



1 of 3

Report No. T/20180815/2023

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2018 09:50		Vide Report No.:	Station Diary No.: 10			
Informan	t's Particu	ılars				
Name of Informant: ONG BEE HOAY			Address: APT BLK 274A COMPASSVALE BOW #14-533 SINGAPORE 541274			
ID Type / ID No.: NRIC NO / S7773634D			Contact No.: Home/Office: Mobile: 90675555			
Nationality SINGAPO	y: DRE CITIZ	EN	Email:			
Sex: Female	Age:	Date of Birth: 11/11/1977	Type of Informant: Vehicle Owner			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: FINANCIAL ADVISOR		Driving Licence Informa Class: 2B,3	ation: Date of Expiry:			

Seneral Infor	nation of the Accider			
Type of Accident: Injury Others		Drink Drive: No	Date/Time of Accident: 13/08/2018 16:00	Type of Location: X-Junction
Location: Junction of R COLLYER QI CROSS STR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate
Type of Collis	sion: ving Vehicles - Head T	o Side		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKW6833Y	Car	TOYOTA	Altis	White	Slightly Damaged	0
SLB1433A	Car	HONDA		Black	Slightly Damaged	0 .

Details of Vo	hicle insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKW6833Y	OVERSEAS ASSURANCE CORPORATION LIMITED	2017-v0099147-vdp -r001	11/11/2017	10/11/2018





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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:	Signature Of Informant:	
Staff Sgt ZAKI FAHMY RAZALI	Joseph	
Signature Of Interpreter:	Date/Time:	
Not applicable	15/08/2018 09:50	
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:	
SI ANG YI TING, STEPHANIE		
Contact No.: 65476414		
Authentication Stamp NP168	7	





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CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian Ir	volved: No				
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Vehicle Owner					
Name	ONG BEE HOAY		ID No.		S7773634D
Related Vehicle	SKW6833Y (Car)		Contact No.		90675555
Hospital/Clinic	SENGKANG FAMILY CLINIC	•	Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/08/2018	Date Disc	Date Discharge 13/08/2018		3/2018
No. of Days gran	ted Medical Leave 03	Degree of		Sligh	
Driver					
Name	CHIA XIAN MIN		ID No.		S8903874Z
Related Vehicle	SLB1433A (Car)		Contact No.		94795071
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment NIL		Date Disc	harge	NIL	
No. of Days gran	Degree of	Degree of Injury NIL			

Brief Details.

On the 13th August at about 1600hrs, I was driving along Collyer Quay approaching the junction of Cross Street. When I was about to turn right towards Cross Street, suddenly one vehicle SLB 1433A hit my right side. The said vehicle was on a lane which vehicles on that lane supposed to turn to their right towards Cross Street. Due to the accident, there were dents on the rear right passenger door.

On the same day at about 2030hrs, I felt feverish and giddy and went to Sengkang Family Clinic located at Blk 274D Compassvale Bow #01-01 and was given 3 days medical leave. There was no visible injury on me.