



# SINGAPORE POLICE FORCE



T/20180716/2078

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

1 of 3

Report No, T/20180716/2078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2018 14:21		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHD AMIN BIN MAKHTAR			Address: 205 BRADDELL RD SINGAPORE 579701		
ID Type / ID No.: FIN NO / G8637803K			Contact No.: Home/Office: 0179081827      Mobile: 84064083		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 39	Date of Birth: 14/05/1979	Type of Informant: Rider		
Race: Malay			Language: Malay		Institution / School Name:
Occupation: SERVICE			Driving Licence Information: Class: 2B,3,4A      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/07/2018 16:05	Type of Location: Bend
Location:  BUKIT TIMAH EXPRESSWAY  ALONG BKE TWDS WOODLANDS				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
DCW8742	Motorcycle					0
SLL7939R	Car	KIA	FORTE K3 1.6A	Blue		0



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**CONTINUATION OF REPORT****Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,  
I WAS TRAVELLING ON THE 4TH OF 4 LANE NEARER TO THE RIGHT SIDE OF THE LANE, ALONG  
BKE TOWARDS WOODLANDS BEF ECO LINK. I WAS NEGOTIATING A LEFT BEND WHEN I  
SUDDENLY FELT AN IMPACT ON MY REAR. HENCE I LOST CONTROL AND FELL. I DID NOT SEE  
WHERE DID THE CAR CAME FROM.  
SUBSEQUENTLY, I WAS CONVEYED BY AMBULANCE TO NG TENG FONG HOSPITAL, AS I  
SUSTAINED INJURIES ON MY RIGHT ARM. AND WAS DISCHARGED ON THE 12/07/2018. 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 /  
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp MOHAMMED FADZLY BIN ABDUL AZIZ  
Contact No.: 65476355

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/07/2018 14:21

Classification Of Case:



**SINGAPORE  
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Signature: