



T/20190109/2091

1 of 4

Report No. T/20190109/2091

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 13:57		Vide Report No.: D/20190108/0119	Station Diary No.: 17		
Informan	it's Particu	lars			
IN DECEMBER OF STREET	Informant: HON LOON	I	Address: 64 KALLANG BAHRU KA 330064	ALLANG BAHRU VILLE SINGAPORE	
ID Type / ID No.: FIN NO / G2069532W Nationality:			Contact No.: Home/Office: Mobile: 84543663 Email:		
MALAYS	IAN	D-1(D:1)	T		
Sex:         Age:         Date of Birth:           Male         30         13/09/1988		Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Air-conditioning/Refrigeration engineer			Driving Licence Information Class: 2B,3C	on: Date of Expiry:	

General Inform	nation of the Accident					
Type of Accident:	Non-Injury Foreign Vehicle	D	Drink			Type of Location: Straight Road
CENTRAL EX	EXPRESSWAY PRESSWAY CTE before Lower Delta					
Weather: Roa		Road Sur Wet	face:		Road	Speed Limit:
Traffic Flow: Traffi One Way Not C			ontrol: olled		Traff	ic Volume:
Type of Collision Between Movi	on: ng Vehicles - Head To F	Rear	z.	=		ne conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
JML6413	Car	PROTON	EXORA	Grey		1
SJY2526L	Car	TOYOTA		White		0
SLF5074E	Car	MAZDA		White		0





T/20190109/2091

2 of 4

Report No. T/20190109/2091

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

# CONTINUATION OF REPORT

Details of Perso	on Involved					
Any Pedestrian I						
No. of Pedestria	Use of Pe	edestrian Cross	sing: NA			
Passenger						
Name	TEN KAI MENG		ID No.	NIL		
Related Vehicle	JML6413 (Car)	9	Contact No.	86712627		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	charge NIL			
	ted Medical Leave NIL	Degree o				
Driver						
Name	CHENG HON LOON		ID No.	G2069532W		
Related Vehicle	JML6413 (Car)		Contact No.	84543663		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	Date Discharge NIL			
	ted Medical Leave NIL	Degree of				
Driver	State All Production Control of the					
Name	NORMARITH BIN SABTU		ID No.	S7141265B		
Related Vehicle	SJY2526L (Car)		Contact No.	97880655		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc				
No. of Davs grant	ted Medical Leave NIL	Degree of				





Report No. T/20190109/2091

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

## CONTINUATION OF REPORT

Driver						
Name	MOHD FAIZAL BIN OSMAN			ID No.		S8421802B
Related Vehicle	SLF5074E (Car)			Contact No.		86115872
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

## Brief Details.

On the 08/01/2019 at about 1740hrs, I was traveling along AYE towards CTE before lower delta exit. I was traveling at the centre lane. There was three lane at the expressway and the traffic was heavy. I slow down my vehicle as the front vehicle (SJY2526L) slow down and stop due to the heavy traffic in front. Hence, I also come to a complete stop. Suddenly, I felt an impact from the rear of my vehicle and my vehicle was pushed forward to hit onto the rear bumper of SJY2526L. When I alighted, I realized that the vehicle(SLF5074E) had hit onto the rear of my vehicle and caused damage to the rear bumper. It was a chain collision of Total 3 vehicles. I have one passenger in my vehicle.

I would like to state that Traffic police came down to scene. There were no one injured during the incident. The incident number is D/20190108/0119





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 4 of 4 Report No. T/20190109/2091

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 Reports G / Sgt 2 MICHAEL LEE CHOON WEE	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	09/01/2019 13:57
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SI ANG YI TING, STEPHANIE /	· ·
Contact No.: 65476414	
Authentication Stamp NP168	