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Institution / School Name:

Date of Expiry:

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

REPORT OF A TRAFFIC ACCIDENT

Indian

Occupation:

Lorry driver

1 of 3 Report No. T/20171121/2112

Date/Time Report Made: 21/11/2017 16:02			Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars					
	f Informant: VAN SIVAN		Address:				
ID Type / ID No.: FIN NO / G2774412K			Contact No.: Home/Office: Mobile: 84336975				
Nationality: MALAYSIAN		Email:					
Sex: Male	Age: 26	Date of Birth: 01/10/1991	Type of Informant: Driver				
Race:			Language:	Institution / School Name:			

Driving Licence Information:

Language:

English

Class:

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 21/11/2017 13:15		Type of Location: Straight Road
SELETAR EX CENTRAL EX	Traveling Toward Road 2 PRESSWAY PRESSWAY (CHIN SWE DS CTE 11.5KM		INEL)			
		Surface:		Roa	d Speed Limit:	
			Control: ontrolled		Traf Ligh	fic Volume: t
Type of Collision: Between Moving Vehicles - Head To Rear					-	one conveyed by oulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2436T	Van				Slightly Damaged	1
SGC4845D	Car				Slightly	0
					Damaged	

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

Name	KEHSAVAN SIVAN		ID No		G2774412K	
Related Vehicle	e NIL			Conta	ct No.	84336975
Hospital/Clinic	Hospital/Clinic NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment NIL			Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS TRAVELLING ALONG THE CENTRE LANE OUT OF 3 LANE, I WAS JUST DRIVING STRAIGHT WHEN ALL OF A SUDDEN A CAR CAME FROM THE LEFT LANE AND COLLIDED ONTO MY VAN AND STILL CONTINUED TO DRIVE FORWARD TILL THE FIRST LANE AND COLLIDED ONTO THE CENTRAL DIVIDER AS WELL.

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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: TP / NICHOLAS HO YE HAO	Signature Of Informant/
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2017 16:02
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case: SINGAPORE
Authentication Stamp NP168	POLICE FORCE Signature: