

**SINGAPORE
POLICE FORCE**



T/20200308/2086

1 of 3

Report No. T/20200308/2086

Station Of Origin:
Kampong NPP
9 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/03/2020 20:23

Vide Report No.:
T/20200308/2079

Station Diary No.:
32

Informant's Particulars

Name of Informant: RASUL BIN JA'AFAR		Address: APT BLK 346 TAMPINES STREET 33 #08-376 SINGAPORE 520346	
ID Type / ID No.: NRIC NO / S8101532E		Contact No.:	Mobile: 83220875
Nationality: SINGAPORE CITIZEN		Home/Office:	
Sex: Male		Email:	
Age: 39	Date of Birth: 12/01/1981	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:
Occupation: Site Technician		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2020 20:45	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 WEST COAST ROAD CLEMENTI WEST STREET 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBE7093K	Motorcycle	YAMAHA	LC135	Red	Slightly Damaged	0
SLN8238M	Car	CHEVROLET	Orlando	White		1

Details of Person Involved

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



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T/20200308/2086

Report No. T/20200308/2

Police Station
Changkat NPP
109 Tampines Street
SINGAPORE 521109
Tel No: 1800-7819999

Sketch Plan
Informant is

CONTINUATION OF REPORT

Rider Name	RASUL BIN JA'AFAR		ID No.	S8101532E
Related Vehicle	FBE7093K (Motorcycle)		Contact No.	83220875
Hospital/Clinic	CENTRAL 24-HR CLINIC (PASIR RIS)		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	08/03/2020	Date Discharge	08/03/2020	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver Name	Loo Kim Wing		ID No.	S18444731
Related Vehicle	SLN8238M (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 7/3/2020 at about 2045hrs, I was riding along the third lane of West Coast Rd, heading towards Clementi West St 1. As I approached the cross junction, the traffic light was still green and was in my favor. There was a vehicle stopping at the opposite side of the road at the junction, waiting to turn right towards Clementi Ave 2. I then rode past the junction as it was my right of way. At this juncture while my motorcycle was still in the yellow box, the vehicle collided onto the front portion of my motorbike. I then fell over the roof of the vehicle and landed on the road. The driver of the vehicle then parked his vehicle at the side of the road and rendered me assistance. We then exchanged particulars and left the scene. I then called for towing service for my motorcycle to be towed to the workshop. The next day I proceeded to a clinic to seek medical treatment and was diagnosed hairline fracture on my right elbow. I also sustained swelling and abrasions on my right elbow as well.

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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:
G/
Sgt 3 LIM JUN AN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/03/2020 20:23

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No : 65476204

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE