



Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

Injury

Attended by Police

545025

Type of

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

T/20181114/2132

1 of 3 Report No. T/20181114/2132

Type of Location:

Straight Road

Date/Time Report Made: 14/11/2018 17:36			Vide Report No.:	Station Diary No.: 190	
Informant	s Particu	ilars			
Name of Informant: HII YEW CHUON			Address:		
ID Type / ID No.: FIN NO / G2681303X			Contact No.: Home/Office:	Mobile: 83106055	
Nationality: MALAYSIAN			Email:	,	
Sex; Male	Age: 24	Date of Birth: 23/04/1994	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: CONSTRUCTION WORKER		VORKER	Driving Licence Information: Class; Date of Expiry:		
				•	
General In	formatio	r of the Accident		The state of the s	

Accident:	Attended by Police	Drive:	Accident: 14/11/2018 09:15	Straight Road
	Traveling Toward Road 2 (PRESSWAY ) AVENUE 5			
Weather: Drizzling		Road Surface: Wet	F	Road Speed Limit:
Traffic Flow:		Traffic Control:	7	raffic Volume:
One Way		Not Controlled	H	leavy
Type of Collis Between Mov	sion: ving Vehicles - Head To Re	ar	a	Anyone conveyed by ambulance: Yes

Drink

Drive:

Date/Time of

Accident:

Details of V	phicle Involve	đ	,			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JKK798	Motorcycle				Slightly	0
					Damaged	

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

SGP 8836 K





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 2 of 3 Report No. T/20181114/2132

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Rider	· Charles and a second		,	· •	and the second s
Name .	HII YEW CHUON		ID No.		G2681303X
Related Vehicle	JKK798 (Motorcycle)		Contact No.		83106055
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	14/11/2018	Date Disc	harge 1	14/11	/2018
No. of Days gran	ted Medical Leave 04	Degree of	Injury (	Slight	
Driver was the	And the street of the street o	and the second s	: բորվայր արդերգով - 1: հայաստեն 1:1	Thraw say	
Name	GOH WOON PENG		ID No.		S8601094A
Related Vehicle	NIL		Contact	No.	94351363
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	<u> </u>	NIL.	<del></del>
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	-

## Brief Details.

On 14/11/18, I had ridden my motorcycle bearing plate number JKK798 at CTE towards Ang Mo Kio ave 5 at about 0915hrs. It was drizzling and there was heavy traffic at that point of time. I was on the first lane, behind a motorcycle. As I was riding, suddenly the motorcycle (unknown plate number) ahead of me had applied an emergency brake. I had managed to swerved on the second lane. However, a Mercedes benz car (unknown plate number) which was on the second lane, was unable to stop in time and as such, the front vehicle had collided into my rear motorcycle. I had then fall from my motorcycle. The driver namely Goh Woon Peng(hp:94351363, NRIC:S8601094A) had then assisted me. Shortly, police had come, vide report/20181114/0100, under TP IO Qhairil, tel:65476189. I was then conveyed to Sengkang General hospital. I was given 4 days MC from 14/11/18 till 17/11/18 as I suffered abrasions on both my arms, legs and my back.

I am lodging a report to assist traffic police investigation.





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Report No. T/20181114/2132

Tel No: 1800-343 8999

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:
Sgt 2 NOR'AISAH BINTE MOHD RERDAUS	
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2018 17:36
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD	
Contact No.: 65476358	
Authentication Stamp	
ND168	