Police report Pg.1

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999





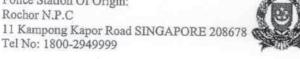
Report No. T/20110515/9035

				F A TRAFF	10000	15	Station Diary No.:	
Date/Time Report Made: 15/05/2011 14:58			Vide Report No.:				29	
nformant'	's Partic	ulars			学		I_{-}	
Name of In			Address: APT BLK	51 CHIN SV	WEE ROA	D #08-79 SINC	APORE 160051	
ID Type / ID No.: NRIC NO / S0025221B			Contact No.: Home/Office: Mobile			Mobile/Pager	/Pager: 91051710	
Sex: Male	Age: 58	Date of Birth: 25/05/1953	Type of In Driver	nformant:				
Race:			Language: Institution			Institution / S	itution / School Name:	
Occupation: Taxi Driver			Driving Licence Information: Class: 3,4 Date of			Date of Expi	Expiry:	
Idai Diivo								
	formatio	n of the Accident Non-Injury Pedestrian / Cyclist	1.77	Drink Drive:	Date/Tim 15/05/20	e of Accident:	Type of Location Y-Junction	
Type of Ac Location: Junction of FORT CA CLEMEN	formation coident: f Road 1 NNING CEAU A	Non-Injury Pedestrian / Cyclist and Road 2 ROAD VENUE	N	Ν̈́ο		11 10:35		
eneral Int Type of Ac Location: Junction of	formation coident: f Road 1 NNING CEAU A	Non-Injury Pedestrian / Cyclist and Road 2 ROAD VENUE	1.77	Ν̈́ο		Ros 15 1	Y-Junction d Speed Limit: Km/h	
Eneral Information: Location: Junction of FORT CA CLEMENT along road Weather:	formation ccident: f Road 1 NNING CEAU A	Non-Injury Pedestrian / Cyclist and Road 2 ROAD VENUE	Road Sur	rface:		Ros 15 l Tra Mo	Y-Junction d Speed Limit:	

Details of Vehicle No.	Type	Make	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
SHB7537 S	Car	TOYOTA	Red	Slightly Damaged	1				
SKA9716 Z	Car		Black	Slightly Damaged	0	1/4			

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

Police Station Of Origin: Rochor N.P.C





2 of 3 Report No. T/20110515/9035

CONTINUATION OF REPORT

Driver		国工作的			
Name	WONG PAK KIONG		ID No	0.	S0025221B
Related Vehicle	SHB7537S (Car)			act No.	91051710
Hospital/Clinic	Tan Tock Seng Hospital			of ng ce & y Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	15/05/2011	Date Disc	charge	15/05	/2011
No. of Days grant	Degree of	The state of the s			

Brief Details. This report shall be signed by the informant.

I am working as a taxi driver for taxi company namely 'TransCab' vehicle no: SHB7537S. On the 15/5/2011 @ 1030hrs, I had drove my taxi to the 'Mustafa Centre' taxi-stand located at Syed Alwi Rd, and had picked up one male indian passenger who had then told me to bring him to Bukit Ho Swee Rd (behing Tiong Bahru Plaza). I was driving my taxi along Fort Canning Rd (one way) when I had slowed down upon reaching a junction heading towards Clemenceau Avenue. I had then came to a stop on the junction to see if there was any oncoming traffic.

Just as I was about to move my taxi, suddenly a black-colored car veh no: SKA9716, had banged me from behind causing my vehicle to jerk and move to the front a bit. Due to the incident, I had snapped my neck backwards to the back of my seat due to the other car banging and felt dizziness afterwards. No one was injured however my taxi had sustained slight damage due to the incident. My vehicle rear had sustained slight damage(slight dents) while the other car had sustained slight minor scratches on its front.

I wish to state that the other car had no passenger and the driver was not injured. Later on, I had then drove and brought my passenger to his destination afterwhich I had then went on to proceed to the nearest hospital to seek medical treatment as I had felt dizziness and is having a headache after the incident but I do not have any visible injuries. I was later given three days of MC by Tan Tock Seng Hospital afterwards. As such I am lodging this report so that I could submit it to my insurance company for insurance claims and also to claim insurance for my medical fee as well. That is all.

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3 of 3 Report No. T/20110515/9035

CONTINUATION OF REPORT

Sketch Plan

No Sketch Plan Drawn

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.

Date: 15/05/2011 14:58
Classification Of Case:

SN 09