



1 of 3

Report No. T/20171215/2134

Police Station Of Origin: Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

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Date/Time Report Made: 15/12/2017 19:01			Vide Report No.:	Station Diary No.: 52		
Informant'	s Particul	ars				
Name of In ISKANDAF MUSTAFF	formant: R ZULKAR		Address: APT BLK 139 SIMEI STREET	1 #03-22 SINGAPORE 520139		
ID Type / ID No.: NRIC NO / S8705157I			Contact No.: Home/Office:	Mobile: 83831041		
Nationality: SINGAPORE CITIZEN		N	Email:			
Sex: Male	Age: 30	Date of Birth: 25/02/1987	Type of Informant: Rider			
Race: Malay			Language: Institution / School Name			
Occupation: Other assistant engineers		neers	Driving Licence Information: Class: 2B	Date of Expiry:		
	•					

Type of Accident:	Injury Conveyed By Ambi		Drink Drive: No	Date/Time of Accident: 15/12/2017 10:00		Type of Location: Straight Road	
Location: Along Road 1 TAMPINES S	TREET 31						
Weather:		Road	Surface:		Roa	d Speed Limit:	
Olcai		Dry				T 55 Malana	
Clear			Traffic Control:			Traffic Volume:	
Clear Traffic Flow:					110		
			ontrolled			one conveyed by	

Vehicle No.	ehicle Involve	Make	Model	Color	Condition	No of Passenge
AQ3285Z	Motorcycle	VESPA	SPRI	White		0
SHC8121X	Car					0

Details of v	ehicle Insurance	r.	F. CC 43	Eveley Date
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
		5044491755-07	01/09/2017	31/08/2018
AQ3285Z	NTUC Income Insurance Co-Operative	3044401700 07		
	Limited			





2 of 3

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CONTINUATION OF REPORT

Details of Person				27. 2/2 Tu Tu	
Any Pedestrian Involved: No No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			
Rider		IOTAFFA	ID No		S8705157I
Name	ISKANDAR ZULKARNAIN BIN MU	JSTAFFA	ID No.		307001071
Related Vehicle	AQ3285Z (Motorcycle)		Conta	ct No.	83831041
Hospital/Clinic	CHANGI GENERAL HOSPITAL			of g ce & Date	Class: 2B Date of Expiry: NIL
Deta Taratasant	15/12/2017	Date Disc			2/2017
No. of Days gran	ted Medical Leave 03	Degree of		Sligh	t

Brief Details.

On 15/12/2017 1000hrs, I was riding my vehicle AQ3285Z along Tampines Street 31 towards Tampines Ave 2. Suddenly, another vehicle SHC8121X side swiped me from my left, causing me to lose balance and skid. The driver came down to render assistance. Shortly after, the ambulance came and I was conveyed to CGH. I have abrasion on my left arm and left leg. I was given 3 days MC from 15/12/2017 to 17/12/2017. I do not have the particulars of the other driver and I was not able to see the damage to both our vehicles.





3 of 3 Report No. T/20171215/2134

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CONTINUATION OF REPORT

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.

the certificate with you now, please tax a sep,	
Signature Of Officer Recording The Report: G / Sgt 3 ONG HONG YI, ANDY	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	15/12/2017 19:01
	Ol Gradier Of Coope
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	
Contact No.:	
Authentication Stamp	
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SIGNATURE