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Report No. T/20240725/7008

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

## REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 25/07/2024 00:18   |                 |                           | Vide Report No.:<br>F/20240724/0185                  | Station Diary No.:         |  |  |
|---|-----------------|---------------------------|--|----------------------------|--|--|
| Informar                                  | nt's Particular | rs                        |  |                            |  |  |
| Name of Informant:<br>LEE CHEEN YOON      |                 |                           | Address: 350B CANBERRA ROAD #08-217 SINGAPORE 752350 |                            |  |  |
| ID Type / ID No.:<br>PASSPORT / A53344697 |                 |                           | Contact No.:<br>Home/Office:                         | Mobile: 98526699           |  |  |
| National<br>MALAYS                        |                 |                           | Email:<br>cathrine_yeo@yahoo.com                     |                            |  |  |
| Sex:<br>Male                              | Age:            | Date of Birth: 21/06/1980 | Type of Informant:<br>Driver                         |                            |  |  |
| Race:<br>Chinese                          |                 |                           | Language:<br>English                                 |                            |  |  |
| Occupation:<br>Motorcycle delivery man    |                 |                           | Driving Licence Information:<br>Class: 2B,2A,2,3     | Date of Expiry: 21/06/2034 |  |  |
|   |                 |                           |  | 187                        |  |  |

| General Information                         | of the Accident |                                    |   | A A                         |  |
|---|-----------------|------------------------------------|---|-----------------------------|--|
| Type of Accident: Injury Attended by Police |                 | Drink Drive:<br>No                 | Date/Time of Accident: 24/07/2024 20:50 | Type of Location: slip road |  |
| Location:                                   |                 |                                    |   |                             |  |
| LORONG CHUAN                                |                 | ***                                |   |                             |  |
|   |                 |                                    |   |                             |  |
| Weather:<br>Clear                           |                 | Road Surface:<br>Dry               |   |                             |  |
| Traffic Flow:<br>One Way                    |                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Light    |  |
| Type of Collision: stationary head to       | rear            | · ·                                |   | yone conveyed by bulance:   |  |

| Vehicle No. | Туре      | Make   | Model   | Color | Condition            | No of Passenge |
|-------------|-----------|--------|---------|-------|----------------------|----------------|
| SHC2207Y    | Motor car | TOYOTA | PRIUS   | Blue  | Seriously<br>Damaged | 1              |
| VKV9919     | Motor car | TOYOTA | ALPHARD | Black | Seriously<br>Damaged | 2              |

|             |  | Details of Vehicle Insurance |                |             |  |  |  |  |
|-------------|--|------------------------------|----------------|-------------|--|--|--|--|
| Vehicle No. | Insurance Company                          | Insurance No                 | Effective Date | Expiry Date |  |  |  |  |
| VKV9919     | TOKIO MARINE INSURANS (MALAYSIA)<br>BERHAD | V7191123                     | 26/04/2024     | 25/04/2025  |  |  |  |  |





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## CONTINUATION OF REPORT

| Any Pedestrian In  | volved: No                  |                          |                                |                   |  |
|--------------------|-----------------------------|--------------------------|--------------------------------|-------------------|--|
| No. of Pedestrians |                             | Use of Pedesti           | Use of Pedestrian Crossing: NA |                   |  |
| PASSENGER          | s injured. NIL              | Use of Fedesti           | nan C                          | 1055111           | g. NA  |
|                    | Unknown PASSENGER           | l I                      | ) No.                          |                   | NIL  |
| Name               | UNKNOWN PASSENGER           |                          |                                |                   | NIL  |
| Related Vehicle    | SHC2207Y (Motor car)        |                          |                                | t No.             | NIL  |
| Hospital/Clinic    | NIL                         |                          |                                | of<br>e &<br>Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment     | NIL                         | Date Discharg            | ie l                           | NIL               |  |
|                    | ed Medical Leave (MC)   NIL | Degree of Inju           |                                | NIL               |  |
| Passenger          | ou modical zouvo (mo)       |                          | y                              | 1412              | 7.77   |
| Name               | TAY CHEE WEE                |                          | No.                            |                   | G7163103L  |
| Related Vehicle    | VKV9919 (Motor car)         |                          | Contact No.                    |                   | 82664287   |
| Hospital/Clinic    | 24 HOUR WALK-IN CLINIC      |                          | lass oriving icence xpiry      | e &               | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment     | 24/07/2024 Date D           |                          | charge 24/07                   |                   | 7/2024   |
| No. of Days grante | ed Medical Leave (MC) 02    | Degree of Inju           | 0                              |                   |  |
| Driver             |                             |                          |                                |                   | The last the second sec |
| Name               | LEE CHEEN YOON              |                          | ID No.                         |                   | A53344697  |
| Related Vehicle    | VKV9919 (Motor car)         |                          | Contact No.                    |                   | 98526699   |
| Hospital/Clinic    | 24 HOUR WALK-IN CLINIC      |                          | lass oriving icence xpiry      | e &               | Class: 2B,2A,2,3<br>Date of Expiry: 21/06/203  |
| Date Treatment     | 24/07/2024                  | Date Discharg            | ie l                           | 24/07             | 7/2024   |
| No. of Days grante |                             | Degree of Injury Serious |                                |                   |  |



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## CONTINUATION OF REPORT

| Passenger          |                           |                         |   |        |  |
|--------------------|---------------------------|-------------------------|---|--------|--|
| Name               | CATHRINE YEO SING LAN     |                         | ID No.  |        | S8561790G  |
| Related Vehicle    | VKV9919 (Motor car)       |                         |   | ct No. | 98526699   |
| Hospital/Clinic    | 24 HOUR WALK-IN CLINIC    | v                       | Class of<br>Driving<br>Licence &<br>Expiry Date |        | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment     | 24/07/2024                | Date Disch              | scharge 24/07/                                  |        | 7/2024   |
| No. of Days grante | ed Medical Leave (MC) 02  | Degree of Injury Seriou |   | us     |  |
| Driver             |                           |                         |   | 200    | Service Committee of the Committee of th |
| Name               | Unknown Driver            |                         | ID No.  |        | NIL  |
| Related Vehicle    | NIL                       |                         | Contact No.                                     |        | 93890133   |
| Hospital/Clinic    | NIL                       |                         | Class of<br>Driving<br>Licence &<br>Expiry Date |        | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment     | NIL                       | Date Disch              | arge  | NIL    |  |
| No. of Days grante | ed Medical Leave (MC) NIL | Degree of               | Degree of Injury NIL                            |        |  |

## Brief Details.

ON THE ABOVE STATED DATE AND TIME , I WAS DRIVING VEHICLE VKV9919 ALONG SERANGOON AVE 2 ENTERING THE SLIP ROAD INTO LORONG CHUAN.

AS WE WERE ENTERING I CHECKED FOR ON COMING VEHICLE ON MY RIGHT WHEN SUDDENLY VEHICLE SHC2207Y WITHOUT STOPPING COLLIDED ON TO MY VEHICLE REAR PORTION .

AT THE POINT OF IMPACT MY VEHICLE WAS STARIONARY.

I THEN ALIGHTED AND CHECKED MY VEHICLE THEN EXCHANGED PARTICULAR WITH THE TAXI DRIVER . I THEN WENT TO CONSULT A DOCTOR AND RECIEVED 2 DAYS MC .

I AM MAKING THIS REPORT FOR MEDICAL AND INSURANCES PURPOSES.





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CONTINUATION OF REPORT



| Signature Of Officer Recording The Report:<br>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:<br>Not applicable                  | Date/Time: 25/07/2024 00:18   |
| Officer In Charge Of Case:                                   | Classification Of Case:   |
| This report is lodged at Toa Payoh NPC Kiosk 1               |   |