



**SINGAPORE  
POLICE FORCE**



T/20190505/2068

1 of 3

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

Report No. T/20190505/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/05/2019 16:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEONG MUN WAI		Address: APT BLK 939 JURONG WEST STREET 91 #04-427 NANYANG RUBY SINGAPORE 640939	
ID Type / ID No.: FIN NO / F8219093R		Contact No.: Home/Office: Mobile: 87995331	
Nationality: MALAYSIAN		Email: 0177024912	
Sex: Male	Age: 39	Date of Birth: 07/10/1979	Type of Informant: Rider
Race:		Language:	Institution / School Name:
Occupation: PAINTER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/05/2019 13:30	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY JUST BEFORE WOODLANDS CHECKPOINT LAMP POST 521				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSE2369	Motorcycle					0
SMD771H	Car	HONDA	CITY 1.5 SV CVT			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			
Name	LEONG MUN WAI	ID No.	F8219093R
Related Vehicle	JSE2369 (Motorcycle)	Contact No.	87995331
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/05/2019	Date Discharge	05/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	NOR HAZLINDA BINTE HAMZAH	ID No.	S7231498J
Related Vehicle	SMD771H (Car)	Contact No.	87496208
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON STATED DATE, TIME AND LOCATION,  
I WAS ON THE MOST RIGHT OF 2 LANES AT THE MOTORCYCLE LANE HEADING TO WOODLANDS CHECKPOINT WHEN I NOTICED A VEHICLE AT THE CAR LANE MAKING A LANE CHANGE TO THE LEFT INTO THE MOTORCYCLE LANE. I SOUNDED MY HORN AND TRIED TO BRAKE AND AVOID THE VEHICLE BUT AS THE DISTANCE WAS TOO CLOSE, I DID NOT MANAGE TO STOP IN TIME THUS COLLIDED ONTO THE CAR LEFT SIDE MIRROR AND FELL TO THE GROUND. ONE OF THE MOTORIST CALLED FOR THE AMBULANCE AND POLICE AND SHORTLY AFTER THE AMBULANCE ARRIVED AND CONVEYED ME TO THE HOSPITAL.



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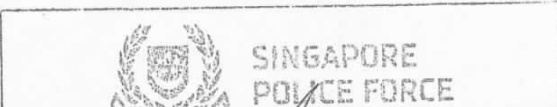
Report No. T/20190505/2068

**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 / MOHAMED ANWAR BIN MOHAMED IBRAHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2019 16:11
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case: 
Authentication Stamp NP168 <i>IO seja</i> <i>65476232</i>	Signature: 