



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240715/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2024 12:48		:	Vide Report No.:	Station Diary No.:			
Informant's i	Particulars						
Name of Info			Address: 244 JURONG EAST STREET 24 #11-609 SINGAPORE 600244				
ID Type / ID No.: NRIC NO / S7200134F			Contact No.: Home/Office: Mobile: 83637089				
Nationality: SINGAPORE CITIZEN			Email: OMARTRD@GMAIL.COM				
Sex: Age: Date of Birth: Male 52 06/01/1972			Type of Informant: Driver				
Race: Boyanese			Language: English				
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:				

General Information of the Accident							
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 14/07/2024 13:10		Type of Location: Straight Road	
Location:							
BAYFRONT AVENUE							
Weather: Clear			Surface:				
			Traffic Control: Not Controlled			Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				a		ne conveyed by lance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMA6212G	Motor car	ТОУОТА	SIENTA 1.5 CVT ELEGANCE	Brown		0
SNM260G	Motor car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMA6212G	NTUC Income Insurance Co-Operative Limited	5141752806	19/01/2024	13/12/2024





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CONTINUATION OF REPORT

Details of Person Involved						
Any Pedestrian Inv	volved: No					
No. of Pedestrians		Use of Pedestrian Crossing: NA				
Driver						
Name	SAMSUDIN BIN OMAR			ID No.		S7200134F
Related Vehicle	SMA6212G (Motor car)			Contact No.		83637089
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	harge NIL		1	
No. of Days granted Medical Leave (MC) 04			Degree of Injury S		Slight	

Brief Details.

Referring to Report No. T/20240714/2039. I would like to add on that I am suffering from neck, back and body ache. I visited Mary Medical Clinic & Surgery and received 4 days MC.





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3 of 3 Report No. T/20240715/7036

CONTINUATION OF REPORT

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: 15/07/2024 12:48
Officer In Charge Of Case: TP / AEIT / LEE GUANG HUI Contact No.: 65476414	Classification Of Case: