

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180205/2047

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180205/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 11:40	Vide Report No.:	Station Diary No.: 59
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Informant's Particulars

Name of Informant: IMMANUAL JAMAL	Address: APT BLK 107D EDGEFIELD PLAINS #02-138 SINGAPORE 824107		
ID Type / ID No.: NRIC NO / S7442183J	Contact No.: Home/Office: Mobile: 90545533		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 43	Date of Birth: 28/12/1974	Type of Informant: Driver
Race: Boyanese	Language: English		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2018 21:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT BEFORE JALAN EUNOS EXIT				
Weather: Clear	Road Surface: Dry		Road Speed Limit: 90 Km/h	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3973L	TAXI	HYUNDAI	I40	Blue	Slightly Damaged	0
SHD9289J	TAXI	CHEVROLET	EPICA	Red	Slightly Damaged	3
SKW3409J	Car	TOYOTA	ALTIS	Silver	Seriously Damaged	0

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Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA LIANG HOE	ID No.	S0950106A
Related Vehicle	SHC3973L (TAXI)	Contact No.	91457677
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	IMMANUAL JAMAL	ID No.	S7442183J
Related Vehicle	SHD9289J (TAXI)	Contact No.	90545533
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/02/2018	Date Discharge	05/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHELLAIAH ANANDAN	ID No.	S6961840E
Related Vehicle	SKW3409J (Car)	Contact No.	93631726
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 03/02/2018 at about 2110hrs, I was driving my taxi Reg no: SHD9289J along PIE towards Changi Airport before Jalan Eunos Exit. The traffic volume was heavy and slow moving. When the vehicles in front of me suddenly make a sudden stop as such, I also apply my brakes to stop. Suddenly, I felt a hard impact from the rear of my taxi. My taxi moved forward but luckily the car in front of me had moved off and I did not hit the vehicle. After checking my passengers are ok, I went out to check on my vehicle. I realized that my taxi had been hit by a blue in colour taxi Reg no: SHC3973L Hyundai i40. A silver in colour Toyota Altis Reg no: SKW3409J had hit the rear of the taxi that causes the Hyundai taxi to hit the rear of my taxi. I wish to state that I only felt one impact during the accident.

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CONTINUATION OF REPORT

After changing particulars, I continue to send my passengers to their destination. My taxi rear bumper and boot are dented and damaged. The blue Hyundai taxi had both its front and rear damaged. The Toyota Altis front bumper and bonnet was badly damaged and has to be towed away as he could no longer engaged his gear. On 04/02/2018 at about 0630hrs, when I wake up and felt pain on the lower back and my shoulder blades. I then went to the clinic on 05/02/2018 and was given 5 days medical leave by the

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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:
G /
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD
SALEH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/02/2018 11:40

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMPA
Contact No.: 65476179

Classification Of Case:

Authentication Stamp
NP158



SIGNATURE