



Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

1 of 4 Report No. T/20190624/2202

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 21:53			Vide Report No.:	Station Diary No.: 105		
Informan	t's Particu	lars				
Name of Informant: MICHEL ROBERT BOODEN			Address: APT BLK 3 LEEDON HEIGHTS #23-04 D'LEEDON SINGAPORE 267951			
ID Type / FIN NO /	ID No.: G3276541	L	Contact No.: Home/Office: Mobile: 93366696			
Nationality: NETHERLANDS			Email:			
Sex: Age: Date of Birth: Male 46 16/03/1973			Type of Informant: Driver			
Race: Others			Language: Institution / School Nati			
Occupation: Company director			Driving Licence Information: Class: 3	Date of Expiry: 07/02/2023		

<b>General Informat</b>	ion of the Accident		A SHARWAY			一 经 图 無路	
Type of Accident:	Non-Injury Others		Drink Drive: No	Date/Time of Accident: 24/06/2019 19:15		Type of Location: X-Junction	
CLEMENTI AVEN			nenti Avenu	e 5			
Weather: Road			Surface:			Road Speed Limit:	
Clear Dry			Control			offic Values o	
Traffic Flow: Two Way		I гаπіс I	Control:		Mode	ic Volume: erate	
Type of Collision:  Between Moving Vehicles - Head To Rear  Anyone convamily ambulance: No					ne conveyed by ulance:		

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SLG8298B	Car	NISSAN	X-TRAIL 2.0 CVT ABS 4WD S/R 7- STR	Grey	Slightly Damaged	0	
SLX8319K	Car	ТОУОТА	HARRIER	Black	Slightly Damaged	0	

Details of Vehicle Insurance		<b>一种人们是</b>
Vehicle No. Insurance Company	Insurance No	Effective Expiry Date





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## **CONTINUATION OF REPORT**

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SLG8298B	AIG ASIA PACIFIC INSURANCE PTE.	2100486553-02	14/10/2018	13/10/2019		

<b>Details of Perso</b>	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver						<b>自然是一种企业工程的</b>
Name	MICHEL ROBERT B		ID No.		G3276541L	
Related Vehicle	SLG8298B (Car)			Contact No.		93366696
Hospital/Clinic	NIL				of g ce & Date	Class: 3 Date of Expiry: 07/02/2023
Date Treatment	4-1-4	Date Discharge NIL				
No. of Days gran	NIL	Degree of Injury NIL				
Driver						
Name	RAYMOND HON			ID No.		NIL
Related Vehicle	SLX8319K (Car)		Contact No.		96224111	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	ate Treatment NIL			Date Discharge NIL		
No. of Days granted Medical Leave NIL			Degree of Injury NIL			

## **Brief Details.**

On the abovementioned date and time, I was driving at the said location and was making a right turn from Clementi Avenue 4 into Clementi Avenue 5.

The vehicle infront of me (SLX8319K) was making a right turn and I was queuing behind him to make a turn as well. While he was moving forward a little, I followed but was unable to brake in time as he suddenly braked again before making his move forward. I then hit onto the rear of his vehicle resulting in a minor damage to both vehicles.

My vehicle (SLG 8298B) front bumper is slightly damaged in front and the alignment is slightly off. The other vehicle (SLX 8319K) has a slight damage on the rear bumper. No one is injured during this accident.

I am thus lodging this report for insurance claims purposes.





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**CONTINUATION OF REPORT** 





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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:
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Staff Sgt NORMAN BIN JALAL	
Signature Of Interpreter:	Date/Time:
Not applicable	24/06/2019 21:53
Not applicable	24/00/2019 21.55
¥ **	
Officer In Charge Of Case:	Classification Of Case:
TD./ QIA /	
State Sut ANONO SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	
NP168 SIGNATURE	