



Date of Expiry.

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Report No. 1 20211013 2043

Tel No: 1800-7449999

Bus driver

Date/Time Report Made: 13/10/2021 13:59			Vide Report No.	Station Diary No.	
Informar	t's Particu	lars	The state of the state of	The street of the	
Name of Informant: MUNISWARAN VASU			Address:		
ID Type / ID No.: FIN NO / G7180306L			Contact No.: Home/Office: Mobile: 85021418		
Nationali MALAYS			Email:		
Sex: Male	Age: 56	Date of Birth: 02/08/1965	Type of Informant: Rider		
Race: Indian			Language:	Institution / School Name	
Occupation:			Driving Licence Information:		

Class: 2B,3,4A

Type of Accident: Injury Conveyed By Ambu		Drink nce Drive: No	Date/Time of Accident: 12/10/2021 14:45	Type of Location Straight Road	
Location:					
ARAB STREI	ĒT				
Weather: Clear		Road Surface: Dry		Road Speed Limit	
Trains control		T 10 0 1 1		Traffic Volume	
Traffic Flow: One Way		Not Controlled		Light	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
	Motorcycle	HONDA		Yellow	Seriously Damaged	
SHC4579K	Car	TOYOTA		Purple	Shghtly Dainageo	

Details of Person Involved
Any Perfection Involved No
Hollot Fedestrians Invited INI





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## CONTINUATION OF REPORT

Rider	A STATE					
Name	MUNISWARAN VASU			ID No		G7180306L
Related Vehicle	JTP4796 (Motorcycle)			Contact No		85021418
Hospital/Clinic RAFFLES HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,3,4A Date of Expiry: NII	
Date Treatment	12/10/2021		Date Disc	scharge 12/10		/2021
No of Days granted Medical Leave 03			Degree of Injury Slight			

## Brief Details.

On the above mentioned date, time and location, I was riding my motorcycle along Arab Street heading towards Jalan Besar when a taxi (SHC4579k) dashed out from the left side minor road without stopping before the stop line and did not give way to the oncoming traffic from the major road. As such I did not have enough time to stop and collided into the right side of the taxi. My motorcycle and I fell down. After the accident, a pedestrian helped me call an ambulance and I was conveyed to Raffles Hospital I was given 3 days of MC and I will follow up my medical treatment if necessary. Hence I am here to lodge this report for record and insurance purposes.

My insurance company: Kurnia Insurans Certificate Number JVE0962807 From: 22/08/2021 to 21/08/2022







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President College of

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.

Sig (RED \$3896.76" ding The Report Sign 2 CHIAN JUN YING

Signature Of Interpreter

อย่าง ไก Cháing Cd Cocc เก. 2001 / - ๆ: ระยานา เก็บโซ เดิกเลลูโหรแบรระบัย - อ. 1011 - ค. ค. ค. ค. รุ่ง รู้ รู้ รู้ Signature Of Informant

Date/Time

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