



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

Report No. T/20180112/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2018 01:18		Vide Report No.: J/20180111/0190	Station Diary No.:
Informant's Particulars			
Name of Informant: KAM SHIAN LONG		Address: 15, JALAN EKOPERNIAGAAN 1/23 ANANSIT PACKAGING, TAMAN EKOPERNIAGAAN 81100 JOHOR BAHRU	
ID Type / ID No.: NEW MALAYSIAN IC / 751116015149		Contact No.:	Mobile: 0127967822
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 42	Date of Birth: 16/11/1975	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury <i>Sebastian</i> Conveyed By Ambulance <i>Others</i>	Drink Drive: No	Date/Time of Accident: 11/01/2018 21:00	Type of Location:
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE (WOODLANDS) 0.19KM				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: <i>Sebastian</i> Yes No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
JSL3883	Car				Seriously Damaged	0
SJH5349B	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR			0
SJN5519X	Car	HYUNDAI	HD AVANTE 1.6 A			0



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CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLE5859M	Car	TOYOTA	LEXUS RX270 AUTO			0
SLJ7521Y	Car	ALFA ROMEO	ALFA 159 2.2JTS.SPO RTWAGON. SELESPEE D			0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAM SHIAN LONG	ID No.	751116015149
Related Vehicle	JSL3883 (Car)	Contact No.	0127967822
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	12/01/2018	Date Discharge	12/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	TOH TIEN LEE	ID No.	S7403715A
Related Vehicle	SJH5349B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



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CONTINUATION OF REPORT

Driver			
Name	ONG CHAI SENG	ID No.	S0092700G
Related Vehicle	SJN5519X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GAH SIAT YEAN	ID No.	S7867381H
Related Vehicle	SLE5859M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG JACK	ID No.	S8026253A
Related Vehicle	SLJ7521Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 11/01/2018 AT 2100 HRS BKE 0.19KM
I WAS TRAVELING ALONG BKE WHEN THE FRONT CAR (SLE5859M) STOPPED AND I STOPPED ,
AFTER THAT THE CAR AT THE BACK (SJN5519X) COLLIDED ONTO MY CAR REAR AND THEN I
HIT THE CAR INFRONT OF ME AND THE FRONT CAR HIT THE CAR INFRONT (SJH5349B) OF HIM.
MY FRONT CAR AND REAR WAS BADLY DAMAGED AND MY CAR WAS TOWED AWAY.



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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 /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/01/2018 01:18

Classification Of Case

SINGAPORE
POLICE FORCE

Signature: Sebastian



T/20180112/2008

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Report No. T/20180112/2008

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180112/2007

Report Number T/20180112/2008

Vide Report Number

Date/Time of Report Made 12/01/2018 01:34

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant KAM SHIAN LONG

ID Type / ID No. NEW MALAYSIAN IC / 751116015149

Home/Office

Mobile 0127967822

Email

Type of Accident *Sebastian*
Injury / ~~Conveyed By Ambulance~~ *Attended by Police*

Drink Drive No

Anyone conveyed by ambulance *Sebastian*
~~Yes~~ *No*

Date/Time of Accident 11/01/2018 21:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSL3883	Car				Seriously Damaged	0
SJH5349B	Car	MITSUBISHI	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR			0
SJN5519X	Car	HYUNDAI	HD AVANTE 1.6 A			0



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Report No. T/20180112/2008

Continuation of CSF For NP168

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLE5859M	Car	TOYOTA	LEXUS RX270 AUTO			0
SLJ7521Y	Car	ALFA ROMEO	ALFA 159 2.2JTS.SPO RTWAGON. SELESPEE D			0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAM SHIAN LONG	ID No.	751116015149
Related Vehicle	JSL3883 (Car)	Contact No.	0127967822
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/01/2018	Date Discharge	11/01/2018
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Related Vehicle	SJH5349B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ONG CHAI SENG	ID No.	S0092700G
Related Vehicle	SJN5519X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



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Report No. T/20180112/2008

Continuation of CSF For NP168

Driver			
Name	GAN SIAT YEAN GAN	ID No.	S7867381H
Related Vehicle	SLE5859M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NG JACK	ID No.	8026253A
Related Vehicle	SLJ7521Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

REFERING TO ACCIDENT REPORT NO. T/20180112/2007 AND J/201801/11/0190
ON 11/01/2018 AT 2100 HRS BKE 0.19KM

I WAS TRAVELING ALONG BKE WHEN THE FRONT CAR (SLE5859M) STOPPED AND I STOPPED,
AFTER THAT THE CAR AT THE BACK (SJN5519X) COLLIDED ONTO MY CAR REAR AND THEN I
HIT THE CAR INFRONT OF ME AND THE FRONT CAR HIT THE CAR INFRONT (SJH5349B) OF HIM.
I SUFFERED BACK AND NECK PAIN FROM THE ACCIDENT

MLG
TJ
LW*

SJN5519X SJL5859M SJH5349B

SJL7521Y ?



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Report No. T/20180112/2008

Continuation of CSF For NP168

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 certificate with you now, please fax a copy to 65474885 stating the report number as reference.

ie Sensitivity

No

icer-In-Charge of Case

TP / GIT /
YEO CHUN JIAN

ssification of Case

1) INJURY / CONVEYED BY AMBULANCE