

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200128/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200128/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 14:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GIAM HONG PIAO, DARYL			Address: APT BLK 472 ANG MO KIO AVENUE 10 #08-860 SINGAPORE 560472		
ID Type / ID No.: NRIC NO / S8709020E			Contact No.: Home/Office: Mobile: 98517511		
Nationality: SINGAPORE CITIZEN			Email: ad.autoprecision@gmail.com		
Sex: Male	Age: 32	Date of Birth: 12/04/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2020 13:15	Type of Location: Car Park
Location: SAINT GEORGE'S ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGA2228J	Car	HONDA	ACCORD	Silver	Seriously Damaged	1
SKP8997G	Car	KIA			Slightly Damaged	0

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200128/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200128/7016

CONTINUATION OF REPORT

Driver			
Name	GIAM HONG PIAO, DARYL	ID No.	S8709020E
Related Vehicle	SGA2228J (Car)	Contact No.	98517511
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/01/2020	Date Discharge	27/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON 25/01/2020, I WAS STATIONARY AT THE CARPARK OF BLK 3 ST. GEORGE'S ROAD. UPON SEEING VEHICLE NUMBER - SKP8997G, I STOPPED. THE SAID VEHICLE ATTEMPTED TO REVERSE INTO THE HANDICAP LOT AND HIT ONTO MY VEHICLE'S RIGHT PORTION. SUBSEQUENTLY I SEEK MEDICAL ATTENTION AT UNIHEALTH 24HR CLINIC AND WAS GIVEN

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200128/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200128/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/01/2020 14:14

Classification Of Case:

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLFS 2001 2051 Vehicle Registration No: SGA 22281

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 25/01/2020 Time of Accident : 1315

Place of Accident : Carpark outside Blk 3 St George's Road Lot 246

Insurance Company : Etige Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload interview form + police report

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: