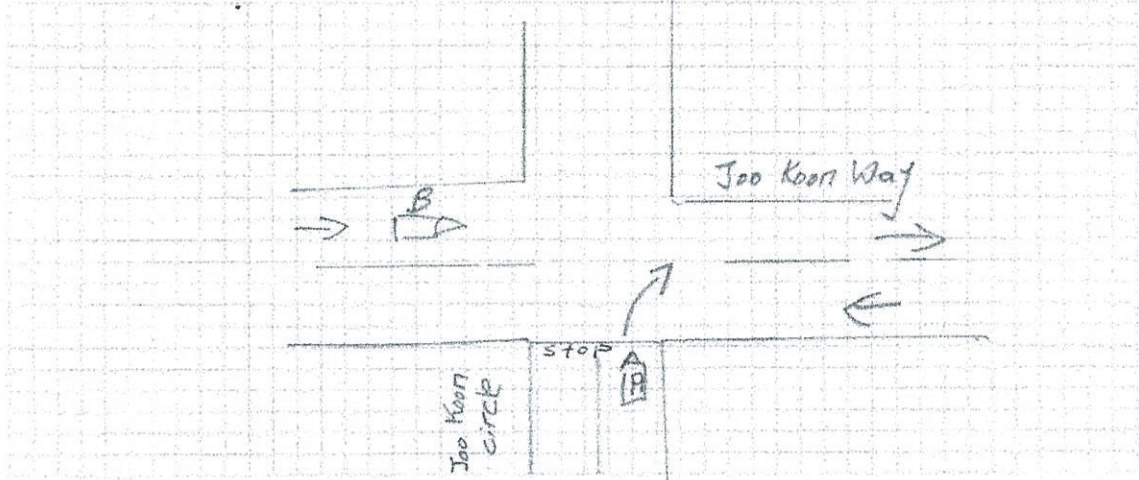


Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see police report.

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 & Time:

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181121/2050

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20181121/2050

REPORT OF A TRAFFIC ACCIDENT

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

General Information of the Accident

Type of Accident:	Non-Injury 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 CIRCLE				
Along Joo Koon Circle cross junction along Joo Koon Way				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
JNK3232	Car				Slightly Damaged	1
SMC5900A	MPV	TOYOTA	WISH 1.8 AUTO	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMC5900A	LONPAC INSURANCE BHD.	Z18VP05020463	04/10/2018	03/10/2019

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181121/2050

Police Station Of Origin:
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570025
Tel No: 1800-4529999

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Report No. T/20181121/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	FOO WAN KEE	ID No.	G6840578K
Related Vehicle	JNK3232 (Car)	Contact No.	82205932
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM QINGXIANG, MICHAEL	ID No.	S8338008Z
Related Vehicle	SMC5900A (MPV)	Contact No.	97920749
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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 in front 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.

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181121/2050

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 report number as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 JEFFREY LOIS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/11/2018 12:47

Classification Of Case: