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Report No. T/20180201/2035

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDEN	FPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time 01/02/2018	A THE COLUMN TWO COLUMN TO THE COLUMN TWO COLUMN TWO COLUMN TO THE COLUMN TWO COLUMN TWO COLUMN TO THE COLUMN TWO COLUMN TW	ide:	Vide Report No.:	Station Diary No.:		
informent!	g Pardeni	are Total				
Name of In			Address:			
ONG SEAF	H THONG		APT BLK 35 LOR 5 TOA PAYOH #05-331 HDB-TOA PAYON SINGAPORE 310035			
ID Type / II	D No.:		Contact No.:			
NRIC NO / S1366512E			Home/Office: Mobile: 94658253			
Nationality	<u> </u>		Email:			
SINGAPO	RE CITIZE	N				
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	58	09/11/1959	Driver			
Race:			Language: Institution / School Name:			
Chinese	WW.		English			
Occupation	n:		Driving Licence Information:			
TAXI DRIV	/ER		Class: 3,4,5 Date of Expiry:			

	ion of the Accident =	Delete	Deta/Time of	Type of Legation:	
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/01/2018 18:0	Type of Location: Straight Road	
Location: Junction of Road TAMPINES AVEI TAMPINES AVEI	NUE 10				
Weather: Road Raining Wet		ad Surface: t		Road Speed Limit: Traffic Volume: Light	
Traffic Flow: Traffic		ffic Control: ffic Light - Wo	rking		
Type of Collision	: Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

	ander hvolver					
Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
SHC8830H	TAXI					1
						<u></u>

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





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CONTINUATION OF REPORT

		die 17 general in der 18 general in der	Total	100 miles	
Driver Name	ONG SEAH THONG		ID N o.		S1366512E
Related Vehicle	SHC8830H (TAXI)		Contac	ct No.	94658253
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class Driving Licend Expiry] :e &	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	31/01/2018	Date Disc			1/2018
No. of Days granted Medical Leave 03		Degree o	f Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS TRAVELLING ALONG TAMPINES AVE 10 ON THE 1ST INTENDING TO TURN RIGHT INTO TAMPINES AVE 5. I STOPPED MY VEHICLE BECAUSE THE TRAFFIC LIGHT HAD TURNED RED. AFTER 2 - 3 MINUTES, SUDDENLY THE BACK OF MY VEHICLE WAS HIT WITH THE FRONT OF ANOTHER VEHICLE. I WAS IN A DAZE SO I DID NOT KNOW WHAT HAPPENED NEXT. I WAS SENT TO CHANGI GENERAL HOSPITAL BUT WAS NOT HOSPITALISED. I RECEIVED 3 DAYS MC.





Supplementary and Constitutions Constitutions

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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 Repor	t:
MUHAMMAD SYUKRI BIN ABU BAKAR	4
Signature Of Interpreter:	
Not applicable	
Officer In Charge Of Case:	
TP / GIT /	
Staff Sgt SYED ZAYID MUHAMMAD BIN	SYED
ABDUL WAHID ALHINDUAN	
Contact No.: 65476394	2.89
Authentication Stamp	
NP168	

Signature Of Informant:
Date/Time:
01/02/2018 11:04
Classification Of Case:
SINGAPORE POLICE FORCE
Signature: