Sketch Plan Pg. 4





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

1 of 3 Report No. T/20171229/2019

REPORT OF A	TRAFFIC	ACCIDENT					
Date/Time Report Made: 29/12/2017 10:58			Vide Report No.:	Station Diary No.: 35			
Informant's	s Particul	ars					
Name of Informant: ABDUL SALAM BIN SHAIK ALAUDDIN			Address: APT BLK 308B ANG MO KIO AVENUE 1 #05-399 SINGAPORE 562308				
ID Type / ID No.: NRIC NO / S1555674I			Contact No.: Home/Office:				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Age: Date of Birth: Male 55 28/06/1962			Type of Informant: Driver				
Race: Indian			Language: Malay	Institution / School Name:			
Occupation: TAXI-DRIVER			Driving Licence Information: Class: 2B,3	n: Date of Expiry:			

General Inform	nation of the Acci	dent			4-4-7		
Type of Accident:	Injury Others	Injury		Date/Time of Accident: 28/12/2017 21:25		Type of Location: Straight Road	
Location: Along Road 1 ANG MO KIO	AVENUE 1	GHT SCHOOL					
Weather: Road			ad Surface:			Road Speed Limit:	
Traffic Flow: Traffic			Control:	***		fic Volume: erate	
Type of Collision: Between Moving Vehicles - Head To Rear			7)	22		one conveyed by ulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB8609L	TAXI	KIA	OPTIMA	Silver	Slightly Damaged	0
SKU6661L	Car	SUZUKI		Blue	Slightly Damaged	0

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

Sketch Plan Pg. 5





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Report No. T/20171229/2019

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Community Building SINGAPORE 319194 CONTINUATION OF REPORT

Tel No: 1800-2519999

Driver				100		
Name	ABDUL SALAM BIN SHAIK ALAUDDIN			ID No.		S1555674I
Related Vehicle	SHB8609L (TAXI)			Contact No.		91506321
Hospital/Clinic	MOUNT ALVERNIA		Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL	
Date Treatment	29/12/2017	Date Disc				
No. of Days granted Medical Leave 05			Degree of	of Injury Slight		
Driver						
Name	QUAH SIN KOON		ID No.		S7940475F	
Related Vehicle	SKU6661L (Car)		Contact No.		98424782	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	Date Treatment NIL			harge	NIL	
No. of Days gran	NIL	Degree of	Degree of Injury NIL			

Brief Details.

I am a Super Relief taxi driver for Premier Company. On 28/12/2017 at about 9.27pm, I was driving my taxi bearing registration number SHB8609L, silver KIA Optima, travelling on the extreme left lane, along Ang Mo Kio Avenue 1 towards CTE. Upon approaching the Pathlight School, I decided to change lane to my right as such I signaled right. I remembered that I travelled past one blue Suzuki car and subsequently overtook the said car by about two car length. It was a slow moving traffic when suddenly the car infront of me stopped. I managed to stop in time however out of sudden I felt my taxi was being knocked from the rear. Both my taxi and the vehicle behind me pulled over. When I came out to check, I realized that the said Suzuki car, bearing registration number SKU6661L had knocked onto the rear right bumper of my taxi, causing it to be broken. As for the said car, the front left bumper was also damaged. I then exchanged particulars with the driver. I wish to state that I did seek medical treatment at Mount Alvernia Hospital on 29/12/2017 as I felt pain on my neck. I was given five days of medical leave. I am lodging this Traffic Accident Report for insurance claim purpose.

Sketch Plan Pg. 6





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

3 of 3 Report No. T/20171229/2019

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 E / Sr Staff Sgt ZAINAL ABIDIN BIN A		Signature Of Informant:			
Signature Of Interpreter: Not applicable		Date/Time: 29/12/2017 10:58			
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	18.20	Classification Of Case:			
Authentication Stamp NP168		e Police Force			