



T/20230308/2054

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Report No. T/20230308/2054

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20230308/2054

Vide Report Number T/20230306/7071

Date/Time of Report Made 08/03/2023 13:55

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant GAN LEE HWA

ID Type / ID No. PASSPORT / A55858852

Home/Office

Mobile 0149939298

Email kylegan71@gmail.com

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 05/03/2023 19:35

Accident Location AYER RAJAH EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JVK9298	Car	TOYOTA	INNOVA	Black	Seriously Damaged	2
SHC7694R	Car	HYUNDAI		Yellow	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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<b>Driver</b>				
Name	GAN LEE HWA		ID No.	A55858852
Related Vehicle	JVK9298 (Car)		Contact No.	0149939298
Hospital/Clinic	GALILEE CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/03/2023		Date Discharge	06/03/2023
No. of Days granted Medical Leave	04		Degree of Injury	NIL
<b>Driver</b>				
Name	Tien Kim Sin		ID No.	NIL
Related Vehicle	SHC7694R (Car)		Contact No.	91697330
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Facts.**

With reference to NP168 report No: T/20230306/7071, complainant has come to Jurong East NPC to add on one vehicle registration plate number "SHC7694R" involved in the accident. Complainant also wish to add in the person namely "Tien Kim Sin", Contact No: 91697330 which related to vehicle registration plate number "SHC7694R".

I wish to further state that the vehicle registration plate number "SHC7694R" was the vehicle that collided onto my rear bumper.

I have already see doctor at Galilee Clinic on 06/03/2023 and given 4 days of Medical Leave.



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**Sketch Plan**

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / FAHKRUL RAZI BIN SUHAIME
Classification of Case	1) INJURY / OTHERS