

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 as 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 statements 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 11 05 21	Time (hours) 1203H	Place Old Choa Chu Kang Rd	Type of Vehicle / Object Involved VAN
Make Toyota Hiace	Left Hand Drive Right Hand Drive	Registration Number GBK 5997 J	Year of Make
Name of Insurance Company		Driver's Name & Address Das Pizush	Owner's Name & Address
Nature of damage (in fullest detail) - use continuation sheet if necessary Header panel dented Left front door dented Left front door step dented			Reported to G. OH WEI LI Time/Date Police Report No. T/20210511 / 7034
PARTICULARS OF WITNESSES			
Witnesses (if in SAF, state NRIC & Unit)	Name	Address	Tel No.
	Jason Tee 165 Sqn Sxxxx092Z	Blk 297B Choa Chu Kang Ave 2	9829 6626
	Matthias Ho 165 Sqn Txxxx140F	Blk 9b pasir ris dr4	9652 7516
PARTICULARS OF INJURED PERSONS			
Injured Persons (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:

Attorney-General's Chamber, 1, Coleman Street, #10-00, Singapore 179803

SINGAPORE ARMED FORCES

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 type="checkbox"/> External <input type="checkbox"/> Fatal <input type="checkbox"/> Major <input type="checkbox"/> Minor <input type="checkbox"/> Internal																								
Location: Accident occurred on (state road) <u>OLD CHOA MU KANG ROAD</u> at km (specify land marks, if any) If accident occurred at a junction, name the road forming the junction.		Area of Accident <input 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 Estates <input type="checkbox"/> Private Residential Area <input type="checkbox"/> Factory <input type="checkbox"/> Shopping Complexes <input type="checkbox"/> Shop House <input type="checkbox"/> In CBD Area (During non-operation hours) <input type="checkbox"/> In CBD Area (During operation hours) <input type="checkbox"/> Other (specify)																										
Type of Road <input type="checkbox"/> Main Road <input type="checkbox"/> one-way <input checked="" type="checkbox"/> Two-way <input 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 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 checked="" 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 type="checkbox"/> < 40 km/h <input type="checkbox"/> 40 km/h <input type="checkbox"/> 50 km/h <input checked="" 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 checked="" type="checkbox"/> Side Swipe (Same direction) <input type="checkbox"/> Side Swipe (Different direction) <input type="checkbox"/> Others (specify) (ii) Moving vehicle against <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Lamp Post <input type="checkbox"/> Animals <input type="checkbox"/> Road divider/kerb/drain <input type="checkbox"/> Pedestrian <input type="checkbox"/> Tree <input type="checkbox"/> Others (Specify)		Manoeuvre of Vehicle before Accident <input type="checkbox"/> Stationary <input type="checkbox"/> Overtaking <input type="checkbox"/> Reversing <input type="checkbox"/> Stopping / Slowing Down <input 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 checked="" type="checkbox"/> Turning right - Waiting <input type="checkbox"/> Driving Ahead <input type="checkbox"/> Others (specify)																										
Probable Cause of Accident <table border="0"> <tr> <td><u>Mil</u></td> <td><u>Civ</u></td> <td><u>Mil</u></td> <td><u>Civ</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Failure to give way</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> Improper Overtaking</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Turning without care</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Tailgating</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Changing Lanes</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Exceeding Speed Limit</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Skidding</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Others (specify)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/> Inattentive Driving</td> <td></td> <td></td> </tr> </table>					<u>Mil</u>	<u>Civ</u>	<u>Mil</u>	<u>Civ</u>	<input type="checkbox"/>	<input type="checkbox"/> Failure to give way	<input type="checkbox"/>	<input checked="" type="checkbox"/> Improper Overtaking	<input type="checkbox"/>	<input type="checkbox"/> Turning without care	<input type="checkbox"/>	<input type="checkbox"/> Tailgating	<input type="checkbox"/>	<input type="checkbox"/> Changing Lanes	<input type="checkbox"/>	<input type="checkbox"/> Exceeding Speed Limit	<input type="checkbox"/>	<input type="checkbox"/> Skidding	<input type="checkbox"/>	<input type="checkbox"/> Others (specify)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Inattentive Driving		
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<input type="checkbox"/>	<input checked="" type="checkbox"/> Inattentive Driving																											

SINGAPORE ARMED FORCES

PARTICULARS OF VEHICLE & DRIVER FOR WHICH THIS REPORT IS MADE				
Make & nomenclature of service vehicle MAN 6x6 msv		*L.H./ R.H Drive Registration No. MID 95206	Date of last over-haul or inspection	Present location of vehicle LCK II MIMO
Describe (in fullest detail) the damage to service vehicle & load RHS MUDGUARD REAR SUPPORT FRAME DENTED RHS MUDGUARD MOUNTING HOUSING CRACKED FUEL TANK PANEL DENTED				
Name of Driver WARREN CHUA SHENG LIN		NRIC SXXX597Z	Rank 2SG	Age 22 Sex MALE
Date of Enlistment 03 10 2018	ORD 18 05 2053	Service Status <input checked="" type="checkbox"/> Regular <input type="checkbox"/> NSF <input type="checkbox"/> NSmen <input type="checkbox"/> NUSAF <input type="checkbox"/> Civilian		Vocation <input type="checkbox"/> MT Specialist <input type="checkbox"/> Driver Class I <input type="checkbox"/> Driver Class II <input type="checkbox"/> Dual - Vocationalist <input type="checkbox"/> Non - Driver
SAF Driving Permit No. SAF/TPT/N/01616/20	Class of Licence CLASS 3/4	Type of Licence <input checked="" type="checkbox"/> Permit Holder, trained by STTS <input type="checkbox"/> Permit Holder, not trained by STTS <input type="checkbox"/> Letter of Authority		
Date of Issue ²⁰²⁰ 30 10 2017 Service Licence 11 08 2017 Civilian Licence 11 08 2017 Letter of Authority	Date Passed Driving Tests Service Licence 30 10 2020 Civilian Licence 11 08 2017	Driving Experience Service Driving 0 Yr 7 Mths Civilian Driving 3 Yrs 9 Mths		
Number of previous accidents in which you have been: Involved 0 To Blame 0		Number of attempts before passing driving test SERVICE : 1 CIVILIAN : 2		

* Delete where applicable

Name WARREN CHUA SHENG LIN	Rank 2SG	Service No.	Vehicle No. 95206
Unit 165 SQN	Place of Accident OLD CHOA CHU KANG ROAD		Date and Time 110521 1250H

SAF 1202/94

SINGAPORE ARMED FORCES

Show a sketch of scene of accident indicating the following points.

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

Unit 165 SQN	Address		Tel. No.	Unit File Ref

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

120521

Date

Signature

* Delete where applicable

I certify that the service vehicle was being driven:

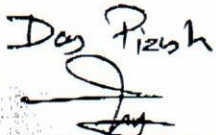
- (a) * On duty / ~~Not on duty~~
 (b) * On authorised route / ~~Not on authorised route~~

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

Date

Signature of OC Unit


SINGAPORE ARMED FORCES
STATEMENT OF DRIVER/WITNESS

STATEMENT OF	DAS PIZUSH				ALIASES				
NRIC NO		AGE	28		MALE/FEMALE	Male			
EMPLOYMENT	work permit		DRIVING LICENCE NO	G2263924W		NATIONALITY	Bangladesh		
DIALECT		LANGUAGE SPOKEN	English		TEL NO	94715663			
ADDRESS									
INTERPRETED BY		RANK		TIME		DATE		SIGN	
RECORDED BY		RANK		TIME		DATE		SIGN	
<p align="center">Old Choa Chu Kang Rd</p> <p>When at junction, the LM is in front of my vehicles. I saw the blinking light from the LM, I thought that the vehicle (LM) is stopping so I looked out for any vehicle oncoming on my right. When the road on my right is cleared, I indicated my right indicated to overtake the vehicle in front (LM). While overtaking the vehicle, the vehicle (LM) also turn right to cemetery Chinese Cemetery Path 10, Resulted it collide with my vehicle.</p> <p>My vehicle sustained damaged to the left front side (with photo). The accident happened around 12 pm.</p>									
DATE	1339H 11 May 2021		SIGNATURE OF DRIVER/ WITNESS						

SAF 1201/91

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

SINGAPORE ARMED FORCES
STATEMENT OF DRIVER/WITNESS

STATEMENT OF	WARREN CHUA				ALIASES			
NRIC NO	SXXXX 597Z	AGE	22		MALE/FEMALE		MALE	
EMPLOYMENT	RSAF	DRIVING LICENCE NO	MILITARY: 2AF/111/1/16/16/16 CIVILIAN: 5183397Z		NATIONALITY		SINGAPOREAN	
DIALECT		LANGUAGE SPOKEN	ENGLISH		TEL NO		94311125	
ADDRESS	WOODLANDS ST 83 BLK 856 #109-02							
INTERPRETED BY		RANK		TIME		DATE		SIGN
RECORDED BY		RANK		TIME		DATE		SIGN
MY INTENTION ^D TO TURN RIGHT FROM OLD CHOA CHU KANG ROAD TO CHINESE CEMETERY PATH 10.								
WHEN APPROACHING THE JUNCTION, I SLOWED DOWN CHECKED RIGHT FOR TO ENSURE NO CARS ON MY								
RIGHT. I THEN PROCEEDED TO SIGNAL RIGHT. WHEN BEFORE MAKE EXECUTING THE RIGHT TURN								
I CHECK MY RIGHT MIRROR TO ENSURE NO VEHICLES ARE IN MY BLIND SPOT. A CIVILIAN VAN								
THEN PROCEEDED TO SPEED UP AND OVERTAKE ME USING AN OPPOSITE DIRECTION LANE AND HIT								
THE RIGHT SIDE OF MY VEHICLE, ALIGHTED AND CONFRONTED DRIVER ADT AND HE REPORTEDLY								
ASSUMED I TURNED ON HAZARD LIGHTS THINKING I WAS COMING TO A STOP. MY VEHICLE SUSTAINED								
DAMAGES TO THE RIGHT SIDE.								
DATE	1920H				SIGNATURE OF DRIVER/ WITNESS			
	120521							

SAF 1201/91

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



SINGAPORE POLICE FORCE



T/20210511/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210511/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2021 17:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WARREN CHUA SHENG LIN			Address: 856 WOODLANDS STREET 83 #09-02 SINGAPORE 730856		
ID Type / ID No.: NRIC NO / S9815597Z			Contact No.: Home/Office: Mobile: 94311125		
Nationality: SINGAPORE CITIZEN			Email: warren.chua@hotmail.com		
Sex: Male	Age: 22	Date of Birth: 18/05/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: MINDEF RSAF Regular			Driving Licence Information: Class: 3A,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2021 12:03	Type of Location: X-Junction
Location: CHOA CHU KANG ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBK 5997 J	Van	TOYOTA	hiace	White	Slightly Damaged	1
MID 95206	Military 6x6 Man truck				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20210511/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210511/7034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DAS PIZUSH	ID No.	G2263929W
Related Vehicle	GBK 5997 J (Van)	Contact No.	94715663
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	MATTHIAS HO	ID No.	T0131140E
Related Vehicle	MID 95206 (Military 6x6 Man truck)	Contact No.	96527516
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	WARREN CHUA SHENG LIN	ID No.	S9815597Z
Related Vehicle	MID 95206 (Military 6x6 Man truck)	Contact No.	94311125
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3A,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210511/7034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210511/7034

CONTINUATION OF REPORT

Passenger			
Name	JASON TEE	ID No.	S9431092Z
Related Vehicle	MID 95206 (Military 6x6 Man truck)	Contact No.	98296626
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Driver of military vehicle checked right mirror to ensure no vehicles on his right, signalled right and slowed down to prepare for right turn.

While turning civilian Van attempted to overtake using opposite direction road and hit the side of the military veh causing damage to both veh.

Civilian van driver reportedly assumed military veh was coming to a stop and claimed he saw hazard lights.



**SINGAPORE
POLICE FORCE**



T/20210511/7034

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20210511/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
GOH WEI LI
Contact No.: 93673925

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
11/05/2021 17:27

Classification Of Case: