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Report No. T/20190923/2109

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025

Tel No: 1800-4529999

REPORT OF	TRAFFIC ACCIDENT	
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KEPUKTU	EPORT OF A TRAIT TO ACCIDENT			Di il Di Alex	
Date/Time Report Made: 23/09/2019 15:55		lade:	Vide Report No.:	Station Diary No.: 53	
Informar	nt's Particu	ulars		三元的第三人称单数 (1915年) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
	Informant: IG HENG		Address:		
ID Type / ID No.: FIN NO / G7199574M		₽M	Contact No.: Home/Office:	Mobile: 90016596	
Nationali MALAYS			Email:		
Sex: Male	Age:	Date of Birth: 07/11/1981	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation:		r <sub>k</sub>	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 23/09/2019 12:45	Type of Location: T-Junction	
Location: Along Road 1 JALAN ISMA LORONG MA		12			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

	ehicle Involv	PROPERTY AND PROPE			Condition	No of Doccordo
ehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JMX3838	Van				Slightly Damaged	0
SJY4727K	Car					0

	S.
Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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## CONTINUATION OF REPORT

Driver						
Name	NG WENG HENG		ID No.		G7199574M	
Related Vehicle	JMX3838 (Van)		Contact No.		90016596	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis				NIL	
No. of Days granted Medical Leave NIL				ee of Injury Slight		t
Driver						
Name	NG SIEW LAN		ID No		S0092613B	
Related Vehicle	SJY4727K (Car)			Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

## Brief Details.

On the above mentioned date and time, I was driving my vehicle (JMX 3838) at the above mentioned location.

At the junction, I wanted to make a left turn. I stopped my vehicle to check for other vehicles when I felt an impact on the rear of my vehicle. I exited my vehicle to make a check and discover the vehicle behind me (SJY 4727K) has collided to the rear of my vehicle. My vehicle suffered damages (rear bumper, rear tail door, rear end panel dented and tail light spoil). I managed to exchange particulars with the other party.

I felt pain on my neck however I have not visited the doctor. I will be visiting the doctor later.





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## 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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: E / Sgt 2 MUHAMMAD TAUFIQ BIN ISHAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/09/2019 15:55
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCKINGAPONE Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	JRE