

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20141024/4155

1 of 3

Report No: T/20141024/4155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2014 20:42			Vide Report No.:		Station Diary No.: 76
Informant's Particulars					
Name of Informant: Thong Teik Choy			Address: 10 Jln Permas 12 Bandar Baru Permas Jaya, JB		
ID Type / ID No.: NEW MALAYSIAN IC / 770717086325			Contact No.: Home/Office:		Mobile: 85151188
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 17/07/1977	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Self-Employed			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive:	No	Date/Time of Accident:	24/10/2014 17:00	Type of Location:	Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY							
Towards Changi Before Adam Road							
Weather: Clear		Road Surface: Dry		Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Head To Rear						Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JLX8681	Car				Seriously Damaged	1
SGF3222S	Car				Seriously Damaged	0
SJV6468K	Car				Seriously Damaged	0
SJX5269P	Car				Seriously Damaged	0

Details of Person Involved

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

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CONTINUATION OF REPORT

Driver			
Name	Thong Teik Choy		ID No. 770717086325
Related Vehicle	JLX8681 (Car)		Contact No. 85151188
Hospital/Clinic	NEIGHBOURHOOD CLINIC		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/10/2014	Date Discharge	24/10/2014
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
Passenger			
Name	Mohd Nuraizuddin		ID No. 840515015087
Related Vehicle	JLX8681 (Car)		Contact No. 91046874
Hospital/Clinic	NEIGHBOURHOOD CLINIC		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	24/10/2014	Date Discharge	24/10/2014
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On the a/m date, time, I Was travelling along the said location on the extreme right lane. While I was driving, vehicle ahead of me (SGF3222S) had slowed down and stop followed by vehicle (SJX5269P) slowing down and stop. I then slowed down and stop my vehicle. After I had stopped my vehicle. I suddenly felt an impact on the rear of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear of SJX5269P. I noticed that vehicle SJV6468K had collided onto the rear of my vehicle

SJV 6468K → JLX8681 → SJX 5269P → SGF3222S
U 1P

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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 /

Nur Ayn Binte Sazali

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SUBALI BIN YAN

Contact No.: 65476219

Authentication Stamp

NP168



Signature Of Informant:

THONG TEIK CHOY

Date/Time:

24/10/2014 20:42

Classification Of Case: