

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 : MCD620090872 Vehicle Registration No: SHA4535Y

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

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

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 17/10/2020 Time of Accident : 08:00

Place of Accident : NORTH BUONA VISTA RD X HOLLAND DR


Insurance Company : India International Insurance Pte Ltd

(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:

ENCLOSED POLICE REPORT NO: T/20201017/2049

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Janet
NRIC/FIN No.: _____
Date: 22.10.20

Address	BLK 6842C TAMPINES STREET 82 #04-44
Postcode	523842
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20201017/2049

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR5700G
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHUA KIAN TIONG

Approximate Age

Injuries Sustain

SHOULDER AND NECK

Injured person in which vehicle?

SHA4535Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2020 12:53	Vide Report No.:	Station Diary No.: 71
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Informant's Particulars

Name of Informant: CHUA KIAN TIONG			Address: APT BLK 842C TAMPINES STREET 82 #04-44 SINGAPORE 523842		
ID Type / ID No.: NRIC NO / S1378106J			Contact No.: Home/Office: Mobile: 97705274		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 27/01/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2020 08:00	Type of Location: Straight Road
Location: NORTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SHA4535Y	Car					1
SMR5700G	Car					0

Details of Person Involved

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



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver				
Name	CHUA KIAN TIONG		ID No.	S1378106J
Related Vehicle	SHA4535Y (Car)		Contact No.	97705274
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

Brief Details.

On 17/10/2020 at about 0800hrs, I was driving my Comfort Taxi (SHA4535Y) along North Buona Vista Road towards Holland Road. I was travelling on lane 2 on a three lanes road, with lane 1 being a 'turn-right/u-turn lane' only. As I approached the T-junction linking to Holland Drive, the traffic light was green and therefore I continued driving straight.

Just upon passing the traffic light, I suddenly felt an impact from the rear right of my car. I braked and saw a car (SMR5700G) on my right side. The car moved, made a u-turn and parked on the left lane. Both of us alighted from our vehicles. However, the other party did not wanted to exchange particulars but only provided his phone number: 98193836.

During this incident, there was one passenger seated in the rear seat of my taxi. No police nor ambulance attended to our scene. No one was conveyed by ambulance as well. I am given 5 days of Outpatient Sick Leave from 17/10/2020 to 21/10/2020.



**SINGAPORE
POLICE FORCE**



T/20201017/2049

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20201017/2049

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:

G /
Sgt 2 CHIN CLIFFORD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/10/2020 12:53

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

