Accident Sketch Plan Pg. 1

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Date & Time:

Accident Sketch Plan Pg. 1





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Report No. T/20181121/2050

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2018 12:47		Nade:	Vide Report No.: J/20181121/0068	Station Diary No.: 9
Informa	nt's Partici	ulars		
Name of Informant: LIM QINGXIANG, MICHAEL			Address: APT BLK 547A SEGAR RC	DAD #15-81 SINGAPORE 671547
ID Type / ID No.: NRIC NO / S8338008Z		08Z	Contact No.: Home/Office:	Mobile: 97920749
Nationality: SINGAPORE CITIZEN		EN	Email:	
Sex: Age: Date of Birth: Male 34 29/11/1983			Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Accountant		hay & Applicate of the control of th	Driving Licence Information Class: 3	: Date of Expiry:

Type of Accident:	Non-İnjury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/11/2018 08:30	Type of Location X-Junction
Location: Along Road 1 JOO KOON 0		n along Joo Koon Wa		
Weather: Raining	Off Official diode jurisate.	Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis	sion: ving Vehicles - Head To	Side		Anyone conveyed by ambulance:

Details of V	NAME OF TAXABLE PARTY.	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Type	Wake		A PARTICIPATION OF THE PARTICI	Slightly	1
JNK3232	Car		1			
011110202	141,0202				Damaged	1
	1.000	TOYOTA	WISH 1.8	Grev	Seriously	0
SMC5900A MPV	101012	AUTO		Damaged		

nicle Insurance	I Insurance No	Effective	Expiry Date
Insurance Company LONPAC INSURANCE BHD.	Z18VP05020463	04/10/2018	03/10/2019



T/20/81121/2/30

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

2 of 3 Report No. T/20181121/2050

Tel No: 1800-4529999

CONTINUATION OF REPORT

Details of Perso	The second secon				
Any Pedestrian I					
No. of Pedestriar	ns Injured: NIL	Use of Pedestrian Crossing: NA			
Name	FOO WAN KEE	ID No.	G6840578K		
Related Vehicle	JNK3232 (Car)	Contact I	No. 82205932		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Da			
Date Treatment	NIL	Date Discharge N	te Discharge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of Injury N	IL		
Driver			MORE STATES		
Name	LIM QINGXIANG, MICHAEL	ID No.	S8338008Z		
Related Vehicle	SMC5900A (MPV)	Contact I	No. 97920749		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Dri	Date of Expiry: NIL &		
Date Treatment	NIL	Date Discharge N	IL.		
No. of Days gran	ted Medical Leave NIL	Degree of Injury N	IL		

Brief Details.

On 21/11/2018 at about 0830hrs, I was driving my own vehicle V1: SMC5900A along Joo Koon Circle cross junction along Joo Koon Way. It was raining and the road surface was wet. When I was approaching a minor road junction, I failed to realise that there was a faded stop line. There was a saloon car and a trailer which was infront of me on my left side. As such I could not see oncoming traffic which is coming from my left. As such, I decided to move forward. Suddenly my car collided onto an oncoming vehicle which was coming from the left side.

I wish to state during the accident no one was injured. The damages to my vehicle is my front bumper is seriously damaged. Traffic police also attended to the scene and gave me a case card and to lodge a police report at a nearby police station. Vide incident: J/20181121/0068 under IO Rashidah Tel: 65476216.





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999 3.of.3 Report No. T/20181121/2050

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
E / Sgt 2 JEFFREY LOIS	
1/9/	
Signature Of Interpreter: / // Not applicable	Date/Time: 21/11/2018 12:47
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP168	