

# 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 .....	06/10/2022 16:35 (SGT)
Reported by .....	Both
Date of Accident .....	05/10/2022 20:30 (SGT)
Exact Location of Accident .....	Yishun Street 81, Singapore
Additional Location Information .....	T-JUNCTION
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD1461M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LI KUNQUAN
NRIC No .....	SXXXX446H
Email Address .....	winson_tingwei@hotmail.com
Mobile Phone No .....	(Phone) +65-88859088
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Seat
Model .....	Leon
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 .....	999

### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	PNPV2022-00001861

### DRIVER

Name of Driver .....	LI KUNQUAN
NRIC No .....	SXXXX446H
Date Of Birth .....	23/03/1990
Occupation .....	Indoor

Date Of Driving Pass .....	01/10/2016
Driving experience .....	6 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-88859088
Alt. Phone Number .....	-
Email Address .....	winson_tingwei@hotmail.com
Address .....	BLK 150 CANBERRA DRIVE #06-05
Address complement .....	-
Postcode .....	768079
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 .....	Collision - Major/Minor Rd
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20221005/7080

#### 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 .....	WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLN7374J
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	ISAAC LI HAO YANG
NRIC No .....	TXXXX546I
Contact Number .....	(Phone) +65-86669080
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 .....	LI KUNQUAN
Gender .....	Male
Phone No .....	(Phone) +65-88859088
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMD1461M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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:

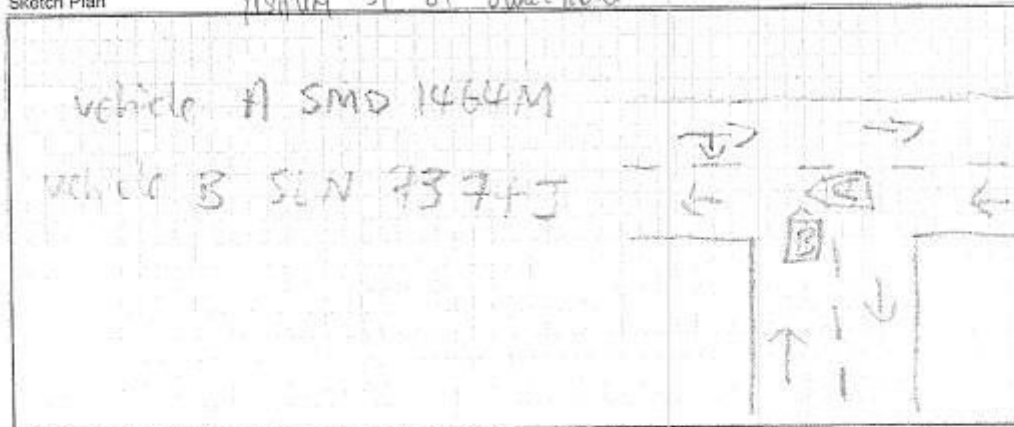
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

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



**Describe Circumstance of the Accident**

On 05/10/2022 about 20:30pm I was driving along  
 Yishun Street 81 and while I am still driving straight  
 suddenly vehicle B "SLN 7374J" from my ~~right~~ left side  
 minor road drive out ~~and~~ turn right and collided on my  
 front left car portion with impact quite badly. I have video  
 footage recorded the accident. The next day I was feeling  
 unwell and pain on my neck and body, I went to consult  
 doctor and given 3 days MC.

POLICE REPORT 7/20221005/7080

**Declaration**

(We declare the foregoing particulars are true in every respect.)

Jim  
 Policyholder's Signature / Date & Time

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

06/10/2022  
 Witnessed By Reporting Constable Personnel  
 (Name as in NRIC ID card)



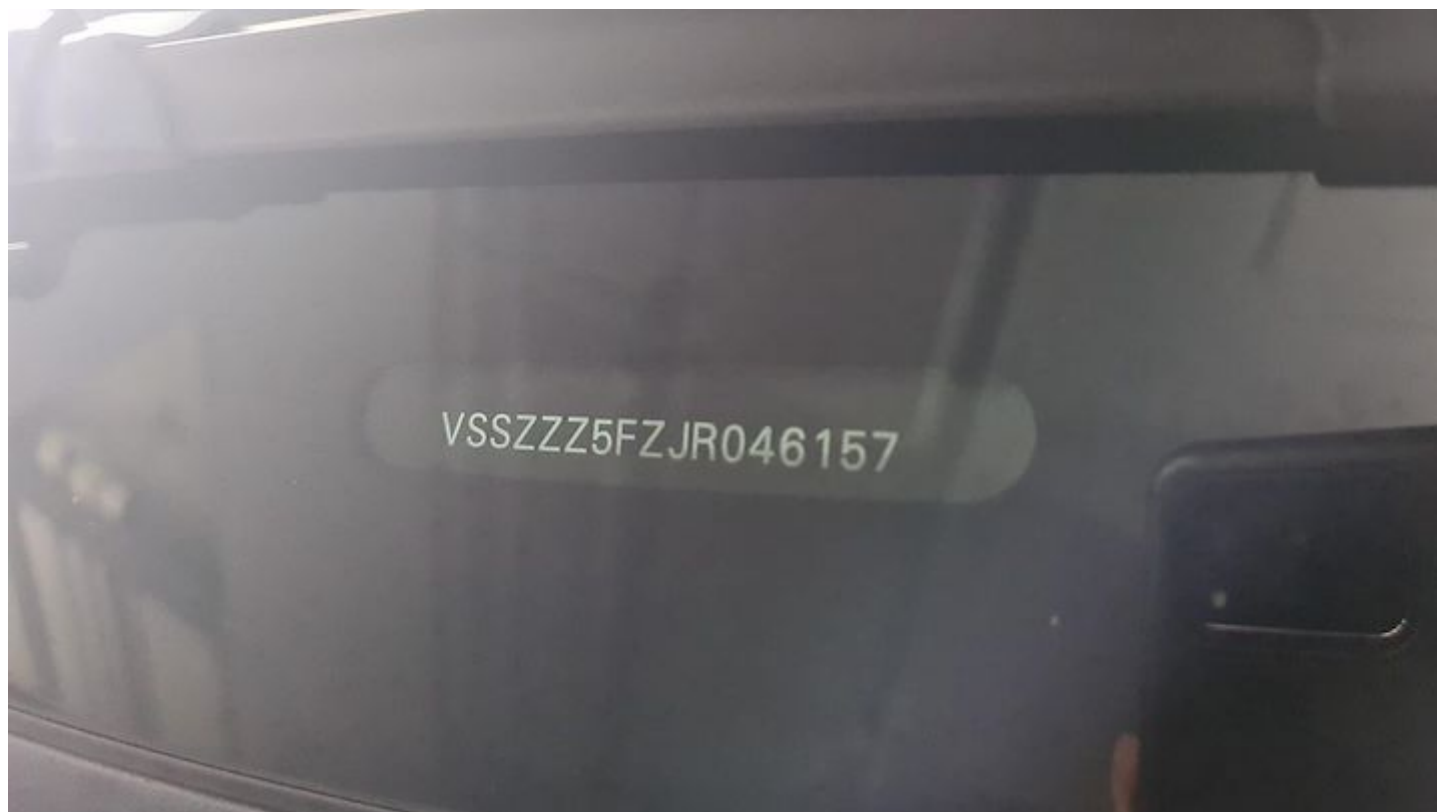


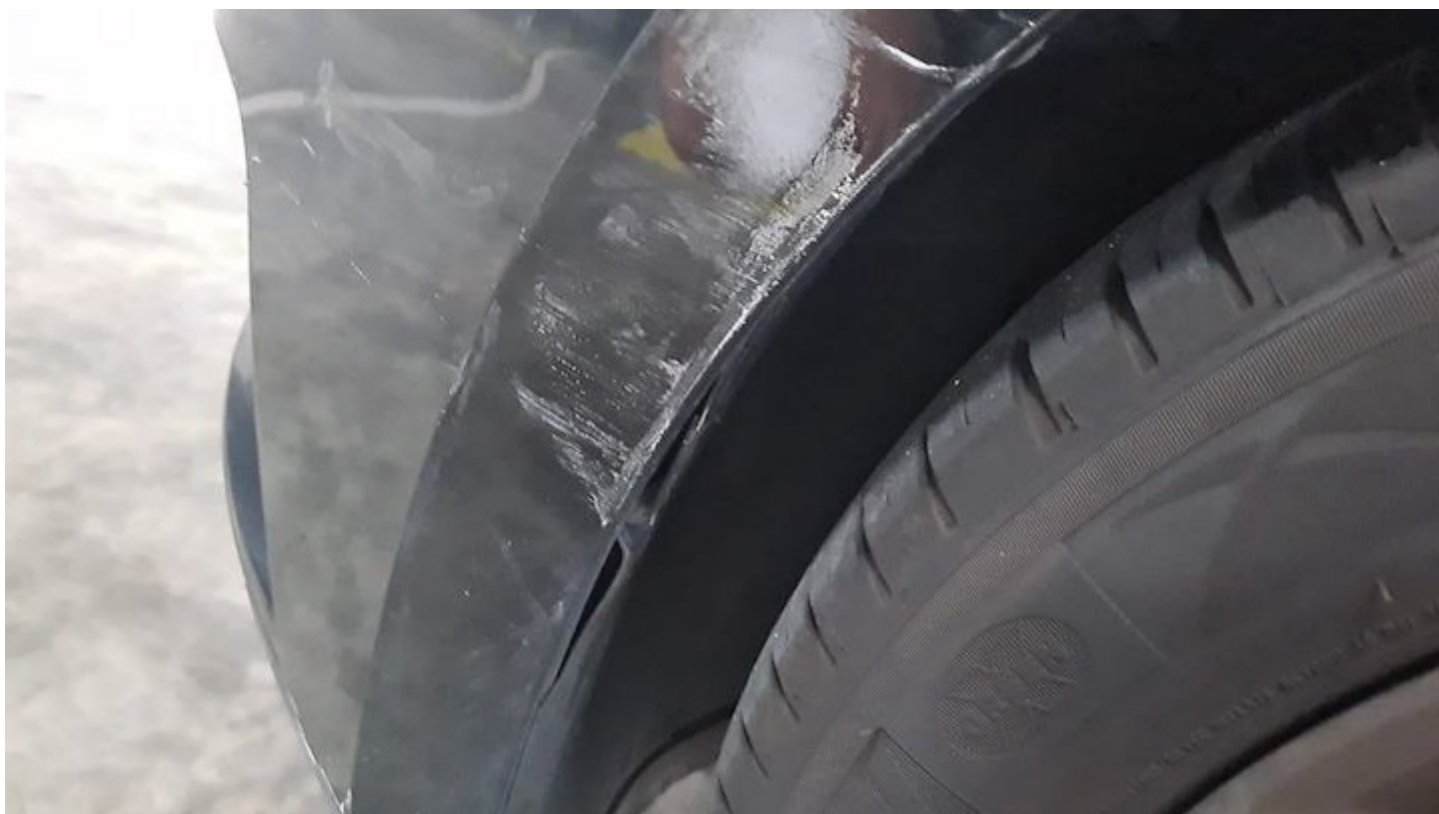


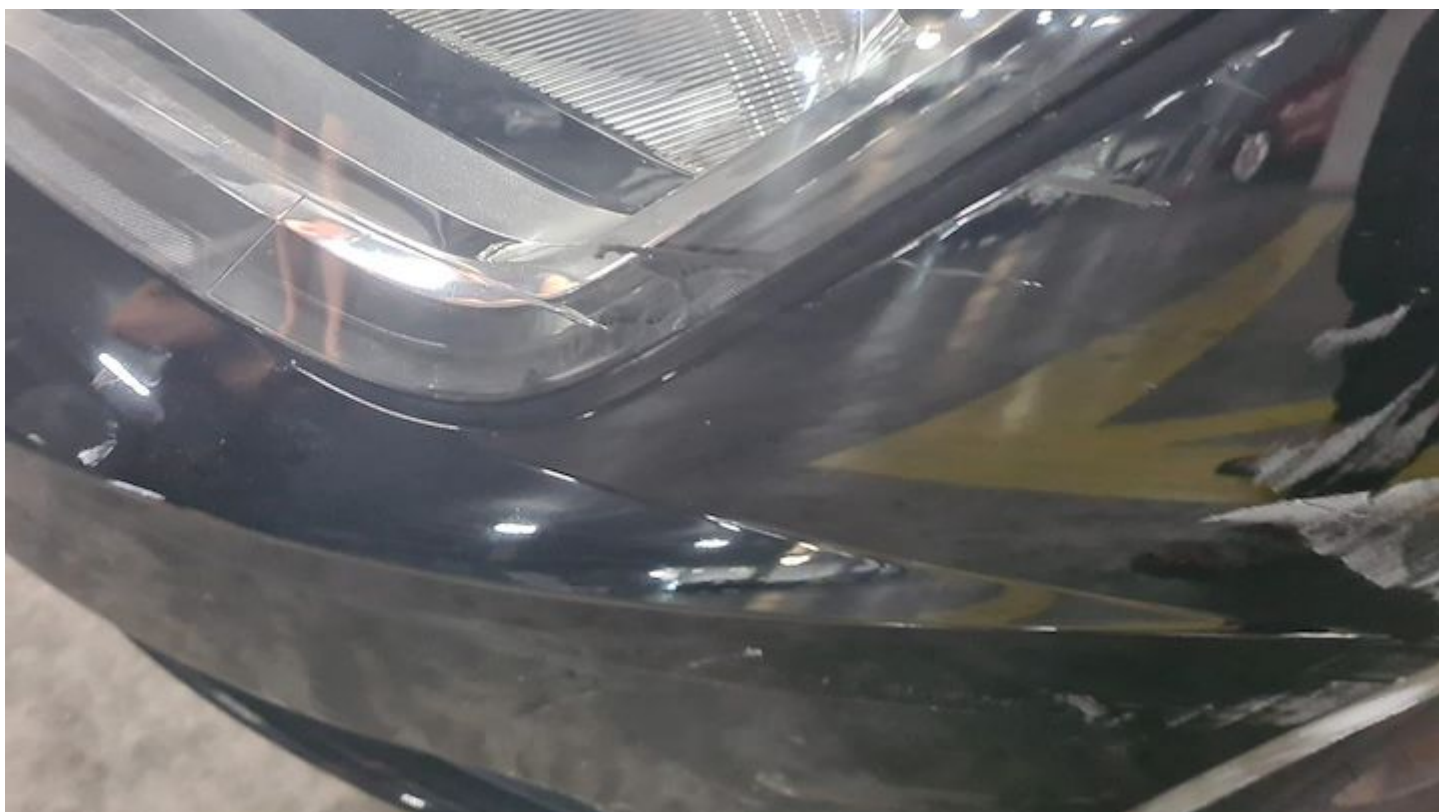






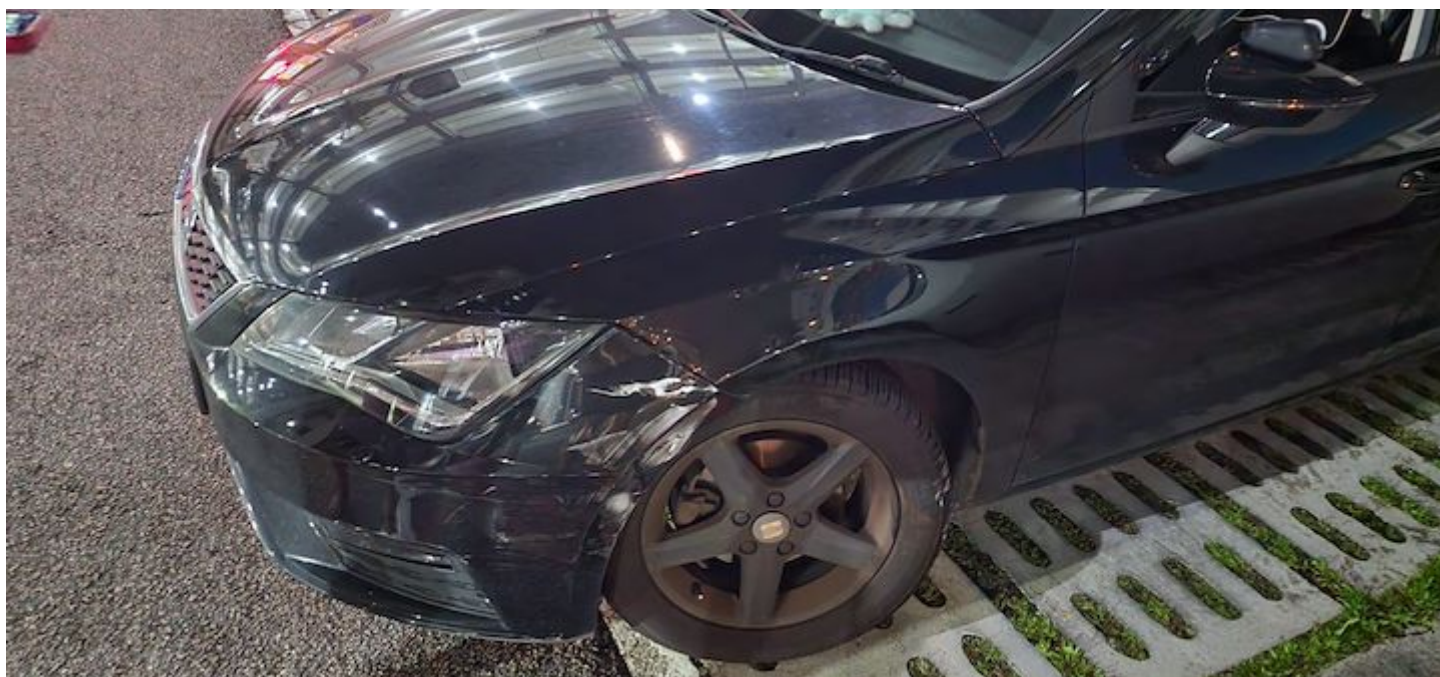



















**SINGAPORE  
POLICE FORCE**

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



T/20221005/7080

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Report No. T/20221005/7080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/10/2022 23:35		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LI KUNQUAN, JAMES		Address: 150 CANBERRA DRIVE #06-05 SINGAPORE 768079			
ID Type / ID No.: NRIC NO / S9011446H		Contact No.:		Mobile: 88859088	
Nationality: SINGAPORE CITIZEN		Email: JAMESLKQ@GMAIL.COM			
Sex: Male	Age: 32	Date of Birth: 23/03/1990	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: SAF Regular		Driving Licence Information: Class: 3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2022 20:40	Type of Location: T-Junction
Location:  YISHUN STREET 81				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLN7374J	Car	BMW	320i	White		0
SMD1464M	Car	SEAT	LEON ST 1.0 TSI 116 STYLE 7AT	Black	Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20221005/7080

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD1464M	FWD Singapore Pte. Ltd	PNPV2022-00001861	06/08/2022	05/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ISAAC LI HAQYANG		ID No.	T0037546I
Related Vehicle	SLN7374J (Car)		Contact No.	86669080
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
Driver				
Name	LI KUNQUAN, JAMES		ID No.	S9011446H
Related Vehicle	SMD1464M (Car)		Contact No.	88859088
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

Brief Details.

- 1) I was driving straight on main road
- 2) Car from carpark, turning right and hit me at the side while I was travelling straight.
- 3) I have video and pictures



# SINGAPORE POLICE FORCE

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



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Report No. T/20221005/7080

## CONTINUATION OF REPORT

### 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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP168

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

Date/Time:  
05/10/2022 23:35

Classification Of Case: