



POLICE REPORT (NP299)

Report No. F/20220827/7016

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 27/08/2022 10:09	Vide Report No.	Station Diary No.		
Name Of Informant TANG KONG WENG	Address 49 TEBAN GARDENS ROAD #01-584 SINGAPORE 600049			
ID Type / ID No. FIN NO / G7043813K	Contact No. Home/Office:	Mobile: 94513353		
Nationality MALAYSIAN	Email Address tk.weng@hotmail.com			
Occupation CONSTRUCTION WORKER-CUM DRIVER	Sex Male	Age 43	Date of Birth 24/06/1979	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 26/08/2022 10:35	Location Of Incident HOUGANG AVENUE 3			

Brief details.

On 26.08.2022 at about 10:35 hours along Hougang Avenue 3 towards Tampines Road, I was travelling straight on lane 2 at the above mentioned location and when the front vehicle (C) slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang from behind and the great impact forced my vehicle (A) to move forward and collided onto the rear portion of vehicle (C). When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages onto the front and rear portion of my vehicle (A).

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2022 10:09
Officer In-Charge Of Case:	Classification Of Case:



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CONTINUATION OF REPORT

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I wish to state that it was a chain collision of total of 3 vehicles involved.

After the accident, I felt pain and I went to seek for doctor and was given 3days mc

Clinic : UNIHEALTH 24-HR CLINIC (TOA PAYOH)

Vehicle (A): JSN 7513

Vehicle (B): GBH 9561Y

Vehicle (C): SLN 5045Y

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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No signature is required.

Date/Time:
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Classification Of Case: