



# SINGAPORE POLICE FORCE

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



T/20180413/2071

1 of 3

Report No. T/20180413/2071

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
13/04/2018 13:04

Vide Report No.:  
J/20180413/0075

Station Diary No.:

### Informant's Particulars

Name of Informant:  
MUHAMAD HASIF BIN AHMAD  
LEMAN

Address:  
NO 22 JALAN CENDERAI 10 TAMAN KOTA PUTERI 81750  
JOHOR

ID Type / ID No.:  
FIN NO / G2726124N

Contact No.:  
Home/Office: Mobile: 0177483861

Nationality:  
MALAYSIAN

Email:

Sex:

Age:  
22

Date of Birth:  
18/08/1995

Type of Informant:  
Rider

Race:

Language:

Institution / School Name:

Occupation:

Other material and freight handling  
workers

Driving Licence Information:  
Class: 2B,3

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Injury  
Conveyed By Ambulance

Drink  
Drive:  
No

Date/Time of  
Accident:  
13/04/2018 08:30

Type of Location:  
Straight Road

Location:  
Along Road 1  
SELETAR EXPRESSWAY

TOWARDS WOODLANDS. 12 KM

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
Dual Carriage Way

Traffic Control:  
Not Controlled

Traffic Volume:  
Moderate

Type of Collision:  
Between Moving Vehicles - Head To Rear

Anyone conveyed by  
ambulance:  
Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRJ1064	Motorcycle					0
SGM5775M	Car				Slightly Damaged	0

### 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**

<b>Rider</b>			
Name	MUHAMAD HASIF BIN AHMAD LEMAN	ID No.	G2726124N
Related Vehicle	JRJ1064 (Motorcycle)	Contact No.	0177483861
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 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 ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS RIDING ON THE MIDDLE LANE OF A 3 LANE ROAD TOWARDS WOODLANDS. AS I WAS RIDING, THE OTHER CAR MENTIONED ABOVE THAT WAS ON THE LANE ON MY RIGHT, SIGNALLED AND STRAIGHT AWAY SHIFT TO THE MIDDLE LANE. AS A RESULT, I WAS FORCED TO BRAKE TO TRY TO AVOID COLLISION. HOWEVER, THERE WASNT ENOUGH SPACE FOR ME TO BREAK ON TIME SO I ENDED UP COLLIDING INTO THE BACK OF THE VEHICLE. AFTER THE ACCIDENT, THERE WAS A PARAMEDIC WHO STOPPED AT THE SCENE TO ASSIST ME. AMBULANCE ARRIVED SHORTLY AFTER AND I WAS CONVEYED TO KHOO TECK PUAT HOSPITAL. I SUFFERED INJURIES ON MY RIGHT ARM, AND BOTH LEGS. SUFFERED ABRASIONS AND MY LEFT LEG SPRAINED. I RECEIVED 5 DAYS MC.

THAT'S ALL .





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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:  
TP /  
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/04/2018 13:04

Classification Of Case:



Signature: