



**SINGAPORE
POLICE FORCE**



T/20180402/2111

1 of 3

Report No. T/20180402/2111

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 16:08	Vide Report No.: D/20180402/0066	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG CHIN WEN		Address: APT BLK 485A CHOA CHU KANG AVE 5 #03-98 HDB-CHOA CHU KANG SINGAPORE 681485	
ID Type / ID No.: NRIC NO / S8822864B		Contact No.: Home/Office: Mobile: 87223438	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 05/07/1988	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Interior designer		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/04/2018 12:05	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS TOWN BEFORE ALEXANDRA EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB4447J	Motorcycle	HONDA	CB400		Slightly Damaged	0
SGR1175U	Car	MITSUBISHI	LANCER 1.6 A		Seriously Damaged	0
SLN9986E	Car	TOYOTA	VIOS 1.5E CVT		Slightly Damaged	1



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CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG CHIN WEN	ID No.	S8822864B
Related Vehicle	SGR1175U (Car)	Contact No.	87223438
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME,

I WAS TRAVELLING ALONG AYE BEFORE ALEXANDRA ROAD EXIT, ON THE FIRST LANE OF FOUR LANES. WHILE TRAVELLING THE ABOVE MENTIONED CAR THAT WAS INFRONT OF ME SUDDENLY CAME TO A STOP, AND I HAD NO TIME TO REACT AND AS SUCH I COLLIDED WITH THE REAR OF HIS VEHICLE, THEN THE ABOVE MENTIONED MOTORCYCLE THEN COLLIDED ONTO THE REAR OF MY CAR. AS SUCH, THE REAR BUMPER OF THE CAR INFRONT OF ME WAS BADLY DAMAGED, MY FRONT BUMPER CAME OFF ENTIRELY, WHILE THE BACK LIGHT OF MY CAR WAS DESTROYED. THE AMBULANCE CAME AND SEND THE RIDER TO THE HOSPITAL. THATS ALL.



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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 /
TAN KIN WAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

02/04/2018 16:08

Classification Of Case:

