Police Report Pg.1





5-7

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20160913/2019

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 13/09/2016 09:49			Vide Report No.:	Station Diary No.:	
Name of I	's Particul	ars <u>l/</u>	Address: APT BLK 211 ANG MO KIO A KIO SINGAPORE 560211	VE 3 #08-1446 HDB-ANG MO	
SEE HOCK THYE ID Type / ID No.: NRIC NO / S0371568Z Nationality: SINGAPORE CITIZEN Age: Date of Birth:			Contact No.: Home/Office:	Mobile: 82050871	
			Type of Informant:		
Male 67			Language: English	To an analysis of the second	
Chinese			Driving Licence Information:	Date of Expiry:	
Occupa Taxi dri	tion: ver		Class:		

infor	nation of the Accid	lent Drink	Date/Time of	Type of Location:
Type of Accident:	Injury Others	Drive: No	Accident: 09/09/2016 20:00	
Location: Along Road REPUBLIC (1 SOULEVARD	a form		Road Speed Limit:
Weather: Clear		Road Surface: Dry Traffic Control:		Traffic Volume:
Weather: Clear		(0.500 C. Sale-2 N		Anyone conveyed by

Details of Ve	hicle Invol	ved	Model	Color	Condition	No of
Details of Vehicle Involve Vehicle No. Type		WIGHT	140 1.7 CRDI	A. Carrier	Slightly	0
SHC8733E	The state of the s	HYUNDAI	F/L AT ABS AIRBAG	61	Damaged	
			4DR LATITUDE	Red	Slightly	1
SHF609T	Car	RENAULT	2.0L DCI AUTO D/AB	I I I I I I I I I I I I I I I I I I I	Damaged	

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2013 Report No. T/20180913/2019

CONTINUATION OF REPORT

etails of Person	rolyed: No	se of Pedestrian	Crossin	g: NA	
ny Pedestrian in No. of Pedestrian	Injured; NIL		STREET, SQUARE	30371568Z	
		ID No		3037 10002	
)river	me SEE HOCK TITE			00050971	
lame			act No.	Class: NIL Date of Expiry: NIL	
1) Inhicks					
Related Vehicle	PARTIES -				
- Welinic	CARE MEDICAL CLINIC	Drivi		1	
Hospital/Clinic	0788888888	Lice	nce &		
			Expiry Date Discharge 11/09/2016		
	Date D				
Date Treatment	11/09/2016	Degree of Injur	NIL		
Na of Days gra	nted Medical Leave 03	Tip!	1-	NIL	
Will Blook St		1.0143	4(1)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Passenger	- OWISENG	100	****		
Passenger	TOH YOW SENG	1		92327167	
Passenger Name	TOH YOW SENG	1	ntact No.	92327167	
Passenger Name	TOH YOW SENG	Co	ntact No.	Cines; NIL	
Name Related Vehicle	TOH YOW SENG SHF609T (Car)	Co	ntact No.	Cinco NIL	
Name Related Vehicle	TOH YOW SENG SHF609T (Car)	Co	ntact No. ass of ving	- 11:00	
Name	TOH YOW SENG SHF609T (Car)	Co Cla Dr Lie	ntact No. ass of ving sence &	Class: NIL Date of Expiry: NIL	
Name Related Vehicle	TOH YOW SENG SHF609T (Car)	Co Clr Dr Lie Ex	ntact No. less of ving sence & piry Date	Class: NIL Date of Expiry: NIL	
Name Related Vehicle	TOH YOW SENG SHF609T (Car) NIL	Co Cla Dr Lie	ntact No. uss of ving sence & piry Date	Class: NIL Date of Expiry: NIL	

ON THE ABOVE MENTIONEDDATE TIME AND LOCATION:

I WAS DRIVING ON THE RIGHT LANE AND WHEN I REACHED THE AREA WHEREBY THERE WAS OTHER SIDE OF THE ROAD, THIS DRIVER (SHC8733E) RUSHED INTO MY LANE IN FRONT OF ME AND ATTEMPTED TO MAKE A U-TURN IN THAT AREA WHERE IT IS NOT SUPPOSED TO DO SO. THIS CAUSED ME TO HIT INTO HIS RIGHT DOOR. MY PASSENGER WAS IN A RUSH SO I DID NOT TAKE DOWN THE PARTICULARS OF THE DRIVER, BUT MY PASSENGER OFFERED TO BE MY WITNESS IF NECCESSARY, I THEN DROVE OFF AFTER TAKING DOWN HIS VEHICLE NUMBER.

Police Report Pg.1



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3 of 3

Report No. T/20160913/2019

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.

he certificate with you now, please ton	Signature Of Informant
Signature Of Officer Recording The Report: TP / LUNG SHI HAO	Maril
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2016 09:49
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	Signature: