

**SINGAPORE ARMED FORCES
TRAFFIC ACCIDENT REPORT**

Instructions to driver:

- (1) This form is to be completed for all traffic accidents (both internal & external) involving MINDEF vehicles.
- (2) Arrange for the relevant columns to be carefully and fully completed as possible at the scene of the accident.
- (3) Refrain from doing or saying anything which could be interpreted as an admission of liability.
- (4) Report the accident in person (where applicable) to the nearest Police Station within 24 hours of its occurrence.
- (5) Submit the completed report together with the accompanying signed and witnessed prepared by yourself and service witnesses (if any) to the OC of your unit for transmission to the appropriate authorities.

GENERAL PARTICULARS OF THE ACCIDENT AND THE OTHER PARTY			
Date of Accident 29/12/21	Time (hours) 1418 hrs	Place Tengah Air Base Medical Centre (Carpark)	Type of Vehicle/Object Involved
Make Suzuki Swift	*Left Hand / Right Hand Drive	Registration Number SNC 7425E	Year of Make Civilian Car
Name of Insurance Company Aviva Ltd		Driver's Name & Address Mr Ow Jon Kit [REDACTED]	Owner's Name & Address [REDACTED]
Nature of damage (in fullest detail) – use continuation sheet if necessary Front bumper left hand side graze			Report to <u>Refer to attached police copy</u> Time/Date <u>30/12/21 11:14</u> Police Report No. [REDACTED]
PARTICULARS OF WITNESSES			
Witnesses (if in SAF, state NRIC & Unit)	Name	Address	Tel No.
PARTICULARS OF INJURED PERSONS			
Witnesses (if in SAF, state NRIC & Unit)	Name & Age	Address	Tel No.
Upon completion of the above columns, please make a sketch of the accident on the third page of this form.			

The Accident Slip below has been detached and given to of
.....(This person should normally be driver of the other vehicle.

However, in exceptional circumstances, it may be given to a police officer if one appears on the scene.)

*Delete where applicable

The Accident Slip is handed to you for your own convenience and is not to be taken as an admission of liability.
Correspondence, if any, should be addressed to the:

GENERAL INFORMATION OF THE ACCIDENT

Driver's Degree of injury <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Minor <input checked="" type="checkbox"/> No injury	Other Party's Degree of Injury <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Minor <input checked="" type="checkbox"/> No injury	Weather <input type="checkbox"/> Rainy <input type="checkbox"/> Drizzling <input checked="" type="checkbox"/> Fine	Visibility <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Others (Specify)	Classification of Accident <input checked="" type="checkbox"/> External <input type="checkbox"/> Fatal <input type="checkbox"/> Major <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Internal																																		
Location: Accident occurred on (state road) Tengah Air Base Medical Centre (Carpark) at..... km (specify land marks, if any)..... If accident occurred at a junction, name the road forming the junction.		Area of Accident <input checked="" type="checkbox"/> Camp Area <input type="checkbox"/> Car Park <input type="checkbox"/> Training Area <input type="checkbox"/> Overseas <input type="checkbox"/> Near school Vicinity <input type="checkbox"/> Public Housing Estate <input type="checkbox"/> Private Residential Area <input type="checkbox"/> Factory <input type="checkbox"/> Shopping Complexes <input type="checkbox"/> Shop Houses <input type="checkbox"/> In CBD Area (During non-operational hours) <input type="checkbox"/> In CBD Area (During operational hours) <input type="checkbox"/> Others (specify)																																				
Type of Road <input type="checkbox"/> Main Road <input type="checkbox"/> One-way <input type="checkbox"/> Two-way <input checked="" type="checkbox"/> Dual-Carriage way <input type="checkbox"/> Multi-Carriage way <input type="checkbox"/> Side Road <input type="checkbox"/> Minor to Major <input type="checkbox"/> Major to Minor <input type="checkbox"/> Others (specify)	Road Surface <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Oily <input type="checkbox"/> Sandy <input type="checkbox"/> Others (specify)	Road Features <input checked="" type="checkbox"/> Narrow <input type="checkbox"/> Bend <input type="checkbox"/> Merging <input type="checkbox"/> U-turn <input type="checkbox"/> Straight Road <input type="checkbox"/> Sharp Turn <input type="checkbox"/> Blind Corner <input type="checkbox"/> Bridge <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> X-junction <input type="checkbox"/> Box-junction <input type="checkbox"/> Flyover <input type="checkbox"/> Private Road <input type="checkbox"/> Others (specify)	Road Speed Limit <input checked="" type="checkbox"/> < 40km/h <input type="checkbox"/> 40 km/h <input type="checkbox"/> 50 km/h <input type="checkbox"/> 60 km/h <input type="checkbox"/> 70 km/h <input type="checkbox"/> 80 km/h Traffic Volume <input type="checkbox"/> Heavy <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Light																																			
Type of Collision (i) Between moving Vehicles <input type="checkbox"/> Head On <input type="checkbox"/> Head to rear <input type="checkbox"/> Head to side <input type="checkbox"/> Hit & Run <input type="checkbox"/> Side Swipe (Same direction) <input type="checkbox"/> Side Swipe (Different direction) <input checked="" type="checkbox"/> Others (specify) <u>Grazing between moving vehicle and civilian stationary vehicle</u>		Manoeuvre of Vehicle before Accident <input type="checkbox"/> Stationary <input type="checkbox"/> Overtaking <input type="checkbox"/> Reversing <input type="checkbox"/> Stopping / Slowing Down <input checked="" type="checkbox"/> Moving Off <input type="checkbox"/> Changing Lane <input type="checkbox"/> Negotiating U-turn <input type="checkbox"/> Entering / Leaving Shoulder <input type="checkbox"/> Turning left – Waiting <input type="checkbox"/> Turning right – Waiting <input type="checkbox"/> Driving Ahead <input type="checkbox"/> Others (specify)																																				
Probable Cause of Accident <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><u>Mil</u></td> <td style="width:10%; border: none;"><u>Civ</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Failure to give way</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Turning without care</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Changing Lanes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Skidding</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Inattentive Driving</td> </tr> </table> </td> <td style="width:50%; border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><u>Mil</u></td> <td style="width:10%; border: none;"><u>Civ</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Improper Overtaking</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Tailgating</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Exceeding Speed Limit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">Others (specify) <u>Stationary</u></td> </tr> </table> </td> </tr> </table>				<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><u>Mil</u></td> <td style="width:10%; border: none;"><u>Civ</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Failure to give way</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Turning without care</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Changing Lanes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Skidding</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Inattentive Driving</td> </tr> </table>	<u>Mil</u>	<u>Civ</u>		<input type="checkbox"/>	<input type="checkbox"/>	Failure to give way	<input type="checkbox"/>	<input type="checkbox"/>	Turning without care	<input type="checkbox"/>	<input type="checkbox"/>	Changing Lanes	<input type="checkbox"/>	<input type="checkbox"/>	Skidding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inattentive Driving	<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><u>Mil</u></td> <td style="width:10%; border: none;"><u>Civ</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Improper Overtaking</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Tailgating</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Exceeding Speed Limit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">Others (specify) <u>Stationary</u></td> </tr> </table>	<u>Mil</u>	<u>Civ</u>		<input type="checkbox"/>	<input type="checkbox"/>	Improper Overtaking	<input type="checkbox"/>	<input type="checkbox"/>	Tailgating	<input type="checkbox"/>	<input type="checkbox"/>	Exceeding Speed Limit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (specify) <u>Stationary</u>
<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><u>Mil</u></td> <td style="width:10%; border: none;"><u>Civ</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Failure to give way</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Turning without care</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Changing Lanes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Skidding</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Inattentive Driving</td> </tr> </table>	<u>Mil</u>	<u>Civ</u>		<input type="checkbox"/>	<input type="checkbox"/>	Failure to give way	<input type="checkbox"/>	<input type="checkbox"/>	Turning without care	<input type="checkbox"/>	<input type="checkbox"/>	Changing Lanes	<input type="checkbox"/>	<input type="checkbox"/>	Skidding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inattentive Driving	<table style="width:100%; border: none;"> <tr> <td style="width:10%; border: none;"><u>Mil</u></td> <td style="width:10%; border: none;"><u>Civ</u></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Improper Overtaking</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Tailgating</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;">Exceeding Speed Limit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input checked="" type="checkbox"/></td> <td style="border: none;">Others (specify) <u>Stationary</u></td> </tr> </table>	<u>Mil</u>	<u>Civ</u>		<input type="checkbox"/>	<input type="checkbox"/>	Improper Overtaking	<input type="checkbox"/>	<input type="checkbox"/>	Tailgating	<input type="checkbox"/>	<input type="checkbox"/>	Exceeding Speed Limit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (specify) <u>Stationary</u>				
<u>Mil</u>	<u>Civ</u>																																					
<input type="checkbox"/>	<input type="checkbox"/>	Failure to give way																																				
<input type="checkbox"/>	<input type="checkbox"/>	Turning without care																																				
<input type="checkbox"/>	<input type="checkbox"/>	Changing Lanes																																				
<input type="checkbox"/>	<input type="checkbox"/>	Skidding																																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Inattentive Driving																																				
<u>Mil</u>	<u>Civ</u>																																					
<input type="checkbox"/>	<input type="checkbox"/>	Improper Overtaking																																				
<input type="checkbox"/>	<input type="checkbox"/>	Tailgating																																				
<input type="checkbox"/>	<input type="checkbox"/>	Exceeding Speed Limit																																				
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (specify) <u>Stationary</u>																																				

SINGAPORE ARMED FORCES

Show a sketch of accident indicating the following points.

- | | |
|---|--|
| 1. Road layout and widths. | 5. Obstructions, etc. |
| 2. Position of vehicles upon impact. | 6. Street Road names. |
| 3. Position of vehicles before or after impact, | 7. Village names or distance away |
| 4. Position and length of all skid marks | 8. White lines and studs in roadways |
| | 9. Warning signs, traffic signals and pedestrian crossings |

Unit	Address					Tel. No	Unit File Ref

I declare that the above particulars and my accompanying signed statements are true in every respect and that I have not wilfully suppressed any information.

.....
291221
Date

.....
R
Signature

*Delete where applicable

.....

I certify that the service vehicle was being driven:

- (a) * On Duty / ~~Not on duty~~
 (b) * On authorised route / ~~Not on authorised route~~

It *is / is not intended to hold an * inquiry / investigation into the cause of the accident because of the following reasons.

.....
29/12/21
Date

ME4 LIM SONG CHAI
 218C
OC GTF, 705 SQN

 Signature of OC Unit

SINGAPORE ARMED FORCES
STATEMENT OF DRIVER/WITNESS

STATEMENT OF	Low Del Jia			ALIASES	
NRIC NO	T0023304D	AGE	21	MALE/FEMALE	Male
EMPLOYMENT	NSF	DRIVING LICENCE NO		NATIONALITY	Singaporean
DIALECT	Hokkien	LANGUAGE SPOKEN	English & Chinese	TEL NO	8938 4595
ADDRESS	Blk 758 Yishun St 72 #11-448				
INTERPRETED BY		RANK	TIME	DATE	SIGN
RECORDED BY		RANK	TIME	DATE	SIGN
<p>I, [REDACTED], LCP Low Del Jia on 291221, at 1405 hours, was informed by LCP Hu zuHui, Darren that there will be a vaccine delivery outside the Tengah Air Base Pass Office. I agreed to carry out the detail. I went over to the Tengah Air Base Medical Centre car-park and begin my journey on the Minibus MID 46346 at 1408 hours. I drove over and reached the Tengah Air Base Medical centre Resuscitation Bay at 1410 hours. I parked there briefly to help LCP Nigel Law load the ice boxes onto the Minibus. Afterwards, I picked up LCP Nigel Law and I drove him to the pick-up point outside Tengah Air Base Pass Office. I parked there as LCP Nigel Law loaded up the vaccines onto the Minibus. Subsequently I drove off from the Tengah Air Base Medical Centre Pass Office pick-up point and reached the Tengah Air Base Medical Centre Resuscitation Bay at 1417 hours. I dropped LCP Nigel Law along with the vaccines at the Tengah Air Base Medical Centre. Afterwards, I drove alone to the Tengah Air Base Medical Centre Carpark and realised immediately that the usual parking space designated for the Minibus was taken up by a civilian vehicle. There were only three empty lots available. Two of the empty lots were opposite one another and located at the end of the carpark. The empty lot which is the third one was next to the entrance of the Tengah Air Base Medical centre carpark. I started to reverse into the empty lot next to the entrance of the carpark while reversing, I saw through my side mirror that it was a handicapped parking lot and decided it was not a good idea to park there. Hence I stopped and then</p>					
DATE	291221		SIGNATURE OF DRIVER/WITNESS		

SAF 1201/91

All statements and further statements are to be timed and dated. Witness will re-warned immediately prior to the recording of further statements. Statements and further statements will be signed by the Recording Officer and interpreter.
Statement of witness must be signed by the witness.

**SINGAPORE ARMED FORCES
STATEMENT OF DRIVER/WITNESS**

STATEMENT OF	Low Del Jia			ALIASES	
NRIC NO	[REDACTED]	AGE	21	MALE/FEMALE	Male
EMPLOYMENT	NSF	DRIVING LICENCE NO		NATIONALITY	Singaporean
DIALECT	Hokkien	LANGUAGE SPOKEN	English & Chinese	TEL NO	[REDACTED]
ADDRESS	[REDACTED]				
INTERPRETED BY		RANK		TIME	
				DATE	
					SIGN
RECORDED BY		RANK		TIME	
				DATE	
					SIGN
<p>drove towards the two empty lots located at the end of the car park. I noticed that the left lot of the two was marked with "No parking". Therefore, I made the decision to park my minibus in the right lot. When viewed from the front, the left lot had a Suzuki Swift SNC7425E car on its left and a curb on its right. As I was driving head in into the left lot, I realised that the Minibus was getting very close to the curb that was on the right. Hence I reversed the Minibus slightly and steered closer to the left side of the lot. At 1425 hours, while moving forward, I heard a sound and I immediately dismounted the vehicle. I realised that the Minibus had grazed the Suzuki Swift SNC 7425E car. I got back into the Minibus, reversed out from the lot, and then drove head in into the right lot. Afterwards, I walked back hurriedly to the Tengah Air Base Medical Centre and informed LCP Darren Hu of the incident. I also informed LCP OW Joo Kit, the owner of the Suzuki Swift SNC 7425E Car, of the incident. No personnel were injured as a result of the incident. The Minibus sustained light graze marks near the bottom of the front, left door. The Suzuki Swift SNC 7425E car sustained light graze marks on the front, left bumper of the car.</p>					
DATE	291221		SIGNATURE OF DRIVER/WITNESS		

SAF 1201/91

All statements and further statements are to be timed and dated. Witness will re-warned immediately prior to the recording of further statements. Statements and further statements will be signed by the Recording Officer and interpreter.
Statement of witness must be signed by the witness.