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Report No. T/20200702/7020

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65473000

| Date/Time Report Made:<br>02/07/2020 23:16  |                              |                | Vide Report No.:                                      |  |                     |            | J. 314               | ilion Diary No.:  |   |
|---|------------------------------|----------------|---|--|---------------------|------------|----------------------|---|---|
| nformant's  | Paris                        | adars .        |   |  |                     | •          |                      | enonmonia en or . )   |   |
| lame of Inf   | onnan<br>H 31N1              | I:<br>IE MOHAN | NED   | Addre<br>227 F                                   | ess:<br>PENDING R   | OAD #62-22 | 7 SINGA              | POKE 6  | 70227   |
| SABRI<br>ID Type / ID No.:<br>NRIC NO / S9311443D   |                              |                | Contact No.: Mobile                                   |  |                     |            | e: 90821905          |   |   |
| Nationality:<br>SINGAPORE CITIZEN   |                              |                | Email:<br>ZAKIAH_93@YAHOO.COM.SG                      |  |                     |            |                      |   |   |
| Sex: Age: Date of Birth:<br>Female 27 03/04/1993  |                              |                | Type of Informant<br>Driver                           |  |                     |            |                      |   |   |
| Race.<br>Boyanese   |                              |                | English   |  |                     |            | tion / School Name:  |   |   |
| Occupation Zoologist  |                              |                |   | Driving Licence Information:<br>Class: 3 Date of |                     |            |                      | f Expiry:   | amar wyg  |
| Type of Accident: Injury Others Location:   |                              |                | Drink Date/Time of Drive: Accident: No 02/07/2020 16: |  |                     |            |                      | Type of Location<br>Straight Road                           |   |
| Accident:   |                              | Uiners         |   |  |                     |            |                      |   | , 10 M  |
| Accident:   |                              | Oiners         |   |  |                     |            |                      |   |   |
| Accident:<br>Location:  |                              | Oiners         |   | Rose   |                     |            |                      |   | Speed Limit   |
| Accident:<br>Location:<br>Bke<br>Wealher:   |                              | Oiners         |   | Dry  | l No                |            |                      | Road S  | Speed Limit.<br>ih<br>Volume:                                       |
| Accident: Location: Bke Wealher: Clear Traffic Flox One Way Type of Co                                | ilision:                     |                | Head To R   | Dry<br>Traff<br>Not (                            | Surface:            |            |                      | Road S<br>90 Km<br>Traffic<br>Moder                         | Speed Limit.<br>ih<br>Volume:<br>ate                                |
| Accident: Location: Bke Wealher: Clear Traffic Flov One Way Type of Co Between M                      | ilision:<br>loving '         | √el¹ides - I   | •   | Dry<br>Traff<br>Not (                            | Surface:            |            |                      | Road S<br>90 Km<br>Traffic<br>Moder<br>Anyon<br>ambul       | Speed Limit.<br>in<br>Volume:<br>ate                                |
| Accident: Location: Bke Wealher: Clear Traffic Flox One Way Type of Co Between M                      | ilision:<br>loving           | Velnicles - I  |   | Dry<br>Traff<br>Not (                            | Surface: Controlled | 02/07/20   | 120 16:00            | Road S<br>90 Km<br>Traffic<br>Moder<br>Anyon<br>ambul<br>No | Speed Limit.  /h  Volume: ate e conveyed by ance:                   |
| Accident: Location: Bke Weather: Clear Treffic Flox One Way Type of Co Between M Vehicle No. BBG8551M | Vehick                       | Velticles - I  | •   | Dry<br>Traff<br>Not (<br>Rear                    | Surface:            |            | 120 16:00<br>  Co    | Road S<br>90 Km<br>Traffic<br>Moder<br>Anyon<br>ambul       | Speed Limit.  /h  Volume: ate e conveyed by ance:                   |
| Accident: Location: Bke Weather: Clear Treffic Flox One Way Type of Co Between M Vehicle No. BBG8551M | ilision:<br>loving<br>Vehick | Velticles - I  | Make  | Dry<br>Traff<br>Not (<br>Rear                    | Surface: Controlled | Color      | 120 16:00<br>  Co    | Road 8 90 Km Traffic Moder Anyon ambul No                   | Speed Limit. th Volume: ate se conveyed by ance: No of Passeng      |
| Accident: Location: Bke Wealher: Clear Traffic Floo   | Vehick                       | Velnicles - I  | Make  | Dry Traff Not (                                  | Surface: Controlled | Color      | Co<br>  Sili<br>  Da | Road 8 90 Km Traffic Moder Anyon ambul No                   | Speed Limit.  /h  Volume: ate se conveyed by ance:  No of Passeng 0 |

Use of Pedestrian Crossing: NA



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Repur. No. 7/20200702/7020

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10 Ubl Avenue 3 SINGAPORE 408865

Tel No: 65470000

## CONTINUATION OF REPORT

| Driver           | The state of the s |             | <del></del>                           | 483 61                                | <del></del> | 593114430                          |  |
|------------------|--|-------------|---------------------------------------|---------------------------------------|-------------|------------------------------------|--|
| Name             | SITI ZAKIAH BINTE MOHAMED SABRI  |             |                                       | ID No.                                | Ì           | 593714430                          |  |
| Related Vehicle  | SJF949M (Car)  |             |                                       | Contac                                | d No.       | 90821905                           |  |
| Hospital/Clinic  | PROHEALTH 24-HOUR MEDICAL CLINIC   |             |                                       | Class<br>Driving<br>Licence<br>Expiry | c &         | Class: 3<br>Date of Expiry; NII.   |  |
| Date Treatment   | 02/07/2020   | T           | Date Disc                             | narge                                 | 02/07/      | 2020                               |  |
| No. of Days gran | ted Medical Leave  | 03          | Degree of                             | Injury                                | Slight      |                                    |  |
| Driver           | The second second  | <del></del> | · · · · · · · · · · · · · · · · · · · |                                       |             |                                    |  |
| Name             | ERIC LIM YI FONG   |             |                                       | ID No.                                |             | S9412571E                          |  |
| Related Vehicle  | NIL  |             |                                       | Conta                                 | ct No.      | 96636084                           |  |
| Hospital/Clinic  | NIL  |             |                                       | Class<br>Driving<br>Licend<br>Expiry  | g           | Class: Nit.<br>Date of Expiry: NIL |  |
| Date Treatment   | NIL  |             | Date Disc                             |                                       |             |                                    |  |
|                  | ted Medical Leave  | NIL         | Degree of                             | injury                                | NIL         |                                    |  |
| Driver           |  |             | 1                                     | -                                     |             |                                    |  |
| Name             | CHING SOON KIM (   | CHEN SHUN.  | IN)                                   | ID No                                 | -           | S7640914E                          |  |
| Related Vehicle  | NIL  |             |                                       | Conta                                 | ot No.      | 90358920                           |  |
| lospita/Clinic   | NIL  |             |                                       | Class<br>Onvir<br>Licen               | ·g          | Class: NIL<br>Date of Expiry: NIL  |  |
|                  |  |             |                                       | Expir                                 | y Date      |                                    |  |
|                  | NIL Date D   |             |                                       |                                       | NIL         |                                    |  |
|                  | ed Medical Leave   | NIL         | Degree o                              | f Injury                              | NIL         |                                    |  |

### Brief Details.

On 2nd July 2020, at about 1600hr, I was driving my vehicle (SJF 949M) in BKE towards PIE before Bukit Panjang Exit. Suddenly : felt an impact from my left side. After the first collision, there was another impact came shortly after from my rear. I stopped to check and discovered I was involved in a chain collision. There was a lony (YK6955B) that collided onto the left side of my vehicle. When the accident happened, the long did not stop until about 200 metres away from the location of accident.

There was also one Van (GBG8551M) collided onto the rear of my vehicle. We got off and exchanged particulars.

The long driver, namely, Ching Soon Kim (Chen Shunjin), HP: 90358929 The Van driver, namely, Eric I im Yi Fong, HP: 96636084





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#### CONTINUATION OF REPORT

I felt pain on the back of my nock and lower back. My father was also in the vehicle with me, suffered pair on his back and neck. My brother, had suffered pain at his groin and thigh area.

We went to the clinic for our injuries assessment and were issued with 3-days MC. There is an in-car camera installed in my vehicle and my Workshop is assisting me to retrieve the footage. However, the Workshop mentioned that they will be having some difficulties to retrieve the footage due to large amount of footages in the data chip.





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Informant is not able to provide sketch plan

Tel No: 65470000

Sketch Plan

NP168

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# CONTINUATION OF REPORT

|  | •   |
|--|---|
|  |   |
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable                     | Date/Time:<br>02/07/2020 23:16  |
| Officer In Charge Of Case;                                   | Classification Of Case:   |
| Authentication Stamp   |   |