



1 of 3 Report No. T/20180817/2028

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: 17/08/2018 11:18	Vide Report No.:	Station Diary No.:				
Informant's Particulars						
Name of Informant:	Address:	Address:				
NORHAFIZUL ASRIL BIN	APT BLK 416 BUKIT BATO	APT BLK 416 BUKIT BATOK WEST AVENUE 4 #12-260				
ZAINUDDIN	SINGAPORE 650416					
ID Type / ID No.:	Contact No.:					
FIN NO / G2102764U	Home/Office: Mobile: 93500334					
Nationality:	Email:					
MALAYSIAN						
Sex: Age: Date of Birth:	Type of Informant:					
Male 32 26/01/1986	Rider					
Race:	Language:	Institution / School Name:				
Malay		,				
Occupation:	Driving Licence Information:					
Waiter	Class: 2B	Date of Expiry:				

General Informat	ion of the Accident							
Type of Accident:	Injury Conveyed By Ambula	ınce	Drink Drive: No	Ac	ate/Time of cident: /08/2018.06:00	)	Type of Location: Straight Road	
Location: Along Road 1 BUKIT BATOK W	EST AVENUE 2							
Weather: Clear	(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			d Surface:			Road Speed Limit:	
Traffic Flow: Traffic Control: Traffic Light - Working			1	Traffic Volume: Light				
Type of Collision: Between Moving Vehicles - Head To Side				per t	Anyone conveyed by ambulance: Yes			

Details of V	ehicle Involve	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNY1481	Motorcycle	5			Slightly Damaged	1
SHA8506E	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

Rider						7 7
Name	NORHAFIZUL ASRIL BIN ZAINUDDIN			ID No.		G2102764U
Related Vehicle	JNY1481 (Motorcycle)			Contact No.		93500334
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B Date of Expiry: NIL
Date Treatment	17/08/2018		Date Disc			
		03	Degree of	Degree of Injury   Sligh		

## Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS TRAVELLING ALONG THE SAID LOCATION. I WAS ON THE CENTRE LANE ALONG BUKIT BATOK WEST AVENUE 2. AT THE JUNCTION OF BUKIT BATOK WEST AVENUE 5, A TAXI SUDDENLY MAKE A RIGHT TURN FROM THE OPPOSITE DIRECTION. THE TRAFFIC LIGHT FOR MY DIRECTION IS GREEN LIGHT ONLY. I COULD NOT AVOID THUS COLLIDED INTO THE FRONT RIGHT PORTION OF THE MOTOR TAXI.





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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:	Signature Of Informant:
TP / NG JIN SHENG	all all
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2018 11:18
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168 Signature:	