



Police Station Of Origin: Changkat NPP

109 Tampines Street 11 #01-261

SINGAPORE 521109 Tel No: 1800-7819999

1 0 13 Report No. T/20190304/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2019 17:16			Vide Report No.:	Station Diary No.: 28	(Seuto)		
Informant	's Particul	ars					
Name of Informant: YAP YIN MAIN			Address: 888B SEMBAWANG ROAD SINGAPORE 758492				
ID Type / ID No.: NRIC NO / S6920362J			Contact No.: Home/Office:	Mobile: 96887368			
Nationality: SINGAPORE CITIZEN			Email:	* * * * * * * * * * * * * * * * * * *			
Sex: Female	Age: 49	Date of Birth: 03/07/1969	Type of Informant: Driver	. d			
Race: Chinese			Language:	Institution / School Name:			
Occupation: Taxi driver			Driving Licence Information: Class: 3A	Date of Expiry:			

General Informat	ion of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2019 10:00)	Type of Location: DROP OFF	
Location: Along Road 1 Traveling Toward Road 2 MARINA WAY STRAITS VIEW, MARINA ONE WEST TOWER DROP OFF ROAD						
Weather:		Road Surface:		Road Speed Limit:		
Clear		Dry				
Traffic Flow:		Traffic Control:		Traffic Volume:		
One Way		Not Controlled			Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:		

Vehicle No.	Type	· Make	Model	Color	Condition	No of Passenger
VEHILIE IVU.	Type	1 WIAKE	IMOGEL	COIOI	Condition	NO OF Fasserige
SHC5587E	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	0
SLX8158H	Car	TOYOTA	PRIUS HYBRID 1.8S A	White	Slightly Damaged	1 .00





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CONTINUATION OF REPORT

Details of Perso Any Pedestrian In	The second section of the second second section of the section of the second section of the section of the second section of the section of t			Na Caraca Van Caraca		
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	YAP YIN MAIN			ID No	•	S6920362J
Related Vehicle	SHC5587E (Car)			Contact No.		96887368
Hospital/Ĉlinic	Y M CHAN CLINIC & SURGERY			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	04/03/2019		Date Discl	-		3/2019
No. of Days gran	ted Medical Leave 02	2	Degree of	Injury	Sligh	t
Name	ONG CHO EE			ID No	-	S0173132G
Related Vehicle	NIL			Conta	ct No.	97775499
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	ted Medical Leave N	IL	Degree of	Injury	NIL	

Brief Details.

On 02/03/2019 at 2200hrs, I was on my taxi night shift duty (SHC5587E). I was at the Marina One West drop off point, alighting a passenger with many belongings. After everything was done, I moved forward and stopped before the stop line, waiting for oncoming traffic to clear before proceeding

As I was waiting, suddenly, a vehicle (SLX8158H) from the rear collided to me. The collision resulted in my vehicle's boot unable to close, tail light broken and the four doors were unable to close completely. The impact surged my body towards the steering wheel. We exchanged particulars and subsequently left the scene.

Due to the accident, I experienced headaches and numbness on my limbs and neck. I went to Y M Chan Clinic and was given 2 days of MC from 04/03/2019 to 05/03/2019. I will be going to the clinic again to get 3 days of MC. I am lodging this report for insurance purposes.





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CONTINUATION OF REPORT

Sketch Plan

NP168

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:
G /	LVA/
Sgt 3 NG ZHONG QIAN	PEN P
	/ Rt VC
Signature Of Interpreter:	-Date/Time:
Not applicable	04/03/2019 17:16
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	2 2 2 2
Contact No.:	(E)
Contact No.	· ·
Authentication Stamp	