



SINGAPORE POLICE FORCE



T/20180112/2140

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20180112/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2018 17:29		Vide Report No.: F/20170108/0244		Station Diary No.: 114	
Informant's Particulars					
Name of Informant: JUDE EMMANUEL TAN CHOON KEONG			Address: APT BLK 715 PASIR RIS STREET 72 #08-21 SINGAPORE 510715		
ID Type / ID No.: NRIC NO / S6801359C			Contact No.: Home/Office: Mobile: 96827556		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 05/01/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGEMENT			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/01/2018 18:30	Type of Location: X-Junction
Location: Along Road 1 ANG MO KIO AVENUE 9 Ang Mo Kio ave 9				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM2418Z	Motorcycle				Seriously Damaged	1
GBG6246H	Van				Slightly Damaged	1

Details of Person Involved

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



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CONTINUATION OF REPORT

Pillion			
Name	Khaleef	ID No.	NIL
Related Vehicle	FBM2418Z (Motorcycle)	Contact No.	NIL
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
Rider			
Name	JUDE EMMANUEL TAN CHOON KEONG	ID No.	S6801359C
Related Vehicle	FBM2418Z (Motorcycle)	Contact No.	96827556
Hospital/Clinic	WELL MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	11/01/2018	Date Discharge	11/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Lim Hang Siang	ID No.	S1729690F
Related Vehicle	GBG6246H (Van)	Contact No.	81118813
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 Details.

On the 08/01/2018 around 6.30pm, I was driving my motorbike FMB2418Z along Ang Mo Kio ave 9 on the left most lane. I had a pillion namely Khaleef. As I was reaching the traffic light which was red, I stopped and was awaiting for it to turn green as I wanted to turn left. I then rest my feet on the floor. Suddenly, I Felt a strong impact and discovered that a van GBG6246H front bumper has hit onto my rear tyre causing me to lose balance. I then attempted to stabilise my bike in order to prevent it from falling.

After which, We alighted and exchanged particulars. I was not able to ride my motorbike hence I engaged a tow company. I wish to state that my bike rear tyre, registration plate and rear headlights was damaged.

I felt strain on my arms from attempting to balance my bike and went to the doctor. I was given 3 days of MC.



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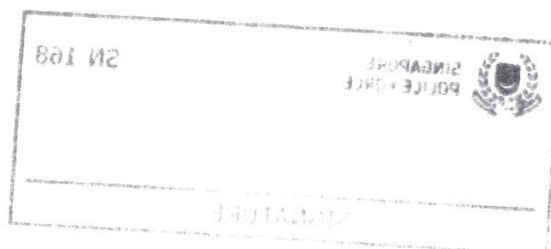
Tel No: 1800-2519999

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Report No. T/20180112/2140

CONTINUATION OF REPORT

I wish to state there was no government property damaged, no one was conveyed by ambulance.





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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.

Signature Of Officer Recording The Report:

E /

Staff Sgt NOORNAZREEN BINTE ABULHASAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/01/2018 17:29

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

SN 168

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MFA11800H246 Vehicle Registration No: F6M 2418 Z
Name (as shown in NRIC) : Jude Emmanuel Tan NRIC/FIN/Passport No : SG801359 C
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96827556
Email Address : _____
Date of Accident : 08/01/2018 Time of Accident : 18:30
Place of Accident : T/L Junction of Ang Mo Kio Ave 9 / Ang Mo Kio Ave 6
Insurance Company : Liberty Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach police report

[Signature]
Policyholder / Driver's Signature
Date:

[Stamp]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: