



1 of 4

Report No. T/20171211/2058

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

	12		
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Date/Time Report Made: Station Diary No.: Vide Report No.: 11 11/12/2017 12:31 Informant's Particulars Name of Informant: Address: APT BLK 807C CHAI CHEE ROAD #12-56 SINGAPORE **CHEN NAN** ID Type / ID No.: Contact No.: NRIC NO / S8377360Z Home/Office: Mobile: 90265605 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: 34 16/02/1983 Driver Male Institution / School Name: Race: Language: Chinese Driving Licence Information: Occupation: Director Class: 3A Date of Expiry:

General Informat	ion of the Accident			
Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2017 17:50	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXI	PRESSWAY			·
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of V				F	T	
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG5279M	Car				Slightly	4
					Damaged	
SKG6749S	Car	VOLKSWAGO	SCIROCCO	White	Slightly	1
•		N	1.4L AT TSI		Damaged	
			1372Q5			
SKP4789S	Car				Slightly	0
					Damaged	





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CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG6749S	EQ INSURANCE COMPANY LTD.	DMPPHQ17-	27/09/2017	26/09/2018
		004696		

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No.					J
No. of Pedestriar	Use of Pedestrian Crossing: NA					
Driver						
Name	Choo Suan Phock			ID No.		\$1354310J
Related Vehicle	SKG5279M (Car)			Contact No.		NIL ·
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree of		NIL	
Driver		•	· ×	7 - 7		
Name	CHEN NAN			ID No		S8377360Z
Related Vehicle	SKG6749S (Car)		***************************************	Contact No.		90265605
Hospital/Clinic	PARKWAY EAST HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	10/12/2017		Date Disc			2/2017
	ed Medical Leave	03	Degree of Injury Slight			
Passenger			·			
Name	Wang Siwei			ID No		S8281929J
Related Vehicle	SKG6749S (Car)			Contact No.		NIL
Hospital/Clinic	PARKWAY EAST HOSPITAL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	10/12/2017		Date Discl			/2017
	ed Medical Leave	03	Degree of Injury Slight			





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CONTINUATION OF REPORT

Driver				r		000004450
Name	Lim Wan Yi Yvone	,	·	ID No		S8209117C
Related Vehicle	SKP4789S (Car)	-		Conta	ct No.	NIL
Hospital/Clinic :	NIL ·			Class Drivin	100-2100	Class: NIL Date of Expiry: NIL
			40	Liceno Expiry	ce & Date	
Date Treatment	NIL .		Date Disc	harge	NIL	
No. of Days grant	NIL	Degree of	Injury	NIL		

Brief Details

On 10/12/2017 at about 5.50pm, I was driving my car(SKG6749S) along PIE towards Changi. I was driving on the 1st lane on the right. The traffic was starting to get heavy. The car (SKG5279M) in front of me slowed down and come to a stop. As such I applied my brake and my car came to stationary.

While stationary, I suddenly felt an impact coming from the rear. The impact was strong enough that it causes my car to move forward and hit onto the car (SKG5279M) in front me. I alight my car and discovered that a car(SKP4789S) had hit onto the rear portion of my car.

I then took pictures of the accident and exchange particulars with the other drivers that were involve with the accident. Awhile later, Auxillary Police came to scene and activated EMAS to tow my as car was unable to move. My car was then towed to my workshop.

After the accident, my passenger and I was not feeling well. As such we went to Parkway East Hospital to medical treatment. We were both given 3 days medical leave each.





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570025 CONTINUATION OF REPORT Tel No: 1800-4529999

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report:

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

Date/Time:
11/12/2017 12:31

Classification Of Case:

Accident Photo

