



Police Station Of Origin; Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 1 of 4 Report No. T/20211205/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2021 15:25		de:	Vide Report No.:	Station Diary No.: 45			
Hickornand	Particul	a73		and the same of th			
Name of Informant: MOHAMED FAZLI BIN MOHAMED			Address: APT BLK 254 YISHUN RING ROAD #06-1083 SINGAPORE 760254				
ID Type / ID No.: NRIC NO / \$8317147B			Contact No.: Home/Office:	Mobile: 81269310			
Nationality: SINGAPORE CITIZEN			Email: beats_me00@hotmail.com				
Sex: Age: Date of Birth: Male 38 13/06/1983			Type of Informant: Vehicle Owner				
Race: Malay			Language: English	Institution / School Name:			
Occupation: PART-TIME GRAB FOOD RIDER			Driving Licence Information: Class: 2B,3	Date of Explry:			

Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 05/12/2021 13:20	Type of Location: Drive way for Taxi drop off point area	
Location:					
ORCHARD R	OAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic		Traffic Control: Not Controlled		Traffic Volume: Heavy	
		1101 001111 01100			

Details of Ve	hicle involved					
Wehicle Non	Type	Make	Model	Color	Condition	No of Passenger
AJ890H	Motorcycle	YAMAHA	YBR125	Blüe	Slightly Damaged	0
SHA451G	Yellow City Cab	HYUNDAI	AE IONIQ HEV 1.6 DCT	Yellow	Slightly Damaged	0
SHC2726R	Blue Comfort Taxi	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	No Damage	1

16-12-21;11:14 ; ; ; 67528669 # 2/10





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CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No					
No. of Pedestrian		Use of Pedestrian Crossing: NA				
Vehicle Owner.						
Name	MOHAMED FAZLI BIN	MOHAME	D	ID No.		\$8317147B
Related Vehicle	AJ890H (Motorcycle)			Contact No.		81269310
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Explry: NIL
Date Treatment	NIL	_	Date Disc			
		NIL	Degree of		Slight	
Passenger		-				
Name	Uddin Mohammed Jas		ID No.		G7947871M	
Related Vehicle	SHC2726R (Blue Corr		Contact No.		84271420	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment NIL			Date Discharge NIL			
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	
Diriveir		17.7				and a second
Name	Toh Ai Keong			ID No,		S6927601F
Related Vehicle	SHC2726R (Blue Comfort Taxi)			Contact No.		90892228
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Explry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	





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CONTINUATION OF REPORT

Driver	A The state of the	2.40				
Name	Tan Did Yong		ID No.		S6840798B	
Related Vehicle	NIL			Conta	ct No.	97805187
Hospital/Clinic	NIL	-		Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment NIL Date I			Date Disc	harge	NIL	
No. of Days gran	Degree of	Injury	NIL			

Brief Details.

I am a part-time food delivery for Grab. On 05/12/2021 at about 1,10pm, I received an order at Lucky Plaza to retrieve the food. Once I received the order, I was supposed to deliver the food to Holiday Inn Orchard.

After collecting the food, I proceed to my vehicle where I parked at the driveway in front of Lucky Plaza along Orchard Road Taxi stand. At that point, there were taxi on the left and right. The said road is a one-way route and one lane.

Due to that, I had to ride in between the taxi. As I was riding in between the taxi, the taxi (SHC2726R - Blue comfort) on my right, one passenger opened the rear passenger side door and hit onto my rear tyre. This causes me to swerve to the left and hit onto another taxi (SHA451G - Yellow City cab) which was queuing.

I wish to state due to the accident there were 2 taxi involve and 1 passenger from vehicle SHC2726R. I did make a check with both driver on the damages, however, driver for vehicle SHC2726R does not have any damages except for the vehicle SHA451G. The damages as follows: -

- 1. The rear right bumper for vehicle SHA451G sustained scratches, dent, and misalignment.
- 2. For my vehicle AJ890H sustained handlebar out of alignment and the box damage.

As for myself, I sustained abrasion on my right leg and swelling on my left shoulder. However, no ambulance required during the accident. But I managed to obtain the particular of the party involved. I was informed by both the driver that they will get the claimed from the passenger and not from me. I wish to add no ambulance or police came to the location when the incident took place. I am lodging this report for record purpose.





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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 <u>report number</u> as reference.

Signature of Officer Recording The Report	Signature Of Informant:
Sr Staff Sgt SITI AISYAH BINTI	(As
NAM .	1
Signature Of Interpreter:	Date/Time:
Not applicable /	05/12/2021 15:25
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	Glassification of Gasc.
SSI TAY CHUN KEEN	
Contact No.: 65476436	
Authentication Stamp	
NP168 SINGAPORE SN 17	
POLICE FORCE	
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