



Report No. T/20210916/2034

Tel·No: 1800-4589999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2021 12:40			Vide Report No.:	Station Diary No.: 15		
Informa	nt's Partic	ulars				
Name of Informant: TAN WEI KWAN			Address: 90 EDGEDALE PLAINS #03-22 SINGAPORE 828685			
ID Type / ID No.: NRIC NO / S7521399I			Contact No.: Home/Office:	Mobile: 97939925		
Nationality: SINGAPORE CITIZEN			Email: kwan95483@yahoo.com			
Sex: Age: Date of Birth: Male 46 17/07/1975			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: CIVIL SERVANT			Driving Licence Information:	Date of Evolution		

Seneral IIIIO	nation of the Acciden			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2021 08:15	Type of Location Straight Road
SELETAR EX	8/8/87/75755554/4/4			
Lamp Post No Weather:	imber: 645	Road Surface:		Road Speed Limit:
Clear		Dry Dry		90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	ion: ing Vehicles - Head To	Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJQ8116P	Car				Seriously Damaged	0	
SKK9271L	Car				Seriously Damaged	0	
SLD4142J	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Red	Slightly Damaged	0	
SLS2757U	Car				Slightly Damaged	0	





2 of 4 Report No. T/20210916/2034

Tel No: 1800-4589999

CONTINUATION OF REPORT

Details of V	ehicle Insurance		The state of the state of	and the second second
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD4142J	NTUC Income Insurance Co-Operative Limited	5117740285-01	16/06/2021	15/06/2022

Details of Perso	on Involved	No.		Maria de	Marin .	NEW YORK ON THE PARTY
Any Pedestrian I	nvolved: No		THE RESERVE OF THE PARTY OF THE	The state of the s	District Co.	SHOW OF THE PARTY
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
		AND THE STREET		destila	10103	Sing. IVA
Name	MUHAMMAD SYA KHAIRI	ZWAN BIN I	MOHAMED	ID No.		S8710934H
Related Vehicle	SJQ8116P (Car)			Contact No.		91688417
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			
		TO SECURE		CHANGE OF THE PARTY OF THE PART		
Name	KHOO HOCK LAI, WILLIAM			ID No.		S7347122B
Related Vehicle	SKK9271L (Car)			Contact No.		96534570
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		-	Contract to the Contract to th
Driver					1002	THE REAL PROPERTY.
Name	TAN WEI KWAN			ID No.		S7521399I
Related Vehicle	SLD4142J (Car)		Contact No.		97939925	
Hospital/Clinic	FAMILY HEALTH MEDICAL CENTRE		ENTRE	Class Driving Licence Expiry	g ce &	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	16/09/2021		Date Disc			/2021
No. of Days grant	ted Medical Leave	03	Degree of Injury NIL			





Report No. T/20210916/2034

560111 Tel No: 1800-4589999

CONTINUATION OF REPORT

Driver		THE REAL PROPERTY.	STANLAND III	AUG THE	The same	
Name	SIM HEE KAY			ID No	:8	S1533046E
Related Vehicle	SLS2757U (Car)			Conta	ct No.	96740293
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On the stated date and time, I was travelling slowly along SLE towards BKE in the middle lane due to heavy traffic. The vehicle infront of me jammed brake, so I followed to step on the brakes. Suddenly, I felt an impact from the rear. When I alighted to check on my vehicle, I found that it was a 4 cars chain collision.

I was also injured due to this accident impact.





Report No. T/20210916/2034

CONTINUATION OF REPORT

## Sketch Plan

Tel No: 1800-4589999

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 F /	of Officer Recording The Report **
Sgt 2 SO	W ZHIJIE
	SIGNATURE
Signature Not appli	o Of Interpreter: cable

Date/Time: 16/09/2021 12:40

TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414

Officer In Charge Of Case:

Classification Of Case:

Signature Of Informant:

Authentication Stamp