



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20230331/7072

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 31/03/2023 20:25 | | de Report No.: | Station | Diary No.: | | |
|--|------|--|------------------|------------|--|--|
| Informant's Particulars | | | | | | |
| Name of Informant: WANG ZONGYANG, KENNETH | | Address: 271C PUNGGOL WALK #09-529 SINGAPORE 823271 | | | | |
| ID Type / ID No.: NRIC NO / S8401775B | | ntact No.: me/Office: | Mobile: 87903234 | | | |
| Nationality: SINGAPORE CITIZEN | | Email: KENNETHWANG09@GMAIL.COM | | | | |
| 1 0 1 | , ,, | Type of Informant: Vehicle Owner | | | | |
| Race: Chinese | | Language: Institution / School Na English | | Name: | | |
| Occupation: | | Driving Licence Information: Class: 3 Date of Expiry: | | | | |

| General Informati | on of the Accident | NAME OF | | | | |
|--|-----------------------|-----------------|---------------------------------|---|-----------------------------|----------------------------|
| Type of Accident: | Injury Others | | rink rive: o | Date/Time of Accident: 30/03/2023 19:30 | | Type of Location: Bend |
| Location: | | | | | | |
| PUNGGOL WALK | < | | | | | |
| Weather: Raining | | Road Sur Wet | rface: | | Road 50 K | d Speed Limit: m/h |
| | | | ic Control: estrian Crossing | | Traffic Volume: Moderate | |
| Type of Collision: Between Moving \ | Vehicles - Head To Re | ear | | | | one conveyed by ulance: |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-----------|----------|-------|---------------------|-------|
| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
| SMD5015A | Car | SUBARU | Forester | White | Slightly Damaged | 0 |
| SMW9772X | Car | SSANGYONG | Tivoli | Blue | Slightly Damaged | 0 |





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CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | | |
|------------------------------|-----------------------|--------------|------------|-------------|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | |
| SMW9772X | DIRECT ASIA INSURANCE | MT/01141984 | 21/12/2022 | 20/12/2023 | |
| | (SINGAPORE) PTE. LTD. | | | | |

| Details of Perso | n Involved | | Sville die vi | | 13 A 6 a 13 A6 | | |
|--------------------------------------|--|----------------|--------------------------------|-------------------------------------|-----------------------|---------------------------------|--|
| Any Pedestrian li | nvolved: No | | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | | | |
| Vehicle Owner | | 等数量1.8(1.8)2位) | | | | | |
| Name | WANG ZONGYANG, KENNETH | | ID No | ID No. S8401775B | | | |
| Related Vehicle | SMW9772X (Car) | | | Contact No. | | 87903234 | |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | | AL PTE. | Class Drivin Licend Expiry | g ce & | Class: 3 Date of Expiry: NIL | |
| Date | 30/03/2023 Date | | Date | | 31/03 | 3/2023 | |
| No. of Days granted Medical Leave 07 | | 07 | Degree of | f Slight | | | |

Brief Details.

On 30th March 2023 at about 19:30hrs I was traveling along Punggol Central opp Waterway Point exit left to Punggol Walk on the slip road in my way home.

While I giving way to right of way vehicles and my car came to a stationary stop, I felt an strong impact from the back of my car, due to the impact and my face crashes onto my steering wheel.

I came out from my vehicle and notice vehicle B SMD5015A has hit onto my Vehicle A SMW9772X rear portion.

The driver of Vehicle B had admitted it was his fault

I sustained some pain on my head, right eyes, right face, neck, back and my left leg during the course accident.

I went to Mount Alvernia Hospital around 2100hrs for medical checkup.

The doctors have intention to send me to ward after assessment but I was having a fever and flu at the that point and they transferred me to Sengkang Hospital for further medical treatment via ambulance.

The doctors conducted CT scan on my head and I was warded in the Sengkang Hospital until 31 March 2023 and was discharged from hospital and was given 7 days MC.





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CONTINUATION OF REPORT





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CONTINUATION OF REPORT

| Sketch Plan | | | | |
|--------------|----------|----|---------|--------|
| Informant is | not able | to | provide | sketch |

| 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: 31/03/2023 20:25 |
| Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219 | Classification Of Case: |