# POLICE REPORT Pg. 1





Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Weather:

One Way Type of Collision:

Between Moving Vehicles - Head To Rear

Clear Traffic Flow:

Report No. T/20180305/2056

Road Speed Limit:

Anyone conveyed by

Traffic Volume:

ambulance: No

Heavy

Date/Time Report Made: 05/03/2018 13:09			Vide Report No :				Station Diary No.: 55	
line me	ils Parie	dag	Name Cold	Cr. Section		zaj e		
Name of Informant: LIM LEONG HOCK			Address: APT BLK 256 SERANGOON CENTRAL DRIVE #05-40 SINGAPORE 550256					
ID Type / ID No.: NRIC NO / S1287544D			Contact No.; Home/Office:			Mobile: 97930540		
Nationali SINGAP	ty: ORE CITIZ	EN	Email:				to Soot	
Sex: Male	Age: 59	Date of Birth: 12/05/1958	Type of Informant: Driver				27.0% 20.0F	
Race: Chinese			Language: English			Institution / School Name:		
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4			Date of Expiry:		
Senerals Type of Accident	i	<b>niotaine Accident</b> njury Others	Di Di	rink rive:	Date/Tim Accident	e of	Type of Location: Straight Road	
Location: Along Ro	oad 1 Trave R EXPRES	eling Toward Road SSWAY	No	0	05/03/20	18 08:40		

Vehicle No.	TWEE	Hunte :	u/Joseph	(Goljar	i Condition	aylo offices enec
SHB7989X	Car	CHEVROLET	EPICA ·	Red	Seriously Damaged	1
SKG3636D	Саг	AUDI	A5	Black		0
SKZ5590M	Car	TOYOTA	HARRIER	White	·	0

Road Surface:

Traffic Control:

### POLICE REPORT Pg. 1



Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

2 of 4 Report No. T/20180305/2056

CONTINUATION OF REPORT

	iunizatved as a se					
Any Pedestrian Ir			Use of Per	doctrion	Cross	ing: NA
No. of Pedestrian	s Injured: NIL	HEAT VALUE OF THE OWN	USE OF FE	Jestijai Sestijai	Ciuss	
Name	LIM LEONG HOCK		and the state of t	ID No.		S1287544D
Related Vehicle	SHB7989X (Car)		3-80	Contact No.		97930540
Hospital/Clinic	Internedical 24 Hr Clinic			Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	05/03/2018		Date Disc			3/2018
No. of Days grant	ted Medical Leave	05		Degree of Injury Slight		
Drivers		10/42/8/184				
Name	SIM BAO CUN		alan ayan da	ID No.		S8513809Z
Related Vehicle	SKG3636D (Car)		3-1	Contact No.		96859957
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	nent NIL		Date Disc	Date Discharge NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL			
DAVE -						
Name	YEE YEONG WAH	فدن مسائمه شار اندا	9 42 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	ID No		S1768464G
Related Vehicle	SKZ5590M (Car)	8	1900 - 12 - 12	Conta	act No.	92471588
Hospital/Clinic	NIL		12	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Date Discharge NIL			
	ted Medical Leave	NIL	Degree o		NIL	500000 (1 50 50 50 50 50 50 50 50 50 50 50 50 50

### Brief Details.

On 05.03.2018 at about 0840hrs, I was driving my taxi (SHB7989X) along lane 1 of SLE towards Woodlands. The vehicle in front of me stopped just before Mandai exit as such I came to a stop too. Moments later, I suddenly felt an impact from the rear. I exited from my taxi to make a check and discovered serious damages to the rear portion of the vehicle. I wish to state that I had noted the vehicle behind me (SKX5590M) was also stationery behind me before the impact. I then discovered that a third vehicle had hit the vehicle behind me, causing it to be pushed forward and hitting into my vehicle.

There was one passenger in my taxi and neither she nor me required medical attention at that time. I

# POLICE REPORT Pg. 1





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

Report No. T/20180305/2056

CONTINUATION OF REPORT

later visited the clinic where I was given 5 days of MC.





Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

4 of 4 Report No. T/20180305/2056

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 Rep E / Sgt 2 REEMA KAUR SANDHU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2018 13:09
	Classification Of Case:
Authentication Stamp NP*58	SIGNATURE