



1 of 3

Report No. T/20210911/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2021 15:07			Vide Report No.:	Station Diary No.:		
Informant's	Particula	ars				
Name of Informant: MOHAMED SADIQ MOHAMED NAFELL			Address:			
ID Type / ID No.: FIN NO / G3936864T			Contact No.: Home/Office: Mobile: 82452526			
Nationality: INDIAN			Email: nafell0809@gmail.com			
Sex: Male	Age: 28	Date of Birth: 26/03/1993	Type of Informant: Rider			
Race: Indian			Language: English	Institution / School Name:		
Occupation: Desktop support engineer			Driving Licence Information: Class: 2B,3	Date of Expiry:		

General Informat	ion of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2021 12:00		Type of Location: Straight Road	
Location:		•				
HOUGANG AVE	NUE 10			ř		
Weather:		Road Surface:			Road Speed Limit:	
Clear		Dry			40 Km/h	
Traffic Flow:		Traffic Control:			Traffic Volume:	
One Way		Not Controlled			Light	
Type of Collision Between Moving			one conveyed by ulance:			

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBH3583Z	Motorcycle				Seriously Damaged	
SLH9495L	Car				Seriously Damaged	0





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## **CONTINUATION OF REPORT**

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No				= =	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Rider						
Name	MOHAMED SADIQ MOHAMED NAFELL			ID No.		G3936864T
Related Vehicle	FBH3583Z (Motorcycle)			Contact No.		82452526
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 2B,3 Date of Expiry: NIL
Date	11/09/2021		Date	11/09		)/2021
No. of Days granted Medical Leave 04			Degree of	Serious		us

## Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A BEARING (FBH3583Z) WAS TRAVELING STRAIGHT ON MY LANE. SUDDENLY, VEHICLE B BEARING (SLH9495L) CAME OUT FROM SMALL ROAD ON MY LEFT AND HIT ON TO ME AND MADE ME FALL ON MY RIGHT. WE EXCHANGED PARTICULARS AND LEFT THE SCENE.

AFTER THE ACCIDENT, I WENT TO INTEMEDICAL KOVAN TO CONSULT DOCTOR AS I FELT PAIN ON MY LEFT ELBOW, LEFT LEG AND LOWER BACK AND RECEIVED 4 DAYS MC.





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## CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2021 15:07
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: