


**SINGAPORE
POLICE FORCE**


T/20210723/2112

1 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20210723/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2021 21:59		Vide Report No.: J/20210723/0109		Station Diary No.: 128	
Informant's Particulars					
Name of Informant: TAN HONG KIAT			Address: APT BLK 57 TELOK BLANGAH HEIGHTS #04-129 SINGAPORE 100057		
ID Type / ID No.: NRIC NO / S1289533Z			Contact No.: Home/Office: Mobile: 84009148		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 17/12/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIME MOVER			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/07/2021 16:25	Type of Location: Others
Location: PIONEER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB2293C	Car				Slightly Damaged	1
XD3964T	PRIME MOVER				Slightly Damaged	0

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			
Name	TAN HONG KIAT	ID No.	S1289533Z
Related Vehicle	NIL	Contact No.	84009148
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/07/2021 at about 1623hrs, while I was on Pioneer Road x Tuas Road, heading towards PIE, I was travelling along the left-lane for about 5 minutes. Suddenly, I heard an impact and loud sound on my vehicle's (XD3964T) right side.

I then found out that my vehicle had come into contact with a taxi (SHB2293C). There were damages to the right-front side of my vehicle, and damages to the left-front door of the taxi. This incident happened along lamp post 72/2.

I do not have any injuries. Police attended to the incident (vide J/20210723/0109) and the other party requested to be conveyed to the hospital.

That is all.



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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: A / Sgt 2 JAVIER TAN KAI MING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2021 21:59
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp NP168	

Signature
Singapore Police Force

GENERAL
INSURANCE
ASSOCIATION
RECORDS MANAGEMENT CENTRE

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
UTN: S65530209 / GST Reg. No.: M400517735

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: SF0H2170001 Vehicle Registration No: XD 3964T
Name (as shown in NRIC): SAB LOGISTICS PTE LTD NRIC/FIN/Passport No: _____
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): 62-659370 Mobile No.: _____
Email Address: _____
Date of Accident: 23/07/21 Time of Accident: 16:25
Place of Accident: TUAS RD X PIONEER RD
Insurance Company: LOAPAC

(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:

FROM REPORTING TO
THIRD PARTY CLAIM



Policyholder / Driver's Signature
Date:



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