



Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 3 Report No. T/20210308/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2021 16:35		de:	Vide Report No.:		63).: 	
Informant'	s Particula	ars					
Name of In	formant:		Address:				
MUHAMMAD SYAFIQ BIN AHMAD			APT BLK 447 TAMPINES STREET 42 #03-74 SINGAPORE				
SHAHABUDDIN			520447				
ID Type / II	D No.:		Contact No.:				
NRIC NO / S9839339J			Home/Office:	Mobile: 91	442897		
Nationality:			Email:				
SINGAPORE CITIZEN						. Promise	
Sex: Age: Date of Birth:			Type of Informant:				
Male	22	24/11/1998	Rider				
Race:			Language: Institution / School Name:				
Malay			English				
Occupation:			Driving Licence Information:				
FOOD DELIVERY			Class: 2B	Date of Ex	kpiry:		

General Informati	on of the Accident					
Type of Accident:	Injury Others	1	Drink Drive: No	Date/Time of Accident: 08/03/2021 12:15		Type of Location: Straight Road
Location: SIMEI STREET 1						
Weather: Clear		Road Surface: Dry			Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working			Traffic Volume: Light		
Type of Collision Between Moving	ide			1	one conveyed by bulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FU5315C	Motorcycle	HONDA	WAVE125S	Red	Slightly Damaged	0
SLS9602L		KIA	FORTE K3 1.6A		Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FU5315C	AXA INSURANCE SINGAPORE PTE	P2390757	15/10/2020	14/10/2021	





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CONTINUATION OF REPORT

Details of Person	n Involved					
Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL	Use of Pec	Use of Pedestrian Crossing: NA			
Rider						
Name	MUHAMMAD SYAFIQ BIN AHMAD SHAHABUDDIN				S9839339J	
Related Vehicle	FU5315C (Motorcycle)			t No.	91442897	
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date		Class: 2B Date of Expiry: NIL		
Date Treatment	08/03/2021	Date Disc	harge	08/03	3/2021	
No. of Days granted Medical Leave 04 Degree of Injury NIL						
Driver			1			
Name	GOH POK SWEE		ID No.		S9019155A 	
Related Vehicle	SLS9602L		Conta	ct No.	97204981	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days grar	Degree of Injury NIL					

Brief Details.

On 08/03/2021 at about 1215hrs, I was riding on my motorcycle bearing the registration number FU5315C along Simei St 1. While I was traveling on the straight road beside a vehicle, the vehicle bearing the registration number SLS9602L make a right turn into a carpark. I was unable to brake in time hence I hit on to the right side of the vehicle. I suffered some abrasion on my left forearm, left and right knee, left ankle and left side of my body from the accident.

I wish to state that I do not have any recording camera to capture the whole accident.





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CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

MPORTANT: Please attach a copy of your vehicle's the certificate with you now, please fax a copy to 65.	s Insurance Certificate to this report. If you don't haw 474885 stating the report number as reference.
Signature Of Officer Recording The Report: G / Sgt 1 GOH SI HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2021 16:35
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:
Authentication Stamp	