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Report No. T/20191215/2080

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/12/2019 14:59			Vide Report No.:		Station Diary No.: 54	
Informant	s Particul	ars				
Name of In	iformant:		Address:			
JUDE HENG			APT BLK 11 WOODLANDS DRIVE 72 #08-37 WOODSVALE			
			SINGAPORE 738094			
ID Type / II			Contact No.:			
FIN NO / G8002977U			Home/Office:	ne/Office: Mobile: 81230094		
Nationality:			Email:			
MALAYSIAN						
Sex:	Age:	Date of Birth:	Type of Informant:			
F _s emale 33 07/04/1986			Driver			
Race:			Language:	Institution	School Name:	
Chinese			English			
Occupation:			Driving Licence Information:			
SALES			Class:	Date of Ex	piry:	

General Information of the Accident						
Type of Accident:	Non-Injury Foreign Vehicle		Drink Drive: No	Date/Time of Accident: 14/12/2019 18:30		Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPR Lamp Post Numb						
Weather:		Road Surface: Wet		Road Speed Limit:		
			Control: ontrolled		Traff Mode	īc Volume: erate
Type of Collision: Between Moving	Vehicles - Head To R				one conveyed by ulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JSR9400	Car				Slightly	0
					Damaged	
SLX6266S	Car				Slightly	1
					Damaged	

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





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Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver Name	JUDE HENG		ID No.	G8002977U		
Related Vehicle	JSR9400 (Car)	Contact N	No. 81230094			
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Da	Date of Expiry: NIL &		
Date Treatment	NIL	Date Disc		III.		
No. of Days granted Medical Leave NIL Degree of Injury N				<u> IIL</u>		
Driver Name	JONATHAN THONG ZI XIAN		ID No.	S9314396E		
Related Vehicle	SLX6266S (Car)		Contact	No. 96555859		
Hospital/Clinic	NIL '		Class of Driving Licence Expiry D	Date of Expiry: NIL		
Date Treatment	e l'eatheil inic			charge NIL		
No. of Days gran	nted Medical Leave NIL	Degree o	of Injury f	NIL		

Brief Details.

On 14/12/2019 at about 1830hr, I was travelling along CTE on the 1st lane when I spotted the vehicle in front jamming brake. I then applied my brake and was travelling slowly when suddenly, I felt an impact on the back of my vehicle. I then alighted from my vehicle and check the damages. I then found out that it was a chain collision. We then took pictures of the accident before exchanging particulars. I left the scene after that.





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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:		
Sgt 2 JEREMY KHOO WEI LIANG		Justande.		
Signature Of Interpreter: Not applicable		Date/Time: 15/12/2019 14:59		
	2			
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:		
SI MOHAMAD ZULFAZDLI BIN AB	DULLAH			
Contact No.: 65476204	16 30	SH 1785		
Authentication Stamp NP168	SE SE	greater v		
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8	Singapore	Police Force		