



Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

1 of 3

Report No. T/20191010/2098

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 10/10/2019 14:58 | | | Vide Report No.: | Station Diary No.: 79 | | |
|----------------------------------------------------------------------|------------|---------------------------|-----------------------------------------------------------------|----------------------------|--|--|
| Informant | s Particul | lars | | | | |
| Name of Informant: TAN CAVIN | | | Address: APT BLK 461 HOUGANG AVENUE 10 #13-978 SINGAPORE 530461 | | | |
| ID Type / ID No.: NRIC NO / S8720633E Nationality: SINGAPORE CITIZEN | | | Contact No.: Home/Office: Mobile: 94550512 Email: | | | |
| Sex: Male | Age: 32 | Date of Birth: 19/07/1987 | Type of Informant: Driver | | | |
| Race: Chinese | | | Language: | Institution / School Name: | | |
| Occupation: SELF EMPLOYED | | | Driving Licence Information Class: | Date of Expiry: | | |

| General Inforn | nation of the Accider | nt | | | | |
|--------------------------------------------------------------|-----------------------|-----------------------|---------------------------------------|-------------------------------|------------------------------------|--|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 09/10/2019 22: | | Type of Location: Straight Road | |
| Location: Along Road 1 TAMPINES EX ALONG TPE | KPRESSWAY | | | r | | |
| Weather: *Clear | | Road Surface: | ÷ | Road | Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Control: | | Traffic Volume: | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: | | |

| Details of V Vehicle No. | 7 | Make | Marial | | 12 | |
|-----------------------------|------|------|--------|-------|-----------|-----------------|
| | Tabe | Make | Model | Color | Condition | No of Passenger |
| SJD7891J | Car | | | | Slightly | 0 |
| | | | | | Damaged | |
| SJZ6353L | Car | | | | Slightly | 1 |
| | L | | | | Damaged | |

| 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 | | | | engreen e | | THE BUILDING STREET |
|--------------------------------------|---------------------------------------|------------|-------------|-------------------------------------------------|---------------|-----------------------------------|
| Name | TAN CAVIN | | | ID No. | | S8720633E |
| Related Vehicle | SJZ6353L (Car) | | | Contact No. | | 94550512 |
| Hospital/Clinic | MY FAMILY CLINIC (HOUGANG CENTRAL) | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | 10/10/2019 | | Date Discl | harge | je 10/10/2019 | |
| No. of Days granted Medical Leave 03 | | | Degree of | Degree of Injury Slight | | |
| Passenger | | | 9.09.00 | | | |
| Name | DAMG HAI LOC | | | ID No. | | C5920618 |
| Related Vehicle | SJZ6353L (Car) | | | Contact No. | | 84799348 |
| Hospital/Clinic | MY FAMILY CLINIC (HOUGANG CENTRAL) | | | Class of Driving Licence & Expiry Date | | Class: NIL Date of Expiry: NIL |
| Date Treatment | 10/10/2019 | Date Discl | harge 10/10 | |)/2019 | |
| No. of Days granted Medical Leave 03 | | | Degree of | f Injury Slight | | |

Brief Details.

On 09/10/2019 at about 2200hrs, I was driving along the ram up to TPE when the vehicle in front of me brake abruptly. Due to that, I managed to brake on time however I soon felt an impact on the rear of my vehicle. Upon further check, one vehicle, SJD7891J, had hit onto the rear of my vehicle.

At that point of time, my girlfriend felt pain on her head however she did not require medical attention and there was no police attended to the case.

Due to the accident, my vehicle's rear bumper was damage and detached. As for the other vehicle, his front bumper was damage and his plate number also came off.

After the accident, I felt pain on my neck and my girlfriend who was the passenger felt pain on her head as such we went to see a doctor and was given 3 days of MC each.





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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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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: F / Sgt 3 PHUA JIA JUN, MARK | Signature Of Informant: |
|-------------------------------------------------------------------------|-------------------------|
| Jul | |
| Signature Of Interpreter: | Date/Time: |
| Not applicable | 10/10/2019 14:58 |
| Officer In Charge Of Case: | Classification Of Case: |
| TP/GIA/ | |
| Staff Sgt WONG SIEU LUI SN 085 | |
| Contact No.: 65476151 | |
| Authentication Stamparure | |