

## 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	01/10/2018 17:53
Date Of Accident	28/09/2018 21:00
Exact Location Of Accident	JUNCTION OF GAMBAS AVE & WDLDS AVE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8057A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROLASHADES PTE LTD
Co Reg No	199408532C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81137570
Alternative Phone No	OFFICE-62598123

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1723432
Cover Note Number	03/03/2018 - 02/03/2019

### Driver

Name of Driver	HUANG WEI
Passport No/FIN	G5030774W
Date Of Birth	02/01/1974
Occupation	OUTDOOR
Date Of Driving Pass	25/02/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-81137570
Fax Number	
Contact Number	OFFICE-62598123
Email Address	NOEMAIL

Address	BLK 3 LORONG LEW LIAN #06-72 LEW LIAN GARDENS
Postcode	531003
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : ZHANG FENGQIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP9237Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	HUANG WEI
Approximate Age	
Injuries Sustain	BODY UNWELL
Injured person in which vehicle?	GBB8057A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	ZHANG FENGQIN
Approximate Age	
Injuries Sustain	BODY UNWELL
Injured person in which vehicle?	GBB8057A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	DRIVER - UNKNOWN
Approximate Age	
Injuries Sustain	BODY UNWELL
Injured person in which vehicle?	SJP9237Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

X  
Policyholder's Signature  
Date & Time:



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

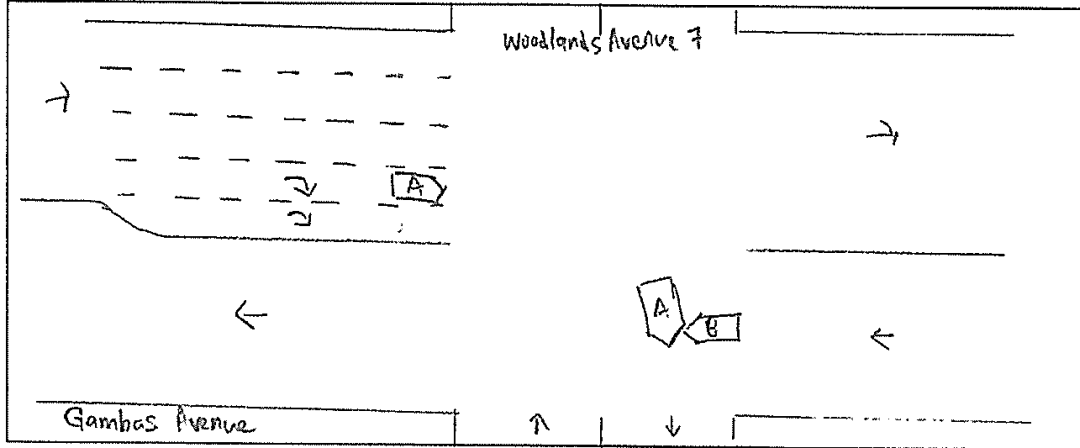
Reporting Central Personnel's Signature  
Name:  
NRIC/FIN No.:



# Sketch Plan Pg. 2

Date of accident: 28/09/18 Time: 2:00 Location: Junction of Gambas Avenue and Woodlands Avenue  
 My Vehicle A: GBB8057A Vehicle B: SJP9237Y Vehicle C:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address : doris@rolashades.sg

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

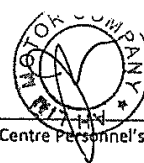
I/We declare the foregoing particulars are true in every respect.

X  
 Policyholder's Signature  
 Date & Time: 01/10/2018



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

[Signature]  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



AH LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20180929/2000

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20180929/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/09/2018 00:21	Vide Report No.: F/20180928/0237	Station Diary No.: 6
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**Informant's Particulars**

Name of Informant: HUANG WEI			Address: APT BLK 3 LORONG LEW LIAN #06-72 LEW LIAN GARDENS SINGAPORE 531003		
ID Type / ID No.: NRIC NO / G5030774W			Contact No.: Home/Office: Mobile: 81137570		
Nationality: CHINESE			Email:		
Sex: Male	Age: 44	Date of Birth: 02/01/1974	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 28/09/2018 21:00	Type of Location: Bend
Location: Along Road 1 WOODLANDS AVENUE 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8057A	Lorry	TOYOTA	DYNA 150 MANUAL 3SEATER	Silver	Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180929/2000

Police Station Of Origin:

2 of 3

Toa Payoh N.P.C

Report No. T/20180929/2000

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	HUANG WEI	ID No.	G5030774W
Related Vehicle	GBB8057A (Lorry)	Contact No.	81137570
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/09/2018	Date Discharge	28/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhang fengqin	ID No.	G2048450R
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/09/2018	Date Discharge	28/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

#### **Brief Details.**

On 28/09/2018, at about 2100hrs, I was travelling along Gambas Avenue. I wanted to make a right turn towards Woodlands Avenue 7. As the traffic was in my favor, the vehicle in front of me made the right turn and I followed suit. Suddenly, a vehicle travelling straight along Gambas Avenue collided into the front passenger side of my vehicle.

I then alighted to make a check on the opposing party, who informed me that he required medical attention. After a short while, ambulance and traffic police came to scene. The opposing party was conveyed to hospital and traffic police advised me to lodge a report. My vehicle passenger side door was dented in and the wheels came off.

Both me and my passenger went to Mount Alvernia Hospital where we were given 3 days and 5 days outpatient medical leave respectively.



**SINGAPORE  
POLICE FORCE**



T/20180929/2000

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

3 of 3

Report No. T/20180929/2000

**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: E / Sgt 2 DOUGLAS GOH JIALE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/09/2018 00:21
Officer In Charge Of Case: TP / DDCVT / Sr Staff Sgt LIM JIN HUI, ADRIAN SN 168 Contact No.: 65476350	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	



# Sketch Plan Pg. 6

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel:(65)63387288 Fax:(65)63382522  
Website:www.axa.com.sg  
GST Registration Number: 199903512M  
customer.service@axa.com.sg



## CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCA/P1723432 Account No. : 03694  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : ROLASHADES PTE LTD  
Vehicle Registration No. : GBB8057A  
Period of Insurance : From 03/03/2018 To 02/03/2019 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### LIMITATIONS AS TO USE\*

- (a) Use in connection with the Policyholder's business
  - (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
  - (c) Use for social, domestic and pleasure purposes
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
  - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

### EXCESS :

Own Damage Excess : SGD 700.00

(Please refer to your policy for Additional Excess)

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

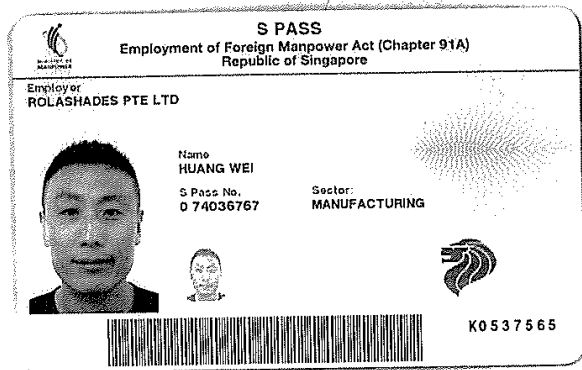
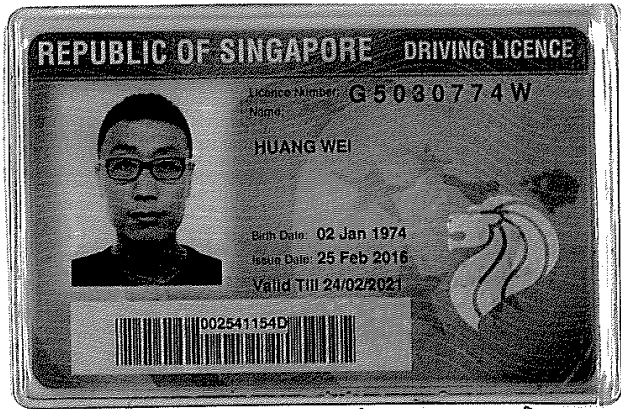
Issued by - SGOSTPR on 21/02/2018

### IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Sketch Plan Pg. 7



2pax - Zhang fengqin (F)

injury - yes driver (neck, back & right knee cap pain)

fengqin (left ribcage, right earlobe, forehead, back, left arm bruise)

clear eddy.

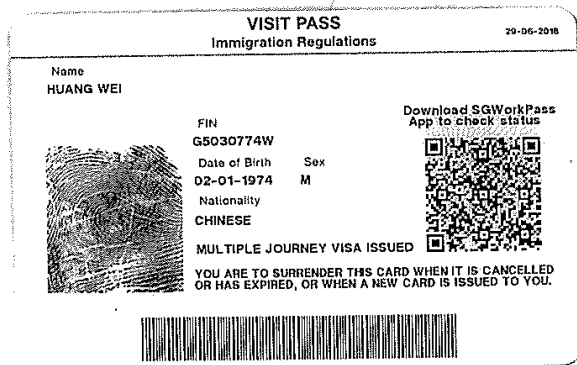
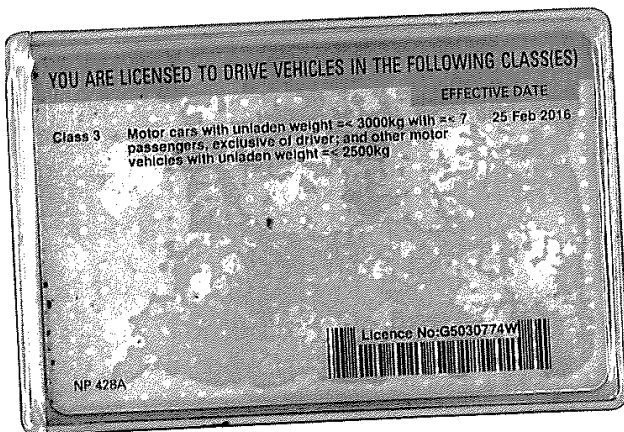
no video

3rd party

2pax

private hire car.

81137570/6259 8123



To Whom It May Concern,

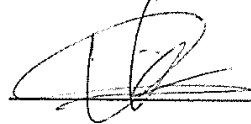
Accident involving my vehicle no. GBB8057A on 28/09/18 (date) with  
SJP9237Y (other vehicle no) along junction of Gambas Avenue and Woodlands Avenue 7

I, Rolashades Pte Ltd <sup>ROC NO.</sup> 199408532C  
<sup>Nric No.</sup>

Owner of vehicle no. GBB8057A am aware of the accident of my vehicle on  
28/09/18 (Date) while car was driven by Huang Wei

Nric No. G5030774W. I hereby, authorise him / her to make the report.

X



Name Khoo Niko

Date: 01/10/2018

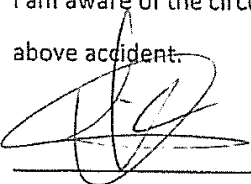


.....  
..

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X



Name Khoo Niko

Date: 01/10/2018



# Sketch Plan Pg. 9



redefining / insurance

Date: 01/10/18

To: Owner of Vehicle Number: GB8057A

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
  - ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
  - ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
  - ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
  - ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
  - ☒ The estimated waiting time for the spare parts to arrive is TBC. The estimated arrival time does not include the repair period.
  - ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
  - ☒ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using *any combination* of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
  - ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
  - ☐ Others \_\_\_\_\_

Signed and acknowledge by:

X

Name and signature of policyholder/authorised driver

[Signature]



Name and signature of workshop personnel including company stamp

[Signature]



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



# Addendum Sheet Pg. 1



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

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

## ADDENDUM

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

Original Report No : MAU18127365 Vehicle Registration No: GBB 8057A  
Name(as shown in NRIC) : Huang Wei NRIC/FIN/Passport No : G5030774W  
☒ **Vehicle Driver** / Vehicle Owner (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : 81137570 Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 28/09/18 Time of Accident : 21:00  
Place of Accident : Junction of Sembawang Ave & Woodlands Ave 7  
Insurance Company: AXA Insurance

### (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:

TO submit additional police report. Pls refer to the attached.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Huang Wei  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

[Signature]  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20180929/2010

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20180929/2010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/09/2018 01:57		Vide Report No.:		Station Diary No.: 47
<b>Informant's Particulars</b>				
Name of Informant: HUANG WEI		Address: APT BLK 3 LORONG LEW LIAN #06-72 LEW LIAN GARDENS SINGAPORE 531003		
ID Type / ID No.: NRIC NO / G5030774W		Contact No.: Home/Office: Mobile: 81137570		
Nationality: CHINESE		Email:		
Sex: Male	Age: 44	Date of Birth: 02/01/1974	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: CONSTRUCTION		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: 28/09/2018 21:00	Type of Location:
Location: Along Road 1 WOODLANDS AVENUE 7				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8057A	Lorry				Slightly Damaged	1
SJP9237Y	Car				Seriously Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180929/2010

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 3

Report No. T/20180929/2010

Driver			
Name	HUANG WEI	ID No.	G5030774W
Related Vehicle	GBB8057A (Lorry)	Contact No.	81137570
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/09/2018	Date Discharge	28/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ZHANG FENGQIN	ID No.	G2048450R
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/09/2018	Date Discharge	28/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

I have lodged a report earlier vide E/20180929/2000.

On 28/09/2018, at about 2100hrs, I was travelling along Gambas Avenue. I wanted to make a right turn towards Woodlands Avenue 7. As the traffic was in my favor, the vehicle in front of me made the right turn and I followed suit. Suddenly, a vehicle(SJP9237Y) travelling straight along Gambas Avenue collided into the front passenger side of my vehicle.

I then alighted to make a check on the opposing party, who informed me that he required medical attention. After a short while, ambulance and traffic police came to scene. The opposing party was conveyed to hospital and traffic police advised me to lodge a report. My vehicle passenger side door was dented in and the wheels came off.

Both me and my passenger went to Mount Alvernia Hospital where we were given 3 days and 5 days outpatient medical leave respectively.



**SINGAPORE  
POLICE FORCE**



T/20180929/2010

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

3 of 3

Report No. T/20180929/2010

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: E / Sgt 2 SITI NADIA BINTE ROSLI	Signature Of Informant:  <i>Huang Jui</i>
Signature Of Interpreter: Not applicable	Date/Time: 29/09/2018 01:57
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:  SN 168
Authentication Stamp NP168	SIGNATURE



**SINGAPORE  
POLICE FORCE**



T/20180929/2012

1 of 3

Report No. T/20180929/2012

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:

29/09/2018 02:10

Vide Report No.:

T/20180929/2003

Station Diary No.:

59

**Informant's Particulars**

Name of Informant:

ZHANG FENGQIN

Address:

ID Type / ID No.:

FIN NO / G2048450R

Contact No.:

Home/Office:

Mobile: 85158658

Nationality:

CHINESE

Email:

Sex:

Female

Age:

36

Date of Birth:

28/07/1982

Type of Informant:

Passenger

Race:

Chinese

Language:

Institution / School Name:

Occupation:

CLEANER

Driving Licence Information:

Class:

Date of Expiry:

**General Information of the Accident**Type of  
Accident:

Injury

Attended by Police

Drink

Drive:

No

Date/Time of

Accident:

28/09/2018 21:00

Type of Location:

Location:

Along Road 1

WOODLANDS AVENUE 7

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

Traffic Flow:

One Way

Traffic Control:

Not Controlled

Traffic Volume:

Light

Type of Collision:

Between Moving Vehicles - Head To Side

Anyone conveyed by  
ambulance:

No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8057A	Lorry				Slightly Damaged	1
SJP9237Y						1

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180929/2012

2 of 3

Report No. T/20180929/2012

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Passenger			ID No.	G2048450R
Name	ZHANG FENGQIN		Contact No.	85158658
Related Vehicle	GBB8057A (Lorry)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Date Discharge	28/09/2018
Date Treatment	28/09/2018		Degree of Injury	Slight
No. of Days granted Medical Leave	05			

**Brief Details.**

On 28/09/2018, at about 2100hrs, I was on board vehicle GBB8057A, making my way home. We were travelling along Gambas Avenue. The vehicle wanted to make a right turn to Woodlands Avenue 7. As the traffic was in our favor, the vehicle in front of us made the right turn and we followed suit. Suddenly, a vehicle(SJP9237Y) collided onto our vehicle, on the passenger front side.

The driver of the said vehicle then made a check with the opposing party while I left the accident scene for a short while to take a rest. Shortly, ambulance and traffic police came to scene. The opposing party was conveyed to hospital while I made my way to Mount Alvernia Hospita, where I was given 5 days out patient medical leave, as I suffered a bruise on my right arm and stomach area. I also suffered a cut on my forehead and left ear area.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999



T/20180929/2012

3 of 3

Report No. T/20180929/2012

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:  
E /  
Sgt 2 SITI NADIA BINTE ROSLI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Authentication Stamp  
NP168



Signature Of Informant:

*zheng peng qin*

Date/Time:  
29/09/2018 02:10

Classification Of Case:

SN 168

SIGNATURE