



1 of 4

. Juice Station Of Origin: Kampong Kembangan NPP 112 Lengkong Tiga #01-215 SINGAPORE

410112 Tel No: 1800-7489999

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**	Report No. T/20190530/21	76

REPORT OF	A TRAFFIC	ACCIDENT		:			
Date/Time Report Made: 30/05/2019 21:43		ade:	Vide Report No.:	Station Diary No.:			
Informant	's Particu	lars					
Name of Informant: FOO CHUAN CHEN			Address: APT BLK 121 POTONG PASIR AVENUE 1 #20-287 SINGAPORE 350121				
ID Type / ID No.: NRIC NO / S1686353Z			Contact No.: Home/Office:	Mobile: 82996308			
Nationality: SINGAPORE CITIZEN		N	Email:				
Sex: Male	Age: 53	Date of Birth: 08/09/1965	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:			

General Informa	ion of the Acciden			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2019 20:10	Type of Location: Straight Road
	VARDS CHANGI AII	RPORT, PRE PAYA LEBAR EX	·	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision Between Moving	Vehicles - Head To	Side		Anyone conveyed by ambulance:

Details of V	ehicle involved				ye.	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLU1186M	Car	ТОҮОТА	PRIUS HYBRID 1.8 CVT	Silver	Slightly Damaged	2
SME6337J	, ~.	ТОҮОТА	PRIUS PLUS (AUTO)	Black		0
XE4889R	TRAILER	UD TRUCKS	GKB5ALDH CQA			0





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2 of 4 Report No. T/20190530/2176

CONTINUATION OF REPORT

Details of Person Involved						
Any Pedestrian I						
No. of Pedestrians Injured: NIL Use			Use of Pedestrian Crossing: NA			
Passenger						
Name	IZZAT		ID No		NIL ·	
D-1-4-437-1-1	011144001440			With.		
Related Vehicle	SLU1186M (Car)		Contact No.		98561291	
Hospital/Clinic	NIL .	· · · · · · · · · · · · · · · · · · ·				
1 lospita//Cilific	INIL		Class of		Class: NIL	
			Driving Licence &		Date of Expiry: NIL	
		•	Expiry Date			
Date Treatment	NIL	Date Disci	_	NIL.	774	
	ted Medical Leave NIL	Degree of		NIL		
Driver					and the gradient state of the s	
*Name	FOO CHUAN CHEN		ID No.		S1686353Z	
D-1-1-13/11/1						
Related Vehicle	SLU1186M (Car)		Contac	ct No.	82996308	
Hospital/Clinic	NIL .	. 17711711				
1 10spital/Cillic	INL	•	Class	1	Class: 3	
			Driving Licence &		Date of Expiry: NIL	
			Expiry			
Date Treatment	NIL 3	Date Disch		NIL		
	ed Medical Leave NIL	Degree of Injury NIL				
Driver						
Name	BERNARD TEE		ID No.		NÍL	
Related Vehicle	SME6337J		Contac	t No.	97113140	
11	NIII.					
Hospital/Clinic	NIL		Class		Class: NIL	
	,		Driving		Date of Expiry: NIL	
			Licence Expiry			
Date Treatment						
No. of Days granted Medical Leave NIL Degree of Injury NIL						





1/20190530/2176

3 of 4

Report No. T/20190530/2176

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CONTINUATION OF REPORT

Driver				3.6		
Name	WANG XIAO JUN		-2	ID No	•	.G8205220N
Related Vehicle	XE4889R (TRAILER)			Contact No.		65551112
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 30/05/2019 about 2010hrs, I was driving along PIE towards Changi Airport. I was driving along lane one and was heading to Bedok North Street 3 from Ikea Alexandra outlet. After I drove past Kallang Way exit, there is trailer travelling on the extreme left lane. One of its tyre came out and hit one of the car SME6337J and then hit onto my vehicle. The trailer driver did not notice until the said car driver stopped him and informed him about the matter. We then exchanged particulars after that. Nobody injury and no Police was called. My vehicle belongs to my Grab company and I was informed to lodge a Traffic Accident Police report. My vehicle rear side passenger door dented and the door lock faulty and unable to open. There is in-car front camera installed in my vehicle however it didn't capture the whole incident. There were two Malay passengers inside my car. One was seated beside me and another sitting behind me. None of them injured and they witnessed the whole incident and willing to be my witnesses.





4 of 4

Report No. T/20190530/2176

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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 please fav a copy to 65474885 stating the **report number** as reference.

The certificate with you now, please fax a copy to o.	5474005 stating the report number as re
Signature Of Officer Recording The Report: G / Staff Sgt CHIN YONG PER DESMOND	Signature Of Informant:
Signature Of Interpreter	Date/Time:
Not applicable	30/05/2019 21:43
Officer In Charge Of Case:	Classification Of Sase:
TP / GIA /	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Staff Sgt WONG SIEU LÜI	
Contact No.: 65476151	
Authentication Stamp	