

SW0922AB0006

Date In: 06/10/2022 16:35	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAB/FWD200989014	E-mail (with title, A/C, etc):		
Val No: SMP 1464m	I-Motor Claim Form:		
D.O.A: 05/10/2022 20:30	I-Motor W/O (with supporting info):		
CO (TP) Reporting Only	I-Photo Uploaded:		
TP Insured:	Assessment/Survey Report:		
	Asst Report by Fax / Hand to Owner/Writer:		

Preferred Wksp / INC Assign Wksp / CWs:	Tel:	Fax:
TP Particulars:	Vehicle No: SN 7374J	INC ( ) / Non-INC ( )
Owner / Driver ( )	Tel:	
Policy No ( )	Period ( )	Cover Type ( )
Confirmed by ( )	Date:	Time:
Insured Driver Liability ( )	( ) (Note: Use Status (WO) 1-0-2011 1-21-2011 1-30-2011)	
Year of Registration ( )	Warranty: YES ( ) / NO ( )	
Excess (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	
General Remarks:		
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repair.		
( ) Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co ( )		

Remarks: (INC Ref: 0788-0015)	Date & Time Completed:	Done by:
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) CO Check / Post Repair Inspection ( )		
3) Upload Recovery Photo (Repair Cost > \$3000) ( )		

Injury:
Date Turned In:
Actions:

NAB2002800 Important Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments: Date: L.P.A.	Invoice Preparation Checklist	
	1) AR: Accident Reporting (\$10)	
	2) DA: Damage Assessment (\$100) INC (\$50)	
	3) TP: Towing Fee (\$10/\$40)	
	4) PT: Follow Through Survey (\$100)	
	5) FT: Follow Through Survey (Fastway) (\$20)	
	6) TR: Re-revision (\$20)	
	7) NI: New DA & MPD Survey (\$150)	
	8) NTUC: National Services	
	9) DM: ( )	
10) NS: Courtesy Car / Rental Car (\$10)		
11) NR: Repair Coordination (\$10)		
12) PR: Post Repair Inspection (\$10)		
13) PV: Vehicle Excess Coordination (\$10)		
14) PT: Post Repair Survey (\$10)		
15) PT: Post Repair Survey (\$10)		
16) PT: Post Repair Survey (\$10)		
17) PT: Post Repair Survey (\$10)		
18) PT: Post Repair Survey (\$10)		
19) PT: Post Repair Survey (\$10)		
20) PT: Post Repair Survey (\$10)		



## 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	SMD1464M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LI KUNQUAN JAMES
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 JAMES
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?	SMD1464M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 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 Traffic Police Department for investigation.**
6. 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.
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

Vehicle A SMD 1464M

Vehicle B SUN 7374J

1

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 7/2022/005/7080

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

*Seen 06/10/2022*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





# SINGAPORE POLICE FORCE



T/20221005/7080

1 of 3

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

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.: Home/Office:		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**



T/20221005/7080

2 of 3

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

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 HAOYANG		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



T/20221005/7080

3 of 3

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

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:

<b>ACCIDENT DATE &amp; LOCATION</b>	
Date & Time of Accident *	Date: 05/10/2022 Time: 20:30pm (24 hr format)
Exact Location of Accident *	Yishun Street 81 T-Junction
<b>INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number *	SMD 1464M Make & Type *: SEAT LEON
Name of Registered Owner *	Li Kun Guan, James
NRIC / FIN / Passport / Co Regn No. *	S9011446H
Contact Number *	8885 9088 Email/Fax No: Winsen-tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	<input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American / <b>FWD</b>
Type of Policy *	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	PNPV2022-00001861
<b>DRIVER</b>	
Name of Driver *	Li Kun Guan, James Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female
NRIC / FIN / Passport Number *	S9011446H
Date of Birth *	23/03/1990 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	01/10/2016
Contact Number *	8885 9088
Address	Blk 150 Canberra Drive #06-055 (768079)
Email Address / Fax Number *	Email: Winsen-tingwei@hotmail.com Fax: -
Relationship of the Driver with the Insured *	<input checked="" type="checkbox"/> Owner / <input type="checkbox"/> Employee / <input type="checkbox"/> Spouse / <input type="checkbox"/> Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision	Chain Collision / Side-Swipe / <input checked="" type="checkbox"/> Front to Rear / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / Others:
Road Surface *	Wet / <input checked="" type="checkbox"/> Dry / Others:
<b>OTHER INFORMATION</b>	
Was anybody injured in the accident? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident Reported to the Police? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes If Yes, Please state which Police Station: _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(01)
Passengers	Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="radio"/> No	



DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SLN 7374J	2)
Vehicle Make / Model / Colour	BMW / wh. fc	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	ISAAC Li HAO YAN	
NRIC/Passport Number	# T 0037546I	
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

Certificate of Insurance

Please call +65-6322-2072 for FWD Emergency Assistance  
if your car breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

Policy number: PNPV2022-00001861 (Comprehensive - Classic Plan)

Car plate number: SMD1464M

Your name (As the policyholder): LI KUNQUAN JAMES

Coverage start date: 06/08/2022

Coverage end date: 05/08/2023

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to drive : You

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Car Insurance Summary and any Endorsements attached by us. These documents should be read together as one. You must make sure that any person you give permission to drive your car understands your duties under this Policy and complies with its conditions.

Your Policy is only valid if your car is being used for non-commercial activities in accordance with your contract.

Finance company:

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We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 06/06/2022



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Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SND922A6006 Vehicle Registration No: SMD1464M

Name (as shown in NRIC): LI Kun Qian NRIC/FIN/Passport No: XXXXXXXXXX

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: 8859088

Email Address: \_\_\_\_\_

Date of Accident: 05/10/2022 Time of Accident: 20:30

Place of Accident: Yishun St 81 T-Junction

Insurance Company: FWD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Transfer Vehicle number to SMD1464M

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

06/10/2022  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: