

Police Station Of Origin :

Serial No. F 06357



Report No.

IP No.

IO In-charge :

HUSNUL TAUFIQ
SSGT T09842
TRAFFIC POLICE
65476358

REPORT OF A TRAFFIC ACCIDENT

| | | |
|---|-----------------------------------|--------------------|
| Date and Time Report Made: 30.09.2015 @ 1340 | Vide Report No.: J/20150914/32 | Station Diary No.: |
|---|-----------------------------------|--------------------|

Informant's Particulars

| | | | | |
|---|------------------------------|--|---|---|
| Name of Informant: MUTHAIY SELVAMUTHU | | Address: 50 SERAUNGOON NTH AMS 4 #07-17 FIRST CORNER | | Postal Code: 555856 |
| ID Type/No: G6615854W | Date of Birth: 25.05.1985 | Contact No.:- Home: | Mobile: Office: 64638933 | Driving Licence Information:- Class: - Date of Expiry: - |
| Race: INDIAN | Age: 27 | Sex: MALE | Type of Informant: <input type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify) | |
| Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) CONSTRUCTION WORKER | | | | |

General Information on the Accident

| | | | |
|--|---|-----------------------------------|--|
| Type of Accident: | <input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury | Date of Accident: 14.09.2015 | Type of Location: |
| | For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle | Time of Accident: 0100 - 0220H | <input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify) |
| Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction) MURAI FERNWAY → LIM CHU KANG RD NEAR LR 37. | | | |

Type of Collision:

| | | | | |
|--|--|---|---|--|
| (i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify) | | (ii) Moving Vehicle Against: <input type="checkbox"/> Parked Vehicle <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify) | | Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify) |
| Traffic Flow: <input type="checkbox"/> One-way <input checked="" type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway | Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled | Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input checked="" type="checkbox"/> No traffic | Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify): | Road Speed Limit: 40 km/h |
| Drink Drive: Yes/No | | | | Anyone conveyed by ambulance: Yes/No |

Details Of Vehicle(s) & Driver(s) Involved

| Vehicle No. | Type/Make /Colour | Damage (serious, slight or no damage) | Name & ID of Driver | Class of D/Lic & Exp Date | Contact No | Degree of Injury & Days Given M/Leave | Name of Insurance Co. | Insurance Cert. No. | Validity Period of insurance |
|-------------|-------------------|---------------------------------------|---------------------|---------------------------|------------|---------------------------------------|-----------------------|---------------------|------------------------------|
| UNKNOWN | LOREY | UNKNOWN | - | - | - | - | - | - | - |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)

| Name | ID No. | Related Vehicle | Contact No. | Degree of Injury | Days Warded | Days given Medical Leave | Hospital/Clinic |
|--------------------|-----------|-----------------|-------------|------------------|-------------|--------------------------|-----------------|
| MUTHAIY SELVAMUTHU | G6615854W | - | 94221684 | SEVERE | | | |
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DEPUTY COMMISSIONER
TRAFFIC POLICE
SINGAPORE



Report No.

IP No. TP/18/45809/2015

IO In-charge : HUSNUN TAVFIL
T09242

CONTINUATION OF REPORT

| Information on Pedestrian(s) Involved | | |
|--|---|---|
| Any Pedestrian Involved: Yes / No | | |
| No. of Pedestrians Injured: 1 | Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input checked="" type="checkbox"/> Not Available | Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input checked="" type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured |
| Information on Eyewitness | | |
| Any eyewitness available : Yes / No | | Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer) |

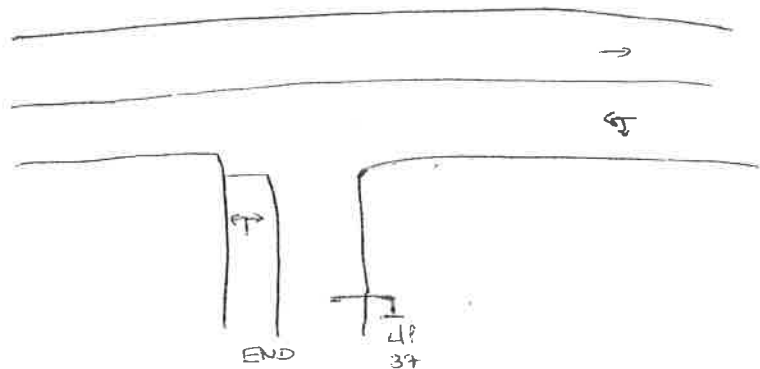
Brief Details. This report shall be signed by the informant.

On 14th 9.15 at around 1am, I was walking along Murai Farmway towards Lim Chu Kang Rd as was talking on the handphone. While walking on the left side near the grasspatch I was suddenly hit from the rear by an unknown lorry. I then fell and saw the unknown lorry pass by me slowly and its left passenger window open. The said lorry then made a left turn into Murai End there after J-turn going towards Lim Chu Kang Rd. I recalled the unknown lorry hit ~~at~~ my right shoulder first then I fell thereafter my left trailing leg was hit by the unknown lorry.

X *[Signature]*

Instructions

1. Number each vehicle and show direction of travel by arrow.
→ ←
2. Number each pedestrian and show direction by arrow. →
3. Use solid line to show path of vehicle before accident
→ dotted line
after accident. →
4. Show distance and direction to landmarks, identify by name.
5. Include road signs and any other important physical features.

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 the Traffic Police at 65474749 stating the report number as reference.

| | |
|---|---|
| Rank/Name/Signature Of Officer Recording The Report: SS T09242 HUSNUN TAVFIL | Signature Of Informant: X <i>[Signature]</i> |
| Name/Signature Of Interpreter: <i>[Signature]</i> | Date: 20.9.15 |
| Investigation Officer In-Charge Of Case: SS T09242 HUSNUN TAVFIL | Classification Of Case: Hit & Run Accident |

Authentication Stamp

SINGAPORE POLICE FORCE