

Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

REPORT OF A TRAFFIC ACCIDENT

Station Diary No .: Vide Report No.: Date/Time Report Made: 153 L/20200407/0072 10/04/2020 20:30

Informant's Particulars APT BLK 101 WOODLANDS STREET 13 #02-50 SINGAPORE Name of Informant: **ZULKIFLI BIN ABU BAKAR** 730101 Contact No.: ID Type / ID No .: Mobile: 88313037 Home/Office: NRIC NO / S7019047H Email: Nationality: SINGAPORE CITIZEN Type of Informant: Age: Date of Birth: Sex: Rider 49 11/06/1970 Male Institution / School Name: Language: Race: Malay **Driving Licence Information:** Occupation: Date of Expiry: Class: 2B IT SUPPORT

General Information of the Accident

Type of Accident: Injury

Attended by Police

Date/Time of Accident: 07/04/2020 07:30 Type of Location: Straight Road

Location: Along Road 1 **WOODLANDS AVENUE 9**

junction woodlands avenue 9 and woodlands street 81

Road Surface: Road Speed Limit: Weather: Wet Drizzling Traffic Control: Traffic Volume: Traffic Flow: Traffic Light - Working Light One Way Type of Collision:

Between Moving Vehicles - Head To Side

Anyone conveyed by ambulance:

Yes

Details of V	ehicle Involve	ed	Car the Carte of t	Table 1		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBM303J	Motorcycle	HONDA	CBF190X MANUAL	White	Seriously Damaged	1
SMQ502A	Car				Seriously Damaged	0

CHICLE NO	ehicle Insurance Insurance Company		Ter-stine	Expiry Date
FBM303J	- Company	Insurance No	Effective	:2000





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Report No. T/20200410/2041

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CONTINUATION OF REPORT

	volved: No	Use of Pe	destrion	Cross	sing: NA	
lo. of Pedestrian	s Injured: NIL	Use of Pe	destriari	CIUS	ALP BOOK TO BE STORY	
Rider	是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ID No.	A STATE OF THE PARTY OF	S7019047H	
Name	ZULKIFLI BIN ABU BAKAR		ID No.		A constant	
			Contac	t No.	88313037	
Related Vehicle	FBM303J (Motorcycle)		Contact its			
	THE THE THE TAIL		Class of		Class: 2B	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Driving		Date of Expiry: NIL	
			Licenc	e &		
			Expiry			
D-t- Treetment	07/04/2020	Date Disc			1/2020	
Date Treatment	nted Medical Leave	Degree of	Injury	NIL	American Company of the Company	
Driver		A Committee of the contract of	149 01	U.S.	S1536909D	
Name	TAY BOON SAN		ID No.		315509050	
		The base of the second	Contac	t No	91780860	
Related Vehicle	NIL		Comac			
		Andrews V. Landald M. C. W. Lands V. La	Class	of	Class: NIL	
Hospital/Clinic	NIL		Driving		Date of Expiry: NIL	
			Licenc	e &	· · · · · · · · · · · · · · · · · · ·	
			Expiry	Date		
			Lybul	2 Co. Co. C	- 17 - 1- Carlotte	
Date Treatment	NIL	Date Disc	1	NIL NIL		

On 07/04/2020 at around 0730hrs, I was travelling along Woodlands Avenue 9, junction of Woodlands On U/104/2020 at around 0/30/1/3, 1 to the traffic light Avenue 9 and Woodlands Street 81, I got into an accident with a vehicle (SMQ502A) at the traffic light Avenue 9 and vyoodiands offeet or, said vehicle did a right turn into Woodlands Street 81 suddenly. When I saw the said vehicle turning into Woodlands Street 81, I tried to brake however unable to stop in time and collided with the said vehicle. At that point of time, it is also raining. My motorbike hit onto the side of the said vehicle and I observed that the windscreen of the said vehicle was shattered and the side of the said vehicle was also badly dent.

Traffic Police and Ambulance subsequently came to scene and I was conveyed by the ambulance to KTPH for treatment. I was given 30 days MC from 07/04/2020 to 06/05/2020. I was informed by the doctor that my heel was fracture, spine fracture and internal bleeding.

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CONTINUATION OF REPORT

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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.

ne certificate with you now, picase fax a sop, to s	The report number
Signature Of Officer Recording The Report:	Signature Of Informant:
L / Sgt 1 TEO KAI XUN	alv.
N. M. Stanging	Sur
Cimpeture Of Interpreter:	Date/Time:

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Date/Time: 10/04/2020 20:30

Classification Of Case: