

Police Station Of Origin :

Serial No. F 16125



Report No.

IP No.

IO In-charge : Traffic Police HQ

## REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 13/04/2022 @ 1400hrs	Vide Report No.: -	Station Diary No.: -
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## Informant's Particulars

Name of Informant: Tan Cheo Tay		Address: 3 Flora Dr #01-16		Postal Code : 507010
ID Type/No : S0962872Z	Date of Birth: 02/11/1943	Contact No.:- Home: - Office: -	Mobile : 9755 3994	Driving Licence Information :- Class : 3 Date of Expiry : -
Race: Chinese	Age: 78 yrs	Sex: F	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)	
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Retiree				

## General Information on the Accident

Type of Accident :	<input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Non-Injury	Date of Accident: 13/04/2022	Type of Location:
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 0500hrs	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input checked="" type="checkbox"/> Others (specify) .. Filter Lane .....

Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction)

Loyang Ave, turning into TPE

## Type of Collision:

(i) Between moving vehicles <input type="checkbox"/> Head on <input checked="" type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify) .....		(ii) Moving Vehicle Against : <input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input checked="" type="checkbox"/> Others (specify)		Weather : <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):
Traffic Flow: <input type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit: .....km/h
Drink Drive: Yes (No) <input checked="" type="checkbox"/>				Anyone conveyed by ambulance : Yes (No) <input checked="" type="checkbox"/>

## Details Of Vehicle(s) &amp; Driver(s) Involved

Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
SLH241SP	Toyota (white)	Slight	Tan Cheo Tay S0962872Z	3	9755 3994	NA	-	-	-
2DG3M11D	Military Vehicle	No damage	Zack Nish Bdr Alko T0714443	3/4	-	NA	-	-	-

## Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)

Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic



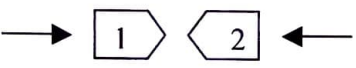
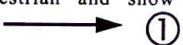
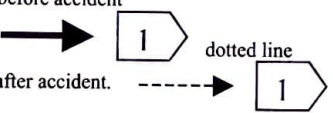

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CONTINUATION OF REPORT




<b>Information on Pedestrian(s) Involved</b>		
Any Pedestrian Involved: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input checked="" type="checkbox"/> Not Injured
<b>Information on Eyewitness</b>		
Any eyewitness available : Yes / No	Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	

**Brief Details. This report shall be signed by the informant.**

On 13/04/2022, at about 0500hrs, I V1 (9LH2415P) was driving along the road on the right of 2 lane road, about to make a right turn into TPE. V2 (212630MS) and my vehicle had stopped before making the turn. Upon the traffic turning green to turn, both vehicles had turned together. However, V2 which is at the left lane turning together, had encroach into my vehicle's path, and side-swipe on to my vehicle's front left (damages: left bumper and left mirror). V2 had cut in abruptly into my vehicle's path. The accident contact point was the V2's rear right to V1's front left. After the accident, both parties acknowledge the accident and was not injured. Both parties exchange particulars, for insurance claims.

<b>Instructions</b> 1. Number each vehicle and show direction of travel by arrow.  2. Number each pedestrian and show direction by arrow.  3. Use solid line to show path of vehicle before accident  4. Show distance and direction to landmarks, identify by name. 5. Include road signs and any other important physical features.	<b>Sketch Plan</b> 
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**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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report:  T140237 BEDOK POLICE DIVISION	Signature Of Informant:  509628727
Name/Signature Of Interpreter:  SINGAPORE POLICE FORCE	Date: 13/04/2022
Investigation Officer In-Charge Of Case: Traffic Police	Classification Of Case: GIA