



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

Report No. T/20181227/2066

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 27/12/2018 14:59 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | | |
|--|------------|---|-----------------------------|----------------------------|
| Name of Informant: SAKTHEEVEIL S/O KOVALLIKISNO | | Address: APT BLK 546 BEDOK NORTH STREET 3 #03-1416 BEDOK NORTH GREEN SINGAPORE 460546 | | |
| ID Type / ID No.: NRIC NO / S7632328C | | Contact No.: Home/Office: Mobile: 91426143 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 42 | Date of Birth: 30/09/1976 | Type of Informant: Rider | |
| Race: Indian | | Language: | | Institution / School Name: |
| Occupation: MACDONAL RIDER | | Driving Licence Information: Class: 2B,2A Date of Expiry: | | |

| General Information of the Accident | | | | |
|--|---------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 25/12/2018 11:30 | Type of Location: X-Junction |
| Location: Along Road 1 TAMPINES AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | 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 |
| FY9021C | Motorcycle | HONDA | CB400L | Blue | Seriously Damaged | 0 |
| SHA4253K | Car | | | | Slightly Damaged | 2 |

| Details of Vehicle Insurance | | | | |
|------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FY9021C | AXA INSURANCE SINGAPORE PTE LTD | P2036415 | 14/11/2018 | 07/02/2019 |



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CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|--|-------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | SAKTHEEVEIL S/O KOVALLIKISNO | ID No. | S7632328C |
| Related Vehicle | FY9021C (Motorcycle) | Contact No. | 91426143 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A Date of Expiry: NIL |
| Date Treatment | 25/12/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 16 | Degree of Injury | Slight |

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS TRAVELLING ALONG THE SAID LOCATION. AS I WAS APPROACHING THE TRAFFIC LIGHT, IT STARTS TO SHOW EMBER, THUS I DECIDED TO SLOWLY COME TO A HALT. WHEN I WAS FULLY IN A STATIONARY POSITION, THE MENTIONED TAXI COLLIDED ONTO THE REAR PORTION OF MY VEHICLE ABRUPTLY. THE PARTICULARS OF THE DRIVER'S AS FOLLOWS; NG CHOON HOE, S0191070A



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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 /
NG JIN SHENG 

Signature Of Informant: 

Signature Of Interpreter:
Not applicable

Date/Time:
27/12/2018 14:59

Officer In Charge Of Case:
TP / GIT /
Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN
Contact No.: 65476236

Classification Of Case:


Authentication Stamp
NP168