

T/20180327/2063

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Report No. T/20180327/2063

# Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No G/20180324/2029

Report Number T/20180327/2063

Vide Report Number J/20180319/0082

Date/Time of Report Made 27/03/2018 13:49

Place Report Lodged Traffic Police Division HQ

Type of Informant Rider

Name of Informant LIM KAR FOO

ID Type / ID No. FIN NO / G7190301Q

Home/Office

Mobile 97301749

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by Yes

ambulance

Date/Time of Accident 19/03/2018 08:15

ehicle Involved	b				Secured Course
Туре	Make .	Model	Color	Condition	No of Passenge
Motorcycle				Slightly Damaged	.0
Car				-	0
	Type Motorcycle	Motorcycle	Type Make . Model Motorcycle	Type Make . Model Color Motorcycle	Type Make . Model Color Condition  Motorcycle Slightly Damaged

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



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Report No: T/20180327/2063

## **Continuation of CSF For NP168**

Rider						
Name	LIM KAR FOO				G7190301Q	
Related Vehicle	JPX8145 (Motorcycle)		Contact No.		97301749	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			of g ce & Date	Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment	19/03/2018	Date Disc	harge 22/03/2018		3/2018	
No. of Days granted Medical Leave 33 Degree of				of Injury Serious		
Driver						
Name	DANIEL Choo E-MING		ID No.		NIL	
Related Vehicle	SGU1582L (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave NIL	Degree of		NIL		

### Brief Facts.

With reference to traffic accident vide J/20180319/0082, I had already lodged an accident report T/20180324/2029, and made an amendment to it vide T/20180324/2032.

I am now making further amendments to the report. The accident happened on 19/03/2018 at 08.15am, and the other party's car plate number is SGU1582L. That is all.



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Report No. T/20180327/2063

### **Continuation of CSF For NP168**

### 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

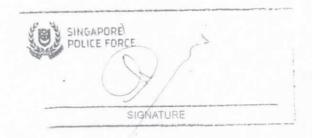
Officer-In-Charge of Case

TP / GIT /

NORASHIKIN BINTE DAUD

Classification of Case

1) INJURY / CONVEYED BY AMBULANCE







1 of 3 Report No. T/20180324/2029

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made:       Vide Report No.:         24/03/2018 10:39       J/20180319/0082			Station Diary No.:
Informant	s Particul	ars		
Name of In LIM KAR F			Address:	
ID Type / II FIN NO / G		Q	Contact No.: Home/Office:	Mobile: 97301749
Nationality SINGAPOR		N	Email:	
Sex: Male	Age: 35	Date of Birth: 03/02/1983	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation Lorry drive			Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Infor	mation of the Accident			
Type of Accident:	Injury Conveyed By Ambula	Drink nce Drive:	Date/Time of Accident: 19/03/2018 08:1	Type of Location Straight Road
	EST STREET 23			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis	sion:			Anyone conveyed by ambulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JPX8145	Motorcycle					0
SGV1582L	Car					0

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





Report No. T/20180324/2029

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Rider						
Name	LIM KAR FOO			ID No.		G7190301Q
Related Vehicle	NIL			Conta	ct No.	97301749
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL Date			Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	
Name	DANIEL CHOO E-MIN		ID No		S763304A	
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

24/03/2018 @0815HRS (JURONG WEST STREET 23)

I WAS RIDING ALONG JURONG WEST STREET 23 AFTER DROPPING OFF MY WIFE AT HER WORK PLACE, THEN I MAKE MY WAY TO WORK AFTER THAT. I WAS HEADING TOWARDS THE TJUNCTION, I SAW THERE WAS A CAR AT THE JUNCTION. THE CAR WAS NOT MOVING NOR HAD ANY SINGAL ON AT THE POINT OF TIME. I TRY TO OVERTAKE HIM, WHEN I WAS OVERTAKING HIM. HE STARTED TO TURN INFRONT OF ME AND I WAS UNABLE TO STOP IN TIME AND COLLIDED. WHEN I OPEN MY EYE, I WAS UNDER THE CAR I WAS UNABLE TO MOVE FROM THE CAR ON TOP OF ME. THE NEXT MOMENT, THERE WAS PEOPLE PUSHING THE CAR AND PULLING OUT FROM THE ACCIDENT. SOON AFTER THE AMBULANCE CAME AND I WAS COVNEY TO THE HOSPITAL.

THAT'S ALL





Report No. T/20180324/2029

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

### Sketch Plan

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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: TP / KHALED AMR HASSAN MOHSSEN	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 24/03/2018 10:39	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORASHIKIN BINTE DAUD Contact No.: 65476439	Classification Of Case: SINGAPORE POLICE FORCE	
Authentication Stamp NP168	Signature:	



Report No. T/20180324/2032

# **Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20180324/2029

Report Number T/20180324/2032

Vide Report Number J/20180319/0082

Date/Time of Report Made 24/03/2018 11:00

Place Report Lodged Traffic Police Division HQ

Type of Informant Rider

Name of Informant LIM KAR FOO

ID Type / ID No. FIN NO / G7190301Q

Home/Office 97301749

Mobile 97301749

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by

ambulance

Yes

Date/Time of Accident

19/03/2018 08:15

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JPX8145	Motorcycle					0
SGV1582L	Car					0

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



T/20180324/2032

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Report No. T/20180324/2032

## **Continuation of CSF For NP168**

### Sketch Plan

Informant is not able to provide sketch plan

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Case Sensitivity

No

Officer-In-Charge of Case

TP/GIT/

NORASHIKIN BINTE DAUD

Classification of Case

1) INJURY / CONVEYED BY AMBULANCE



