Sketch Plan Pg.3





1 of 3

Report No. T/20160420/2000

POLICE FORCE

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

REPORT OF A	TRAFFIC A	CCIDENT		lor iii Dian Na		
Date/Time Report Made: 20/04/2016 00:17			Vide Report No.:	Station Diary No.: 12		
Informant'		ars				
Name of In	formant:		Address: APT BLK 112 PASIR RIS STF 510112	REET 11 #07-647 SINGAPORE		
ID Type / ID No.: NRIC NO / S1567931Z			Contact No.: Home/Office:	Mobile: 92718389		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 53 03/05/1962			Type of Informant: Driver			
Raçe: Cáinese			Language: English	Institution / School Name:		
Occupation: Self Employed			Driving Licence Information: Class: 3	Date of Expiry:		

General Informat	ion of the Accident		State that the state of the	Carlo and Japan Carlotte Control States of Carlo
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2016 12:00	Type of Location: Straight Road
	VALK th Road (nearby to the	main entrance to C	Coronation Shopping	Plaza) Road Speed Limit:
Weather: Clear Traffic Flow:		Dry Traffic Control:		Traffic Volume:
Two Way Type of Collision Between Moving	ı: J Vehicles - Side Swipe	Not Controlled - Same Direction		Anyone conveyed by ambulance:

Ds ails of Vo	and the second of the second o	Make	Model	Color	Condition	No of
SGK3451X	Car	TOYOTA	WISH 1.8 A	Grey		0
SK111E	Car	TOYOTA	ESTIMA 3.5	Red		0
SKC1562S	Car	MERCEDES BENZ	E 200CGI	Grey	Slightly Damaged	0

	1
Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Effective Expiry Date	_

Sketch Plan Pg.4



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

Report No. T/20160420/2000

CONTINUATION OF REPORT

	197
VENCE Y	THE PERSON OF TH
100	
2668W	Carlet Doto
	Expiry Date

Jahrala Naws	Insurance Company	Insurance No	Effective	Expiry Date
SKC1562S	AIG ASIA PACIFIC INSURANCE PTE.	2100267218	26/07/2015	25/07/2016
	rson involved			

Any Pedestrian Ir	volved: No	1		0	in a: NIA
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Driver			in N	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	S1567931Z
Name	TAY NGIANG MENG		ID No.		5150/9312
Related Vehicle	SKC1562S (Car)		Conta	ct No.	92718389
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Driving Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Deta Trootment	19/04/2016	Date Disc	harge	19/04	1/2016
Date Treatment	ited Medical Leave 03	Degree of	Injury	NIL	

Brief Details.

On 19th April 2016 at 12:00pm, I was driving my vehicle registration number: SKC1562S (V1) and driving along Coronation Walk towards Bukit Timah Road (Infront of Coronation Plaza at the main entrance).

It was 2 ways road. I wished to turn right to the main carpark however there was another vehicle registration number: SGK3451X (V2) from the opposite direction, reversing as the carpark was full.

As such, I was in the stationary position just before the yellow box. There was an impact from my right front portion and I discovered that there was another vehicle registration number: SK111E (V3) had collided to my vehicle.

The other driver whom is a Malay driver alighted from the vehicle and refused to give his details to me. He told me to report to my insurance. After the accident, there is a witness who came and approached me. He claimed that he witness (V2) the occurrences and wished to by my witness.

I decided to lodge a Police report for insurance claimed.

Sketch Plan Pg.5





T/20160420/2000

Police Station Of Origin: Bishan N.P.C

Report No. T/20160420/2000

3 of 3

20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
E /
MOHAMAD FARID BIN JAMAL

Signature Of Interpreter:
Not applicable

Date/Time:
20/04/2016 00:17

Officer In Charge Of Case:
TP / AEIT /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Classification Of Case:

Classification Of Case:

University of the Report Police of Informant:

Date/Time:
20/04/2016 00:17

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.