## Sketch Plan #3 Pg. 1





1 of 3

Report No. T/20200607/2064

**POLICE FORCE** 

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 18 07/08/2020 15:08 Informant's Particulars Address: Name of Informant: 811A UPPER EAST COAST ROAD SINGAPORE 466608 TONG PAK LAM Contact No.: ID Type / ID No .: Mobile: 82002007 Home/Office: NRIC NO / \$83709041 Email: Nationality:

SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Driver 37 01/07/1983 Male Language: Race:

Institution / School Name:

Chinese **Driving Licence Information:** Occupation: Class: **GRAB DRIVER** 

Date of Expiry:

Consent informat	ion of the Accident		The state of the s		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/08/2020 21:15	Type of Location: Straight Road	
Location: Along Road 1 Traveling Toward Road 2 BEDOK NORTH ROAD BEDOK NORTH AVENUE 1 Bedok North Road towards Bedok North Ave 1 before Bus stop B02 Weather: Road Surface: Road Speed Limit:					
Clear		Dry		•	
Traffic Flow: Dual Carriage Way	v	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Ag			I I	nyone conveyed by nbulance:	

Type	Make	Model	Color	Condition	No of Passenge
Car	TOYOTA	ALLION 1.5		Slightly	1
		A		Damaged	
Car	HYUNDAI	HD AVANTE			0
	Car	Car TOYOTA	Car TOYOTA ALLION 1.5	Car TOYOTA ALLION 1.5	Car TOYOTA ALLION 1.5 Slightly 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	(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	and the second	进程。在一个	10 10		583709041	
Name	TONG PAK LAM			ID No.	1.	3031000	
Related Vehicle	SJJ291E (Car)			Contac	t No.	82002007	
Kelated Vehicle	SJJ29 IE (Cai)			Class of		Class: 3	
Hospital/Clinic	SIN MIN CLINIC			Driving Licence & Expiry Date		Date of Expiry: NIL	
			Date Disc			/2020	
Date Treatment	0//00/2020		Degree of				
	ted Medical Leave	07	的是自己的	金数粒	all on		
Driver	N - Value Adrian			ID No		S8634741E	
Name	Ng Ya Lun Adrian						
D. L. t. d. Mahiele	SJR7885D (Car)			Conta	act No.	91870723	
Related Vehicle	33K1003D (Cai)					A111	
Hospital/Clinic	NIL			Class of Driving		Class: NIL Date of Expiry: NIL	
			Licence & Expiry Date		1		
			Date Dis				
Date Treatment	NIL nted Medical Leave	NIL	Degree				

On 06/08/2020 I was travelling on Bedok North Road towards Bedok North Ave 1 on the second lane near bus stop B02. I had come to a stop as the vehicle in front of me was stationary. Subsequently I felt an impact from the rear. As such I came out of my vehicle to make a check. I then noticed a white Hyundai (SJR7855D) had knocked onto the rear of my vehicle. I noticed that the rear bumper of my car is dented and the rear boot is unable to close properly.

We then exchanged particulars and contact number. We also took photos of the accident.

I then went home and I then felt pain and numbness on my chest, right shoulder, right wrist, right side of my back and right side of my neck. However as it was late at night I did not see a doctor. On 07/08/2020 I went to see a doctor at about 1100Hrs at Sin Min Clinic and was given an MC of seven days. As such I am lodging this report for insurance purposes.





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3 of 3 Report No. T/20200807/2064

Tel No: 1800-4529999

**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: E / SC2 XAVIER LAI GOON THENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/08/2020 15:08
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	CV.