 \$	51.00
26	FRONT WINDSCREEN SEALANT / PC	S/N \$	200.00
27	SUNDRIES	\$	300.00
TOTAL SPARE PARTS		:	\$ 16,992.00
TOTAL LABOUR CHARGES		:	\$ 11,112.00
GRAND TOTAL		:	\$ 28,104.00

ALL CHARGES ARE NOT 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

Steve (LKK)  
30/3/22, 12.30pm

OD - M AL  
Excess - ?  
P/P  
My BL by  
5 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. NORA 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 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	26/03/2022 15:16 (SGT)
Date of Accident	26/03/2022 06:50 (SGT)
Exact Location of Accident	South Buona Vista Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1570M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIU HUILING
NRIC No	SXXXX321C
Email Address	LIUHUILING87@GMAIL.COM
Mobile Phone No	(Phone) +65-98311226
Alternative Phone No	(Office) +65-98311226

#### 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.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210084009
Cover Note Number	-

#### DRIVER

Name of Driver	LIU HUILING
NRIC No	SXXXX321C



Date Of Birth	27/10/1987
Occupation	Indoor
Date Of Driving Pass	11/08/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98311226
Alt. Phone Number	(Office) +65-98311226
Email Address	LIUHUILING87@GMAIL.COM
Address	26 JAMBOL PLACE
Address complement	-
Postcode	119353
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	Collided into Bicyclist
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20220326/2012

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	CAR CAMERA SD CARD HAS TAKEN BY TRAFFIC POLICE
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BICYCLIST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	NA / Unknown
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)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	BICYCLIST
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 any insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in a road accident are 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 may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelope/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers (including their lawyers/law firms) which may be based outside of Singapore, for one or more of the above Purposes.

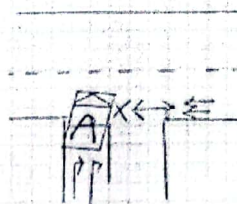
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre

20/3/2022 10:25



A - NB 1st  
↓ - 1st

Describe Circumstances of the Accident

None refer to the sketch plan & police report 1/20/2022/2022

Declaration

We declare the foregoing particulars are true in every respect

*[Signature]* 1/21/22  
Policyholder's Signature / Date & Time

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

Witnessed by Station / Date & Time  
Personnel

2/3/2022 / 10:00







10 184

65476.14

# SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20220306/0041

I, SSR HUSHOCK  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One 32gb micro sd card 0493 DVHCA0FP  
2  
3  
4  
5  
6  
7  
8  
9  
10

from Liu Huiling, S8733321C  
(Name, NRIC or Passport No. / Rank and No.)

of 26 Jambol place 119353  
(Address / Police Station / NPC / NPP)

on 26/3/22 at 0738hr  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

(Signature)

Liu Huiling S8733321C

(Name, NRIC or Passport No. / Rank and No.)

Received by:

  
(Signature)
SSR Hushock

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks:



# SINGAPORE POLICE FORCE



T/20220326/2012

1 of 1

Report No. T/2022 0326/2012

Police Station Of Origin  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
26/03/2022 09:07

Video Report No.:  
D/20220326/0041

Station Diary No.:  
21

## Informant's Particulars

Name of Informant:  
LIU HUILING

Address:  
26 JAMBOL PLACE SINGAPORE 119353

ID Type / ID No.:  
NRIC NO / S8733321C

Contact No.:  
Home/Office: Mobile: 98311226

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Female 34 27/10/1987

Type of Informant:  
Driver

Race:  
Chinese

Language:  
English

Institution / School Name:

Occupation:  
DOCTOR

Driving Licence Information:  
Class: 3

Date of Expiry:

## General Information of the Accident

Type of  
Accident:

Injury  
Attended by Police

Drink  
Drive:  
No

Date/Time of  
Accident:  
26/03/2022 06:50

Type of Location:  
T-Junction

Location:

SOUTH BUONA VISTA ROAD

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Two Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Light

Type of Collision:  
Against cyclist

Anyone conveyed by  
ambulance:  
Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SNB1570M	Car	AUDI	Q3 1.4 TFSI S TRONIC (17")	Gray	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Policy No.	Expiry Date
SNB1570M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210084009	30/07/2021	29/07/2022





**SINGAPORE  
POLICE FORCE**



T/20220328/2012

Police Station Of Origin  
Bukit Merah West N.P.C  
600 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3778999

2 of 3  
Report No. T/2022 126/2012

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LIU HUILING	ID No.	S8733321C
Related Vehicle	NIL	Contact No.	98311228
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

**Brief Details.**

On 25/3/22 at about 0650hrs, I was driving along South Buona Vista Rd wanting to make a right turn. I had stopped at the stop line and looked out for vehicles from my left. After my left was cleared, I drove out slowly and looked over my right to see if it was clear. I was about to make the right turn when I saw a cyclist approaching on my right. I quickly stepped onto my brake however the cyclist could not stop in time hence hit onto my windscreen. He was conscious and sustained abrasions on his right forearm. I then assisted to call for the ambulance. He was then conveyed to NUH before the traffic police arrived. My car's windscreen had cracked and there is a dent on the front right side of my car. The traffic police had already took my car's SD card for my in-car camera. I wish to state that I do not sustain any injuries and I was driving alone at that time.



**SINGAPORE  
POLICE FORCE**



1706270326/2012

Police Station Of Origin  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No. 1800-3779999

Page 1  
Report No. T2201128/2012

## 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:  
D / SGT 3 Nurjannah Binte Amran *[Signature]*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Other INTAN WULANDARI BUDDY SANTOSO  
Contact No. 65476415

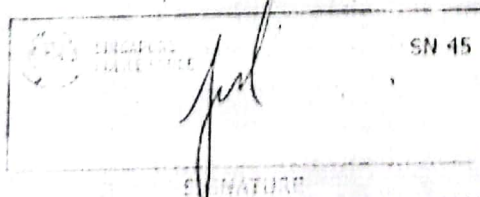
Signature Of Informant:

*[Signature]*

Date/Time:  
26/03/2022 09:07

Classification Of Case:

NP168



SN 45

SIGNATURE