



**SINGAPORE  
POLICE FORCE**



T/20210902/2003

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 3

Report No. T/20210902/2003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/09/2021 01:19	Vide Report No.:	Station Diary No.: 6
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**Informant's Particulars**

Name of Informant: CHIN CHOON HUI			Address: APT BLK 421 SERANGOON CENTRAL #12-386 SINGAPORE 550421		
ID Type / ID No.: FIN NO / G6917005L			Contact No.: Home/Office: Mobile: 88764186		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 27	Date of Birth: 01/01/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CAF MECHANIC			Driving Licence Information: Class: 2B,2A,2,3C Date of Expiry: 21/05/2023		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/09/2021 10:10	Type of Location: Outside of shop (pathway)
Location:  KAKI BUKIT ROAD 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: COLIDED AGAINST STATIONARY VEHICLE ON THE REAR			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTU128	Motorcycle				Slightly Damaged	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**

<b>Driver</b>			
Name	CHIN CHOON HUI	ID No.	G6917005L
Related Vehicle	NIL	Contact No.	88764186
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3C Date of Expiry: 21/05/2023
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 1st September 2021 at about 1010hrs, my said motorbike was parked directly within my shop (#01-32) at the said incident location when suddenly the driver of vehicle (SGV6950U) collided against my said motorbike resulted in scratches and some other damages on my said motorbike. I wish to state that the purpose of this police report is to claim insurance, that is all.



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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 2 WONG SZE SIANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEE K LENG  
Contact No. 469045



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POLICE FORCE

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
02/09/2021 01:19

Classification Of Case: