



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240903/7111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2024 23:54			Vide Report No.:	Station Diary No.:			
Informant's Particulars							
Name of Informant: CHNG LI TIAN JAMES			Address: 229 ANG MO KIO AVE 3 #04-1280 SINGAPORE 560229				
ID Type / ID No.: NRIC NO / S8102606H			Contact No.: Home/Office: Mobile: 91896599				
Nationality: SINGAPORE CITIZEN			Email: JAMESCHNG81@GMAIL.COM				
	Age: 43	Date of Birth: 04/02/1981	Type of Informant: Driver				
Race: Chinese	•		Language: English				
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:				

General Information of the Accident							
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 03/09/2024 19:15		Type of Location: Straight Road	
Location:							
EUNOS CRESCENT							
Weather: Clear		Road Surface: Dry					
			Traffic Control: Not Controlled			Traffic Volume: Heavy	
Type of Collision: Between Moving Ve	ehicles - Head To Rear		;		ne conveyed by lance:		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH6182B	Motor car					0
SLM4172A	Motor car	OPEL		Green		0
SLT4573P	Motor car	TOYOTA	HARRIER	Black		0
SMH6147A	Motor car	RENAULT		Blue		0
SMX5310S	Motor car	HONDA	SHUTTLE	Black	Slightly Damaged	0





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CONTINUATION OF REPORT

Details of Person Involved						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	CHNG LI TIAN JAMES			ID No.		S8102606H
Related Vehicle	SH6182B (Motor car)			Contac	ct No.	91896599
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	03/09/2024		Date Disch	arge NIL		
No. of Days granted Medical Leave (MC) 05			Degree of I	njury Slight		

Brief Details.

MY TAXI WAS INVOLED IN A CHAIN COLLISION. 5 VEHICLES WAS INVOLVED. ACCIDENT HAPPENED ON PIE TOWARDS CHANGI NEAR EUNOS EXIT





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CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2024 23:54
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566	Classification Of Case: