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Date of Expiry:

T/20191219/2086

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Report No. T/20191219/2086

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

REPORT	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 19/12/2019 15:05			Vide Report No.:	Station Diary No.	
Informa	nt's Partici	ulars			
Name of Informant: LAI KIM WONG			Address: 19 JALAN BAYAN 44 TAMAN MEGAH RIA 81750 MASAI JOHOR		
ID Type / ID No.: FIN NO / F1430447U			Contact No.: Home/Office: Mobile: 84678936		
Nationality: MALAYSIAN		Email:			
Sex: Male	Age:	Date of Birth: 23/06/1970	Type of Informant: Rider		
Race: Chinese		Language: Institution / School Nan Mandarin			
Occupation			Driving Licence Information:		

Class:

Type of Accident:	Injury Conveyed By Ambula	Drink Drive:	Date/Time of Accident: 09/12/2019 19:00	Type of Location Straight Road	
Location: Along Road 1 SELETAR EX	KPRESSWAY				
Weather: Roa Clear Dry		Road Surface:		Road Speed Limit:	
Clear		Diy			
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	

Details of	icle Involve					
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
WGK5389	Motorcycle	HONDA		Gold	_	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	LAI KIM WONG			ID No		F1430447U
Related Vehicle	WGK5389 (Motorcycle)			Conta	ct No.	84678936
Hospital/Clinic	ital/Clinic KHOO TECK PUAT HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	09/12/2019		Date Disc	harge 11/12		2/2019
No. of Days granted Medical Leave 18			Degree of	Injury	Serio	us

## Brief Details.

On 11/12/2019 at 1603hrs, I had lodged a Road Traffic Accident Report reference to T/20191211/2116. I am currently 'adging this report for amendment

On 09/12/2019 at about 1900hrs, I was riding on gold colour 'HONDA' motorcycle bearing of registration number: WGK 5389 on the utmost right lane of the Seletar Expressway. While I was travelling along the said lane, there is one unknown lorry switched to my lane in a fast manner and collided onto me. I then fall off from my motorcycle. I was semi-conscious and unsure what had happened during the incident. I then saw one passer-by came to assist me. Subsequently, I was conveyed to Khoo Teck Puat Hospital.

I was admitted on the same day and discharged on 11/12/2019. I was given a total of 17 medical leave from 09/12/2019 to 25/12/2019.

I suffered abrasion on my left cheek region, rear left heel, swollen on the right wrist and fractured on my left arm.

On 19/12/2019, I had went to Khoo Teck Puat Hopsital for follow up on my fractured arm and was applied with plaster. I was given 8 days of medical leave from 19/12/2019 to 26/12/2019.

I am required to go back to Khoo Teck Puat Hospital again for to review on my fractured arm.





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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 Ro L / Sgt 2 KOH JIN BAO	eport:	Date/Time: 19/12/2019 15:05		
Signature Of Interpreter: Not applicable	. 0			
Officer In Charge Of Case:		Classification Of Case:		
TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLEE Contact No.: 65476187	(Tall)	SN 085		
Authentication Stamp	Series of	Signature:		
	Sincupor	e Police Force		