



SINGAPORE POLICE FORCE



T/20160517/2169

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

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Report No. T/20160517/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2016 18:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: AINI BINTE MOHAMED NOOR			Address: APT BLK 354 TAMPINES ST 33 #06-526 SINGAPORE 520354		
ID Type / ID No.: NRIC NO / S7000386D			Contact No.: Home/Office: Mobile: 94871090		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 46	Date of Birth: 08/01/1970	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: OTHERS		Driving Licence Information: Class: 2B		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/04/2016 16:45	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 PASIR RIS DRIVE 1 PASIR RIS DRIVE 12 TOWARDS PASIR RIS DRIVE 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of
FBK7736H	Motorcycle	YAMAHA	MW 125 3-WHEELER	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Policy No	Effective Date	Expiry Date
FBK7736H	ETIQA INSURANCE BERHAD	DMLA16S000206	19/01/2016	18/01/2017



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CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	AINI BINTE MOHAMED NOOR	ID No.	S7000386D
Related Vehicle	FBK7736H (Motorcycle)	Contact No.	94871090
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	29/04/2016	Date Discharge	10/05/2016
No. of Days granted Medical Leave	44	Degree of Injury	Serious

Brief Details.

AS MENTION ON THE DATE TIME AND LOCATION,

I WAS RIDING ALONG PASIR RIS DRIVE 6 TURNING RIGHT TO PASIR RIS DRIVE 1 TOWARDS DRIVE 12. SO I WAS FROM THE 1ST LANE FILTERING TOWARDS THE LEFT I SIGNAL THERES NO INCOMING TRAFFIC CHECKED THE BLIND SPOT THERE NO CAR, SO I FILTERED LEFT. AFTER FILTERING LEFT WHILE I GOING STRAIGHT SUDDENLY I JUST GOT BLACK OUT AND WHEN I WOKE UP I WAS IN THE HOSPITAL



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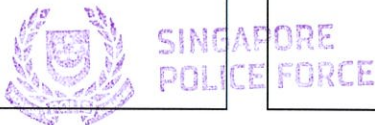
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CONTINUATION OF REPORT

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 / FOO SHI YUH JACKSON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2016 18:15
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	 Signature: 