VEHICLE NO: SNJ 110 Y	MAKE & MODEL: WW GOLF 1-4A AUTO/MANUAL		
DATE OF ACCIDENT	16 / 11 /2022 CC1-4		
TIME OF ACCIDENT	22:45:00 AM)/PM		
LOCATION OF ACCIDENT	Yio Chu Kang Road		
EXACT PURPOSE USED AT TIME OF ACCIDE	NT EMPLOYMENT (PRIVATE USE) PRIVATE HIRE		
NAME OF OWNER			
EMAIL XI axue (i) amail. com	cheng Van Van Wendy OFFICE: MOBILE: 90067900		
NRIC	1.00: 100		
CLAIM TYPE	5841344 OF		
FLEET POLICY	OD / (THIRTY PARTY): / REPORTING ONLY		
	YES / (NO)?		
INCURENCE CO.	ntuc		
TYPE OF COVERAGE	Comprehensive Third Party / Third Party Fire & Theft		
POLICY'NO.	5130984141		
NAME OF DRIVER	AS ABOVE Y IF NO:		
NRIC			
DATE OF BIRTH	20 / 2/1 / 1970		
ANY PASSENGER	78 / 04 / 1984 (YES DNO: 3		
NAME OF PASSENGER			
GENDER OF PASSENGER	leong gladys(F) Yeo a in Yuroy(n) lo liang aing (
OCCUPATION	MALE / FEMALE		
DATE OF DRIVING PASS	Outdoor / Indoor		
	23/10/2012		
GENDER	MALE /(FEMALE)		
CONTACT NO.	Mobile: Office: Home:		
EMAIL			
ADDRESS	128 lorong Ah 500 \$02-302 \$ (530128)		
DOES DRIVER OWN OTHER VEHICLES?	NO/ If yes, Reg No: INSURE:		
RELATIONSHIP	Employee / If No: Self-		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry) Wet / Other:		
ANY INJURIES	No/Iffyes/Who? driver and all passenger		
CONTACT NO.	St. B. St. P. SOSEMBER		
ROLICE REPORT	10/1f yes, Where? 7/20221116/7010		
NOTICE OF INTENDED PROSECUTION?	No DIf yes, Who?		
VEHICLE B NO.	GBJ 1175 X Any Passenger: O		
NAME	0(1)3 (1)7 (au) 1 austraget. ()		
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.			
VEHICLE F NO.	Any Passenger:		
ANY WITNESS	Any Passenger:		
WITNESS CONTACT NO.	Lavan		
WAS THERE ANY VIDEO CAPTURE?	96116234		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO/		
WHO IS REPORTING	YES / NO DRIVER / OWNER / BOTH		
·			
Original Language Used	English/ Mandarin/ Others:		
Have you been approach by unknown person coliciting (s) / offering accident claims assistance?	YES / NO		

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 Actual Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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:

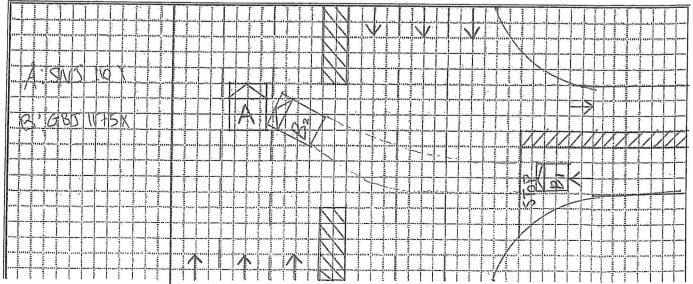
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 invoive 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



_	ance of the Accident
On	the stated date and time, I was drawing my car
Θn	lane 2. Out of a sidera, I felf a huge impart
	The same of the sa
from	the rear right portion of my ear and it send me spin
360	and lift the hystop. A van (B) was coming out from a
	71 11 () 001 (1011) of
Stop	line junction without cheeking clear.
	J
50.00	I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4-160	to police report 1/2022/116/7010
_/	

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20221116/7010

REPORT OF A TRAFFIC ACCIDENT

Informant's Particulars Name of Informant: Address:	o.:				
Name of Informant: Address:					
Tadioo.	Address:				
CHENG YAN YAN WENDY 128 LORONG AH SOO #02-302 SINGAPORE 530128					
ID Type / ID No.: Contact No.: NRIC NO / S8413440F Home/Office: Mobile: 90067900					
Nationality: Email: SINGAPORE CITIZEN XIAXUE@GMAIL.COM					
Sex: Age: Date of Birth: Type of Informant: Female 38 28/04/1984 Driver					
Race: Language: Institution / School Name: Chinese English					
Occupation: Media Driving Licence Information: Class: 3 Date of Expiry:					

General Informat	ion of the Accident					
Type of Accident:	Injury Others	Drink Drive No		Date/Time of Accident: 16/11/2022 02:45	5	Type of Location: Straight Road
Location:						
YIO CHU KANG	ROAD					
Weather:		Road Surface	e:		Road	Speed Limit:
Clear		Dry				•
Traffic Flow:		Traffic Contro	ol:		Traffi	ic Volume:
One Way		Not Controlle	d		Light	
Type of Collision:					Anyo	ne conveyed by
Between Moving Vehicles - Head To Side					ambulance:	
					No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBJ1154X	Van				Seriously Damaged	0
SNJ110Y	Car	VOLKSWAGO N	GOLF CABRIOLET 1.4 TSI AT 5172Q5	Red	Seriously Damaged	3





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Report No. T/20221116/7010

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNJ110Y	NTUC Income Insurance Co-Operative Limited	5130984141	14/10/2022	13/10/2023

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrians Injured: NIL Use of P			Use of Pe	destriar	Cross	sing: NA
Driver						
Name	CHENG YAN YAN V	VENDY		ID No.		S8413440F
Related Vehicle	SNJ110Y (Car)			Contact No.		90067900
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	NIL		Date		NIL	
CONTRACTOR	ted Medical Leave	05	Degree of		Serio	us
Passenger						
Name	LO LIANG QING			ID No.		S9343269Z
Related Vehicle	SNJ110Y (Car)		Contact No.		90113933	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry		Class: ,3 Date of Expiry: NIL	
Date	NIL		Date	, ,	NIL	
	ted Medical Leave	07	Degree of		Serio	us
Passenger						
Name	YEO QIN YU ROY			ID No.		S9525187J
Related Vehicle	SNJ110Y (Car)			Conta	ct No.	83097894
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: ,3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days grant	ed Medical Leave	05	Degree of		Serio	us





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Report No. T/20221116/7010

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

CONTINUATION OF REPORT

Passenger						
Name	LEONG GLADYS			ID No		S9728648E
Related Vehicle	SNJ110Y (Car)			Conta	ct No.	85880203
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: ,3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	of Days granted Medical Leave 05		Degree of Serio		Serio	us

Brief Details.

On the stated date and time, I was driving my car (SNJ110Y) with 4 passengers along Yio Chu Kang Road on lane 2. Out of a sudden, I felt a huge impact from the right portion of the car, my car spin 360 and hit onto the bus-stop. A van (GBJ1175X) hit onto our car. The van came out from a stop line junction and did not check for 100% clearance before moving out from the stop line.

After the accident I felt discomfort, seek for medical attention and was given 5days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20221116/7010

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2022 07:27
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case: